



# 2013 Community Needs Evaluation



## Metropolitan Social Services

### Planning & Coordination/Social Data Analysis

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
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Nashville Area Chamber of Commerce

Nashville Public Library

Neighborhoods Resource Center

Second Harvest Food Bank

St. Thomas Health

Tennessee Housing Development Agency

Council on Aging of Greater Nashville

United Way/2-1-1 Call Center/Nashville Alliance for Financial Independence

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# 2013 Community Needs Evaluation 5th Annual Edition

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### ***Message from the Metropolitan Social Services Commission***

Mary Rolando, Board Chair

Metropolitan Social Services is pleased to present the 5<sup>th</sup> Annual Community Needs Evaluation, which collected and analyzed data to demonstrate social, demographic and socioeconomic trends. Since 2009, the Community Needs Evaluation has been a systematic process to describe existing and projected unmet social/human service needs in Davidson County.

The 2013 Community Needs Evaluation report uses a broad approach to describe complex factors related to poverty and unmet needs, including sections on Food & Nutrition, Health & Human Development, Housing & Neighborhoods, Long-Term Services & Supports (Seniors) and Workforce & Economic Opportunity. Each of the past 5 years, the Grassroots Community Survey was conducted among clients at various social/human service agencies in Nashville, with almost 7,000 cumulative participants. The findings are described in this needs evaluation, along with secondary data from governmental, academic and other sources.

For the third year in a row, information is provided about the importance of using Evidence-Based Practices. In order for public and private agencies to deliver the most effective services, it is important to intentionally incorporate practices that have been proven to work. Again this year, the needs evaluation provides detailed information about the complexity of poverty and how it can permeate many areas of life.

This year's evaluation provides a section describing poverty theories, including those developed over a long period of time. Recent scientific advances in medicine, psychology and other disciplines provide suggest that policies and programs could be updated to enhance effectiveness and achieve desired outcomes.

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

Sincerely,

*Mary Rolando*

Board Chair  
Metropolitan Social Services

# The Status of Davidson County

Many Davidson County residents live in poverty on a daily basis. As noted in previous editions of the Community Needs Evaluation, there is a tremendous variation in the social and economic circumstances for Nashvillians, influenced by age, race, ethnicity, gender, educational attainment and other characteristics. As with many other areas of the U.S., recovery has been slow after the 2007-2009 Great Recession.

According to the U. S. Census Bureau's 2012 American Community Survey (released in Fall 2013):

- 39,123 Davidson County households had incomes less than \$15,000 (average household size 2.4 people)
- 18.9% of the 648,295 Davidson County residents were in poverty (122,527 people)
- 29.4% of Davidson County residents under age 18 lived in poverty
- Among the 436,034 Davidson County residents age 25 and over, 12.7% do not have a high school education (55,376 people)
- For adults who did not have a high school education, 30.8% were in poverty

The Community Needs Evaluation has been conducted annually since 2009. Each year, a Grassroots Community Survey has been conducted among clients of Davidson County Service providers for a cumulative total of almost 7,000 Davidson County residents. For most years, the most frequently identified gap in services were Housing & Related Assistance (rent/utilities) and Workforce & Economic Opportunity (help finding a job/placement, job training). Additional details are provided in various sections of this evaluation.



## 2013 Community Needs Evaluation

Metropolitan Social Services – Planning &  
Coordination  
Social Data Analysis

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# Methodology

The 2013 Community Needs Evaluation continues to provide information about issues similar to those covered in previous editions: Food and Nutrition, Health and Human Development, Housing and Neighborhoods, Long-Term Services and Supports (Seniors) and Workforce and Economic Opportunity. It has updated data about the demographic, social and socioeconomic trends in the U. S., Tennessee and Davidson County.

As noted in previous editions, there are other issues related to quality of life that are beyond the scope of this evaluation, including education, crime and justice, domestic violence and others.

## Primary Data

For the fifth year, primary research was conducted through a Grassroots Community Needs Survey, administered in Davidson County, to customers at specific social/human service programs. From 2009 through 2013, almost 7,000 respondents participated in the survey to identify the greatest unmet needs in Davidson County. Data from the Grassroots Community Survey is discussed in each relevant section of this evaluation.

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

## Secondary Data

The tables, charts, and narrative descriptions in this evaluation reflect a wide range of demographic, economic, social, and other characteristics of Davidson County. Data was compiled from the U.S. Census Bureau, particularly the 2012 and other annual American Community Surveys (ACS), 3-year and 5-year ACS summaries, as well as from other government and private research sources. American Community Surveys provide social, economic, demographic and housing characteristics.

American Community Surveys, both annual and multiyear, are estimates, based on samples of the population and have varying margins of error, as specified by the Census Bureau. The Census Bureau indicates that the longer reporting periods provide more accurate and reliable information than the annual information. However, annual data is more useful to demonstrate trends over time.

The 5-year ACS summaries included the geographic areas smaller than county level, so these are used in maps comparing data across 35 Metropolitan Council Districts and 161 census tracts in Davidson County.

Data from the Current Population Survey (CPS) of the U. S. Census Bureau was also used. The CPS includes comparative data for the official poverty measure and the Supplemental Poverty Measure developed for research in 2010. In November 2013, the U. S. Census Bureau released *The Research SUPPLEMENTAL POVERTY MEASURE: 2012*. It compared the official poverty rate with the Supplemental Poverty Measure (SPM) and showed differences by geographic location, age, gender and other demographic factors. While most data is nationwide, with limited data available for regions, the report describes how the SPM finds different proportions of data in some states than the official poverty measure.

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

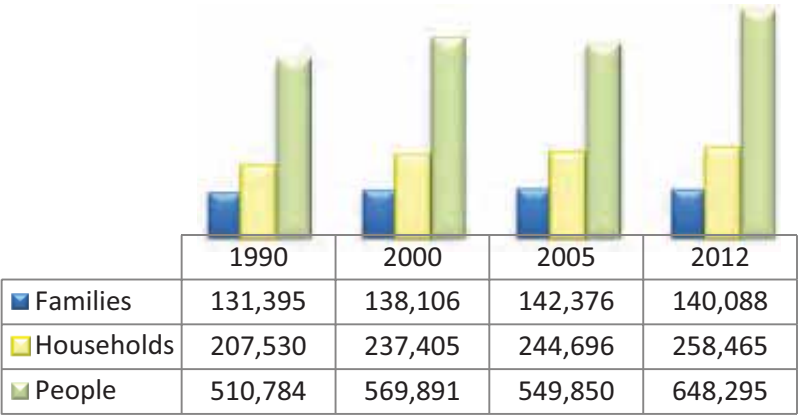


# Demographic and Social Profile

This section reports on demographic and social data about Davidson County, Tennessee and the U.S. Subsequent sections describe how characteristics and location affect many factors related to quality of life. The most recent data from the U. S. Census Bureau was used in the needs evaluation, including the 2012 American Community Survey that was released in fall 2013.

Davidson County continued to experience an increase in the number of people and households since 1990, as shown in Chart 1. However, the number of families slightly decreased between 2005 and 2012.

**Chart 1: Number of Families, Households and People**  
Davidson County, 1990, 2000, 2005, 2012



Source: U. S. Census Bureau (1990 and 2000 Census, 2005 and 2012 American Community Survey)

The table below shows the average size of households and families in Davidson County from the decennial census and annual American Community Survey of the U. S. Census Bureau. There has been a minimal increase in the average household size since 1999, which did not increase between 2011 and 2012. The average family size was similar from 1990 through 2005, and has experienced a slight increase since that time.

Size of Household by Type	1990	2000	2005	2012
Average household size	2.36	2.30	2.25	2.40
Average family size	2.97	2.96	2.93	3.20

As the population continues to grow slightly, the number of females continues to exceed the number of males, according to the U. S. Census Bureau.

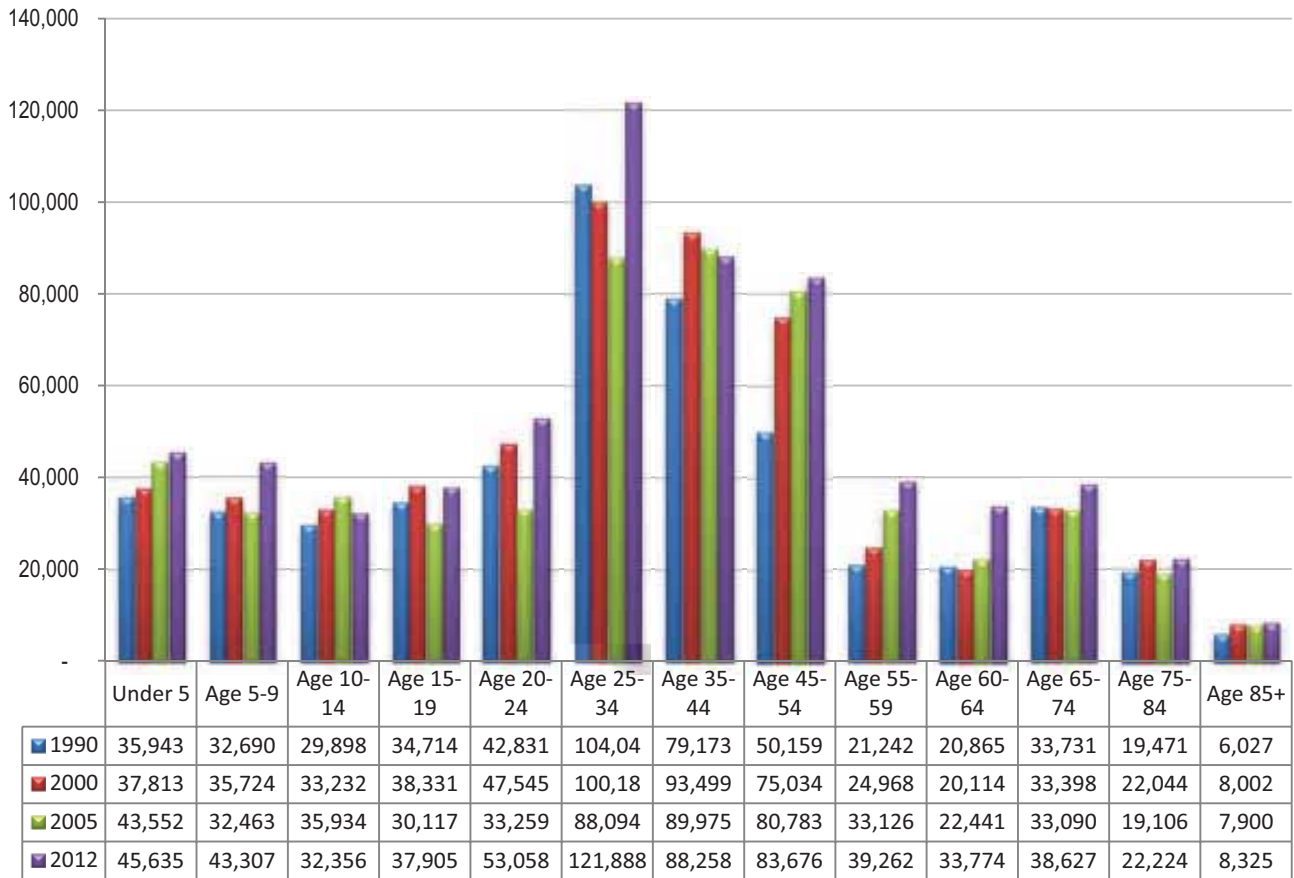
Gender	1990	2000	2005	2012
Male	242,492	275,865	266,684	313,775
Female	268,292	294,026	283,166	334,520



Chart 2 shows the number of people by age category in Davidson County for selected years beginning in 1990. It shows a greater growth in the Age 25-34 and Age 45-54 during the previous 22 years. The 25-34 age category generally has the largest number in it, possibly reflecting the difference in the number of years in each category. For example, Age 25-34 is the youngest age that has a 9-year age span (similar to Age 45-54 and categories with ages 65 and over).

During the 7 years between 2005 and 2012, there was also an increase in age categories 60-64 and 65-74, likely related to the aging patterns of the Baby Boom generation.

**Chart 2: Number by Age Category**  
Davidson County, 1990, 2000, 2005, 2012

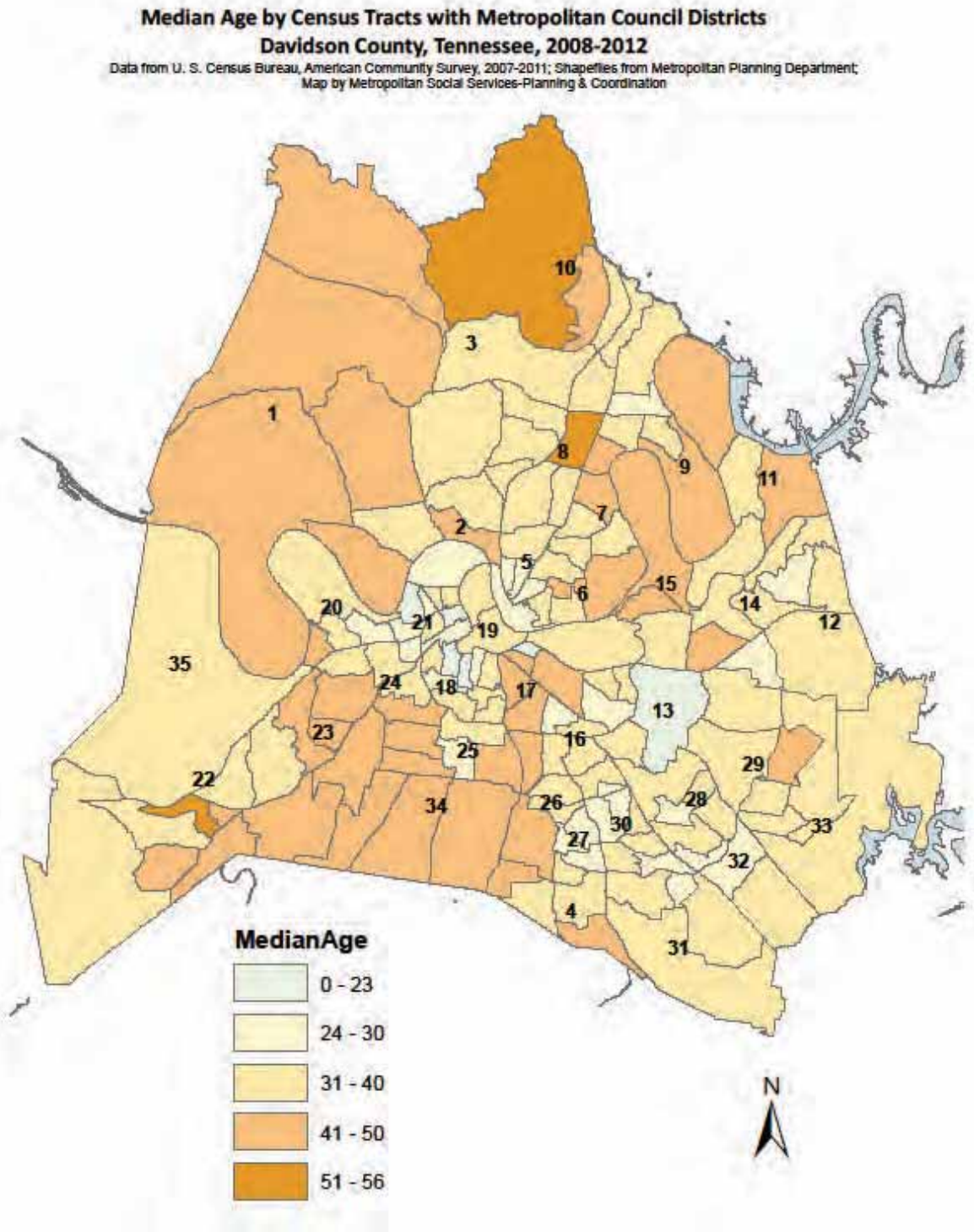


Source: U. S. Census Bureau (1990 and 2000 Census, 2005 and 2012 American Community Survey)

There was no change between the median age in Davidson County between 2011 and 2012. In 2012, the Median age was 37.4 for the U. S. and 38.2 for Tennessee. Both Tennessee and the U. S. continue to have a higher median age than Davidson County.

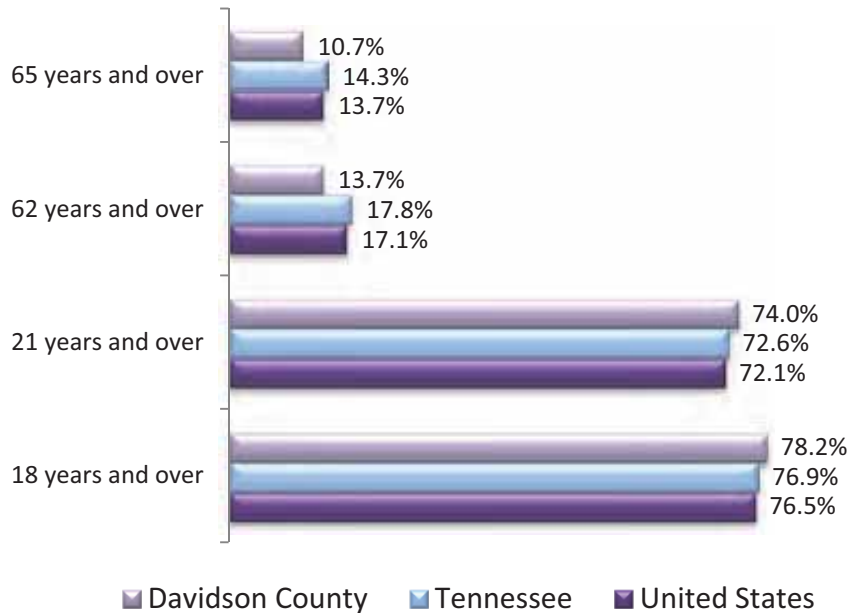
	2000	2005	2012
Median age	34.1	36.2	33.9

As shown in the map below, there is a wide variation in the median age across census tracts in Davidson County. According to the 2008-2012 American Community Survey 5-Year Summary, the younger median ages are found primarily from just west of the downtown area across to the southeast area of Davidson County.



The percentage of the population over 62 in Davidson County is slightly lower than either the State of Tennessee or the U. S. The percentages in the categories over 18 and over 21 are higher in Davidson County than the state or nation.

**Chart 3: Percentage by Age Category by Location**  
U. S., Tennessee, Davidson County, 2012



Source: U. S. Census Bureau, 2012 American Community Survey

The 2012 American Community Survey also reports a breakdown into additional age categories, which shows a larger percentage in the age categories between 25 and 55 for Davidson County, Tennessee and the U. S.

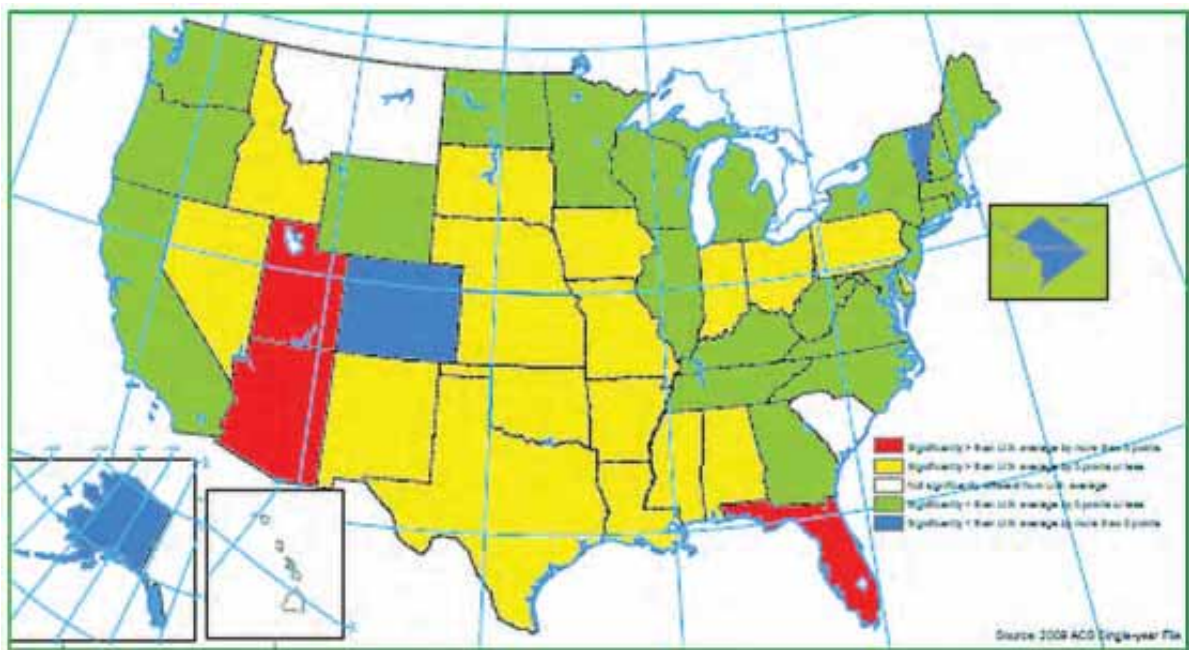
Age Category	United States	Tennessee	Davidson County
Under 5 years	6.3%	6.2%	7.0%
5 to 9 years	6.5%	6.5%	6.7%
10 to 14 years	6.6%	6.5%	5.0%
15 to 19 years	6.9%	6.6%	5.8%
20 to 24 years	7.2%	7.0%	8.2%
25 to 34 years	13.4%	13.1%	18.8%
35 to 44 years	13.0%	13.1%	13.6%
45 to 54 years	14.1%	14.0%	12.9%
55 to 59 years	6.6%	6.7%	6.1%
60 to 64 years	5.7%	6.0%	5.2%
65 to 74 years	7.6%	8.3%	6.0%
75 to 84 years	4.2%	4.4%	3.4%
85 years and over	1.9%	1.6%	1.3%

*Dependency Ratios in the United States: A State and Metropolitan Area Analysis* from the U. S. Census Bureau explains how to use dependency ratios and provides an analysis of data from the 2009 American Community Survey. Age distribution can be shown through a dependency ratio, which is the ratio of dependent-age population (young children or older persons) to the working age population. This type of ratio is used across the world to analyze changes, especially in developing countries. The U. S. Census Bureau reports this type of information for sub-national dependency ratios for better measurement and understanding of the social and economic impact of age in societies. For some countries, the ages 15-64 are considered “producers” and those younger than 15 or older than 64 as “dependents,” although the U. S. uses age 18 as the dependent threshold because that is the typical age for high school graduation (although the age categories can be grouped in additional years).

A formula is used to identify the ratio, which would typically be between 1 and 100, and the closer the ratio is to 100, the closer the area is to having the same number of producers and dependents, which is not a preferred age structure. Very low dependency ratios can also create challenges if there are few children, because producers will retire and require support from the younger generation who grow to become productive members of the workforce.

The report compares the ratios of states to the average U. S. dependency ratio, which was 59.1 in 2009. It provided various maps and charts comparing dependency ratios for states and metropolitan areas. Below is a map that compares the state dependency ratio to the national average. Tennessee and the other states shown in green are significantly lower than the U. S. average but less than 5 points. Four states have comparatively lower ratios (lower than the U. S. average by more than 5 points), shown in blue. States in red have the highest dependency ratios due to the number of retirees who live there (Florida, Arizona), while Utah’s ratio is related to the high percentage of Mormons, who typically have large families. States shown in white do not significantly differ from the U. S. average.

**Dependency Ratios by State Relative to National Average**  
All States, 2009



*Dependency Ratios* characterizes the relationship between community characteristics and dependency ratios as “at least a superficial relationship” and encourages additional study about how multiple factors (social, economic, demographic, housing) correlate to dependency outcomes.

<http://www.census.gov/hhes/well-being/files/Dependency%20Ratios%20in%20the%20United%20States.pdf>

The 2008-2012 American Community Survey notes that the Age Dependency Ratio for Davidson County was 47.7, compared to the single year estimate for 2012 at 48.1. The map below shows the dependency ratio by Metropolitan Council District, which ranges from 16.5 in District 18 to 68.3 in District 34.

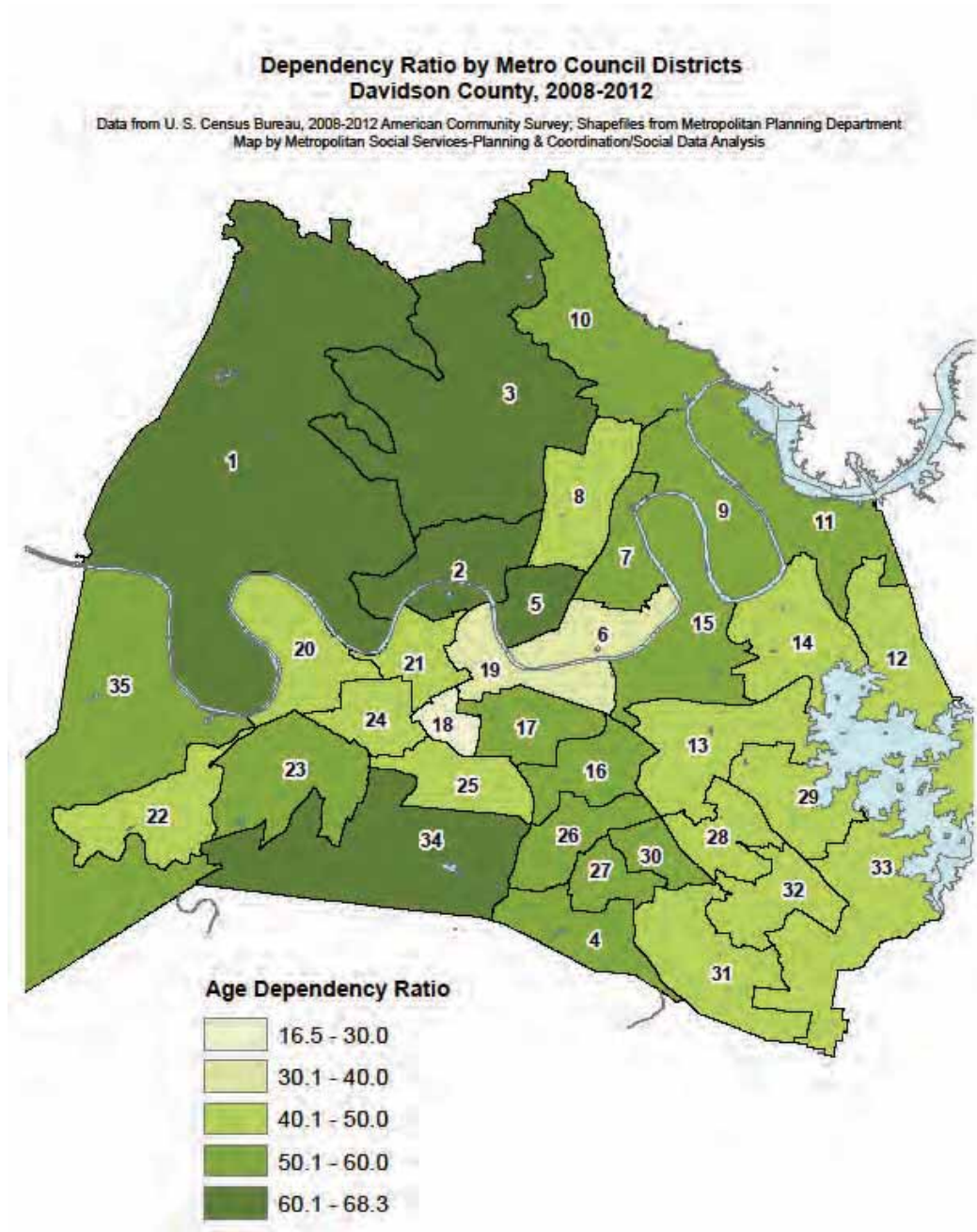
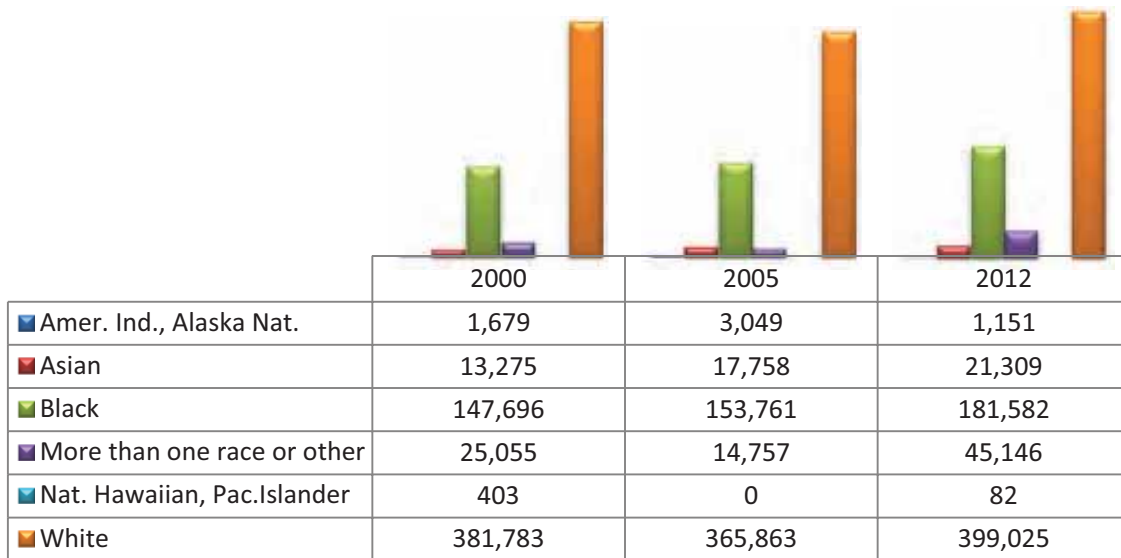


Chart 4 shows the population of Davidson County by race for 2000, 2005, and 2012. Most categories have remained stable over the past 12 years, except for an increase in the “More than one race or other” category.

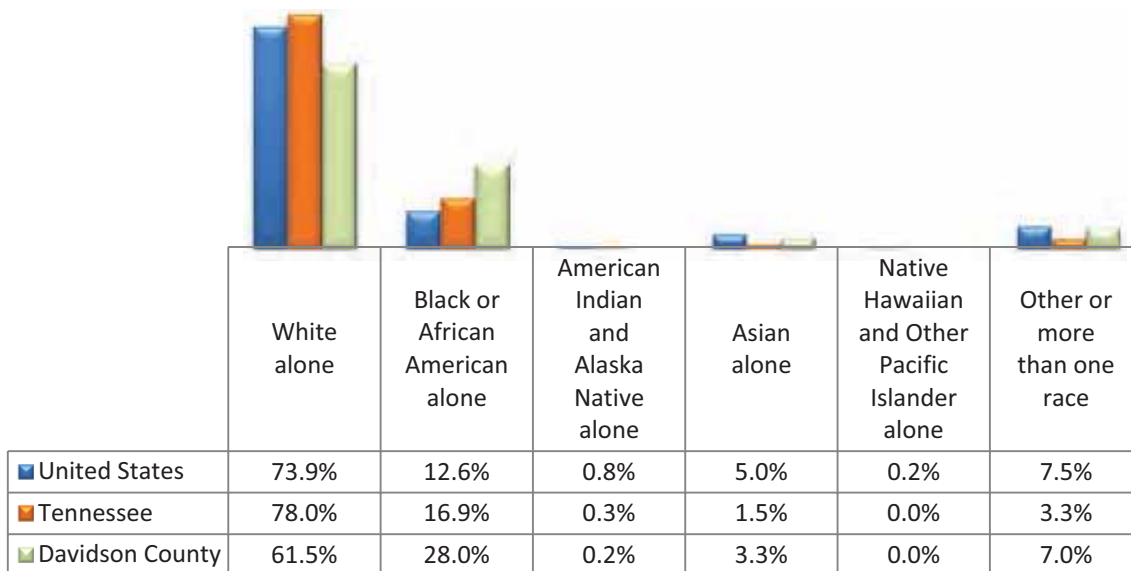
**Chart 4: Racial Composition**  
Davidson County, 2000, 2005, 2012



Source: U. S. Census Bureau (2000 Census, 2005 and 2012 American Community Survey)

Chart 5 shows the racial breakdown by Davidson County, Tennessee, and the U. S for 2012. Davidson County has a higher percentage of Black or African American residents than Tennessee or the U.S.

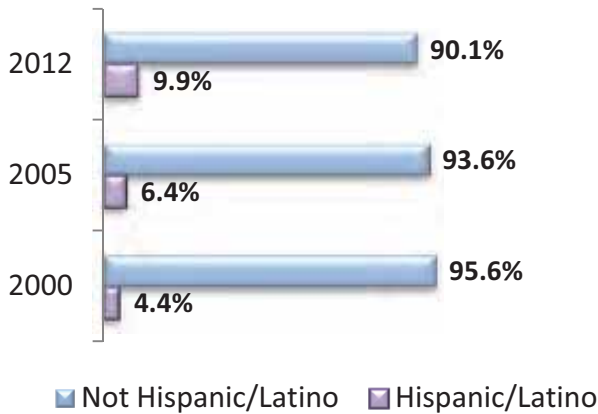
**Chart 5: Percentage by Race**  
U. S., Tennessee, Davidson County, 2012



Source: U. S. Census Bureau, 2012 American Community Survey

Chart 6 shows an increase in the Hispanic/Latino population in Davidson County since 2000. However, there was no change between 2011 and 2012. Chart 7 shows that Davidson County's population is 9.9% Hispanic/Latino, lower than for the U. S. and higher than for Tennessee. This pattern is also reflected in other data related to the broader foreign-born population.

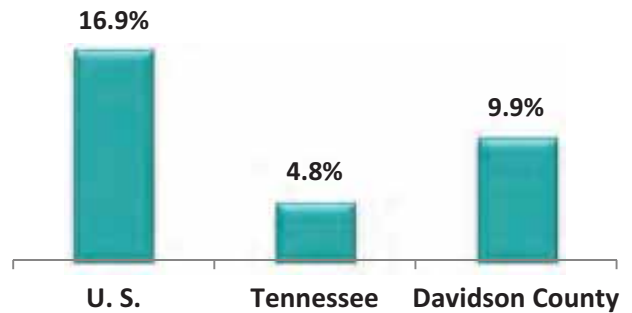
**Chart 6: Hispanic/Latino and Non-Hispanic/Latino Population**  
Davidson County, 2000, 2005, 2012



Source: U. S. Census Bureau (2000 Census, 2005 and 2012 American Community Survey).

**Chart 7: Percent Hispanic or Latino by Location**

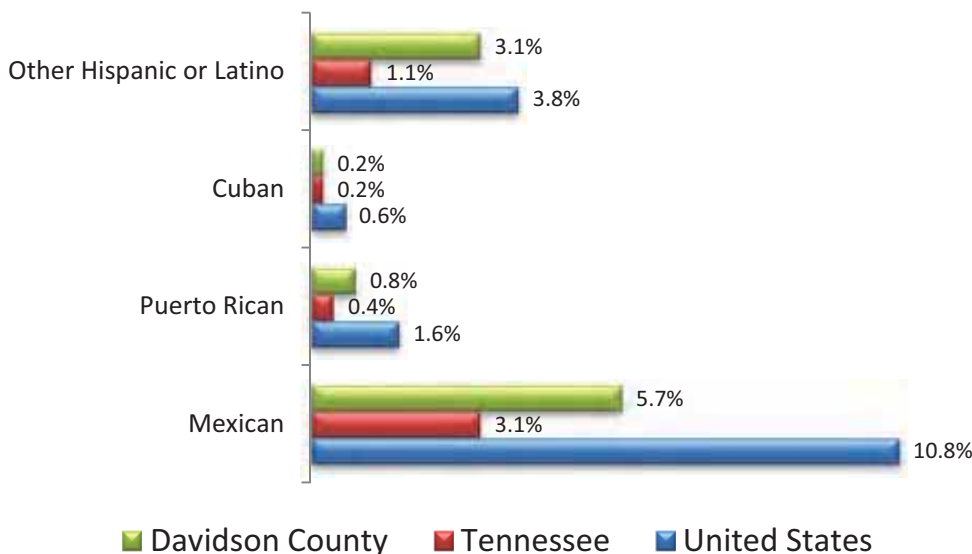
U. S. Davidson County, Tennessee, Davidson County, 2012



Source: U. S. Census Bureau, 2012 American Community Survey

As shown in Chart 8, 5.7% of the population in Davidson County is from Mexico, about half the percentage for the U. S. as a whole but larger than for Tennessee.

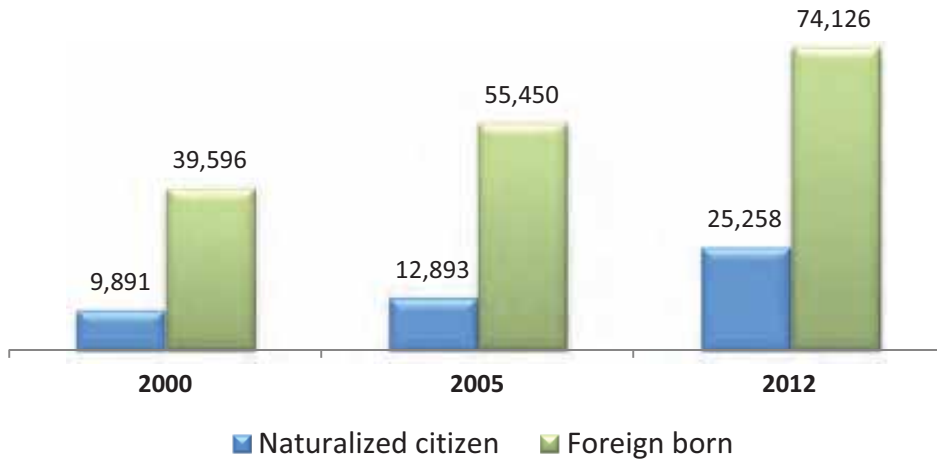
**Chart 8: Hispanic/Latino Population by Origin**  
Davidson County, Tennessee, U. S., 2012



Source: U. S. Census Bureau, 2012 American Community Survey

Chart 9 shows the number of foreign-born residents and naturalized citizens in Davidson County in 2000, 2005 and 2012. There has been a steady increase in the number of foreign-born residents and naturalized citizens. Source: U. S. Census Bureau (1990 and 2000 Census, 2005 and 2012 American Community Survey)

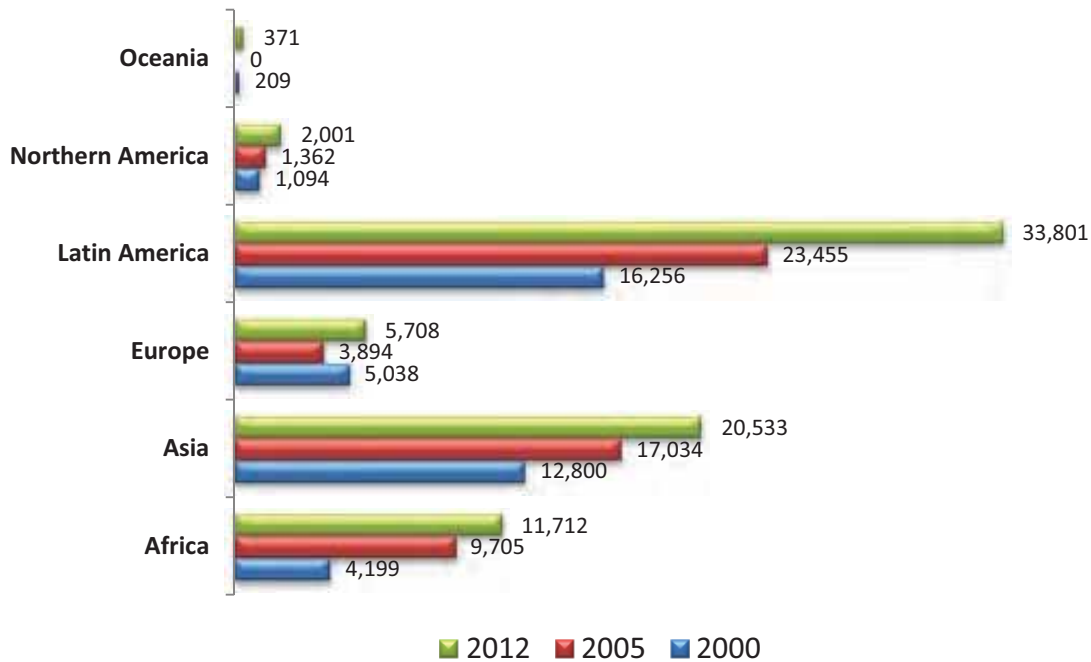
**Chart 9: Number of Naturalized Citizens and Foreign-Born**  
Davidson County, 2000, 2005, 2012



Source: U. S. Census Bureau (2000 Census, 2005 and 2012 American Community Survey)

Chart 10 shows the region of birth for foreign-born residents in Davidson County. While there was some increase in residents born in all regions, the greatest increase was for those from Latin America.

**Chart 10: Region of Birth for Foreign-Born**  
Davidson County, 2012



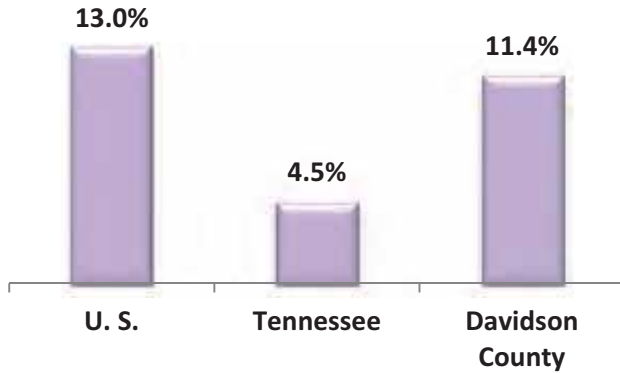
Source: U. S. Census Bureau (2000 Census, 2005 and 2012 American Community Survey)



Chart 11 compares the percent of foreign-born residents in Davidson County, Tennessee and the U. S. Davidson County has 11.4% who are foreign-born, lower than the U. S. and higher than the State of Tennessee. Chart 12 shows that the percentage in Davidson County of those who speak English very well is 7.0%, significantly higher than in Tennessee but lower than for the U. S.

**Chart 11: Percent of Foreign-Born Residents**

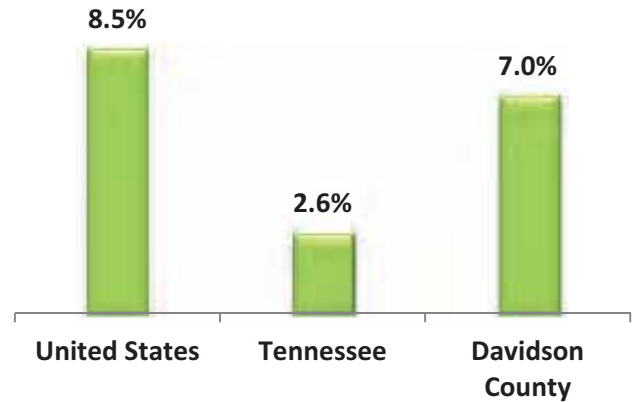
U. S., Tennessee, Davidson County, 2012



Source: U. S. Census Bureau, 2012 American Community Survey

**Chart 12: Percentage by English Spoken Less than Very Well**

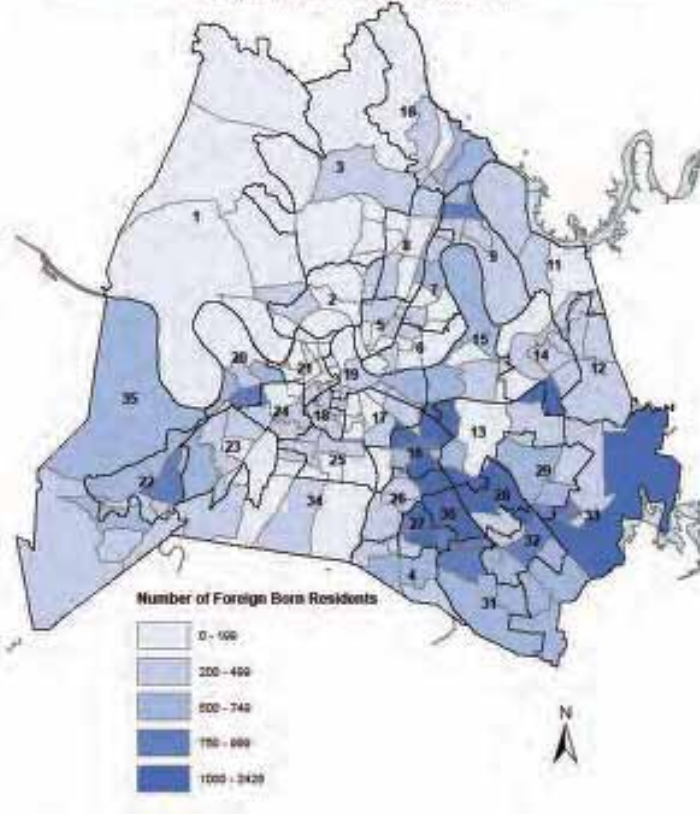
U. S., Tennessee, Davidson County, 2012



Source: U. S. Census Bureau, 2012 American Community Survey

**Number of Foreign Born Residents by Census Tracts with Metropolitan Council Districts  
Davidson County, Tennessee, 2008-2012**

Data from U. S. Census Bureau, American Community Survey, 2008-2012. Shapes from Metropolitan Planning Department. Map by Metropolitan Social Services Planning & Coordination.

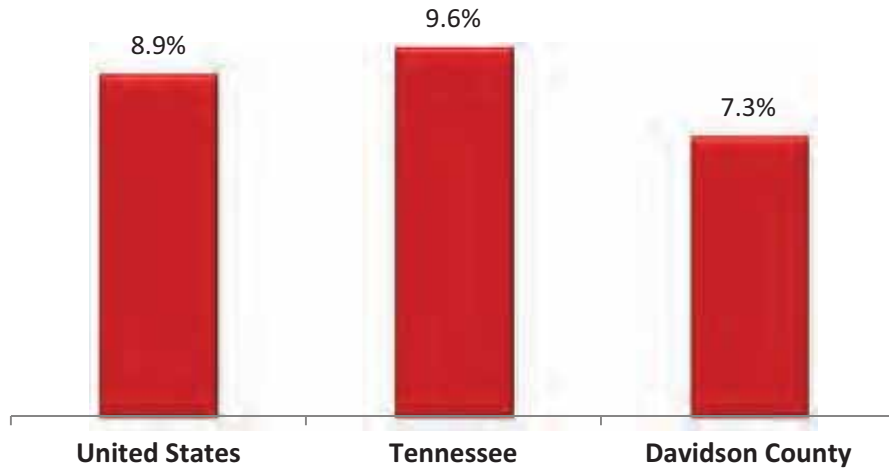


As shown in the adjacent map, foreign-born residents tend to live in some areas more than in others. While the higher numbers per census tract are generally found in southeast Davidson County, other areas where foreign-born residents live also include the southwest and northeastern parts of Davidson County.

Source: U. S. Census Bureau, 2008-2012 American Community Survey, 5-Year Summary

The percentage of veterans in Davidson County is lower than for the U. S. and for Tennessee, as shown in Chart 13.

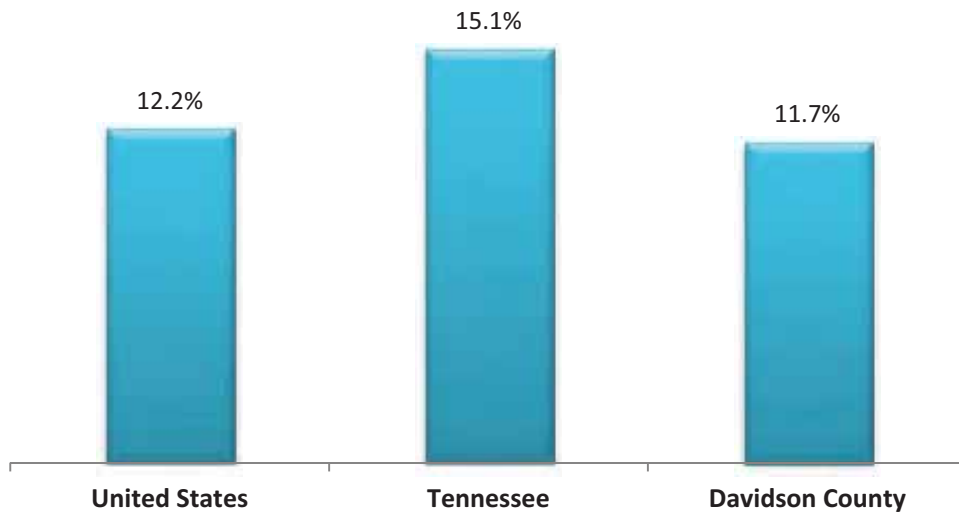
**Chart 13: Percentage of Veterans**  
U. S., Tennessee, Davidson County, 2012



Source: U. S. Census Bureau, 2012 American Community Survey

Chart 14 shows that the percentage of people with a disability is slightly lower in Davidson County than in the U.S., while the percentage in Tennessee is noticeably higher.

**Chart 14: Percentage With a Disability**  
U. S., Tennessee, Davidson County, 2012

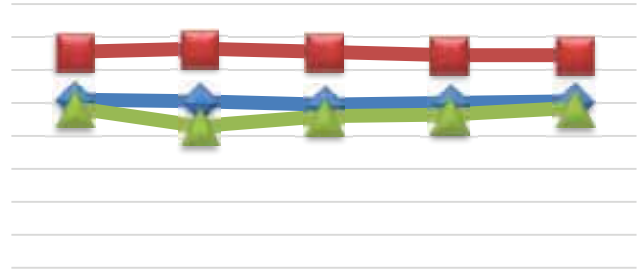


Source: U. S. Census Bureau, 2012 American Community Survey

Chart 15 reflects an ongoing pattern of Davidson County’s rate of disability being lower than Tennessee and slightly below the U.S.

**Chart 15: Percentage of Population by Disability Status**  
U. S., Tennessee, Davidson County, 2008-2012

Source: U. S. Census Bureau,  
2008-2012 American  
Community Survey

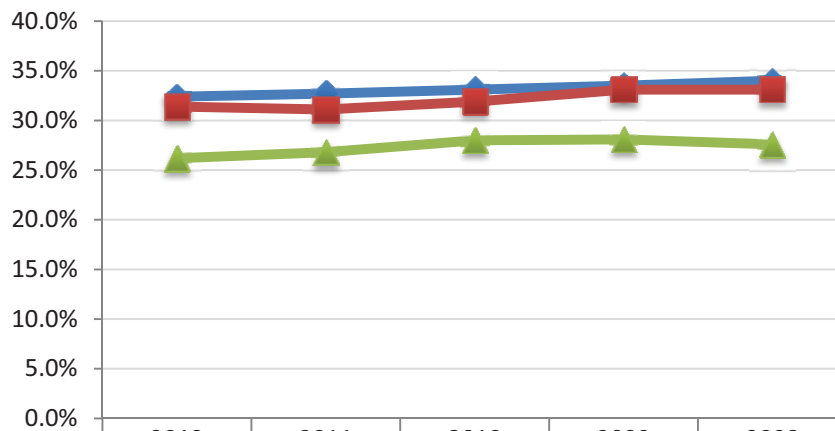


	2012	2011	2010	2009	2008
United States	12.2%	12.1%	11.9%	12.0%	12.1%
Tennessee	15.1%	15.3%	15.1%	14.9%	14.9%
Davidson County	11.7%	10.6%	11.2%	11.3%	11.7%

Charts 16-24 relate to household structure in Davidson County, Tennessee and the U.S. In several areas, the U. S. rates are very similar to Tennessee, with the rates for Davidson County being somewhat different.

Chart 16 shows that the percentage of households with one or more people under age 18 has been consistently lower than Tennessee and the U. S.

**Chart 16: Households with One or More Persons Under 18**  
U. S., Tennessee, Davidson County, 2008-2012



Source: U. S. Census  
Bureau, 2008-2012  
American Community  
Survey

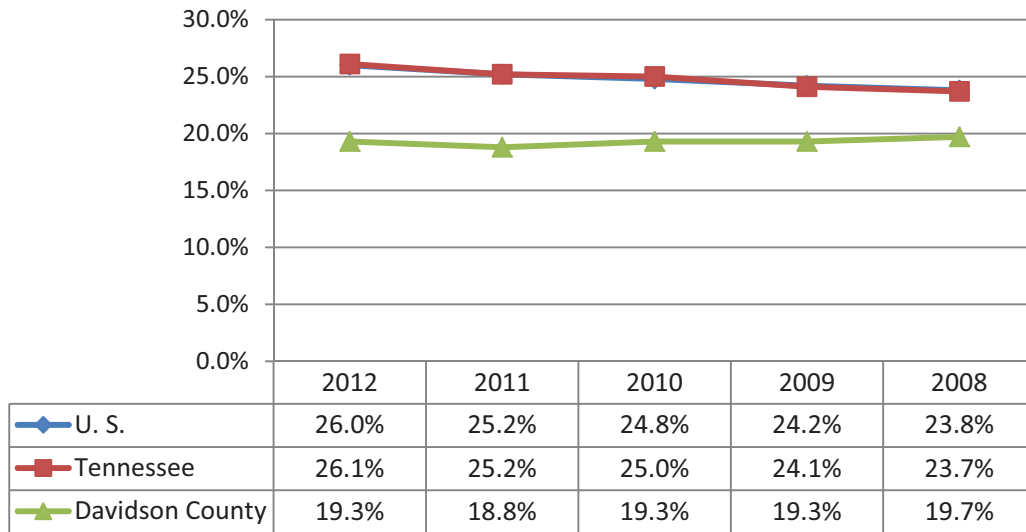
	2012	2011	2010	2009	2008
U.S.	32.4%	32.7%	33.1%	33.5%	34.0%
Tennessee	31.4%	31.1%	31.9%	33.1%	33.1%
Davidson County	26.2%	26.8%	28.0%	28.1%	27.6%

Chart 17 shows the percentage of households with one or more people age 65 and over. Davidson County continues to have a smaller percentage than either the State of Tennessee or the U.S. The percentages for the U.S. and Tennessee are so close that they cannot be distinguished in the chart graphic.

Davidson County has a smaller percentage of both people under 18 and people 65 and over, which indicates that Davidson County has a larger proportion of working-age people than Tennessee or the U.S.

**Chart 17: Households with One or More People 65 and Over**

U. S., Tennessee, Davidson County, 2008-2012

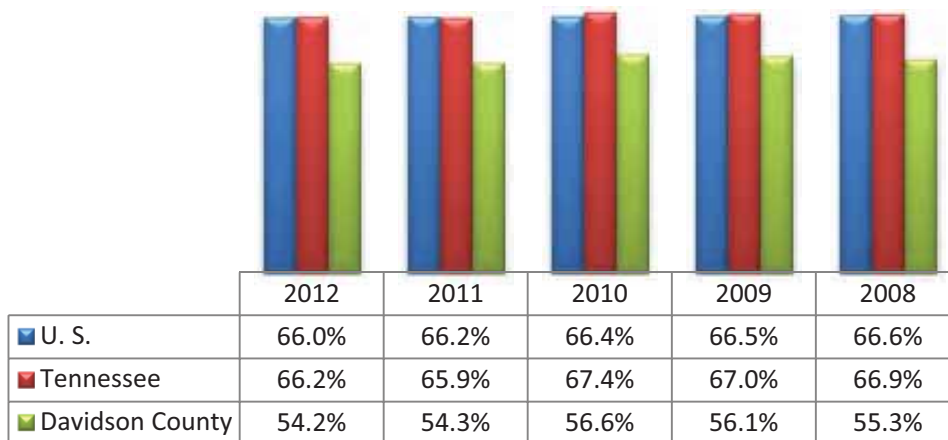


Source: U. S. Census Bureau, 2008-2012 American Community Survey

Davidson County's percentage of Family Households has been consistently lower than Tennessee and the U.S. since 2008, as shown in Chart 18.

**Chart 18: Percent of Family Households**

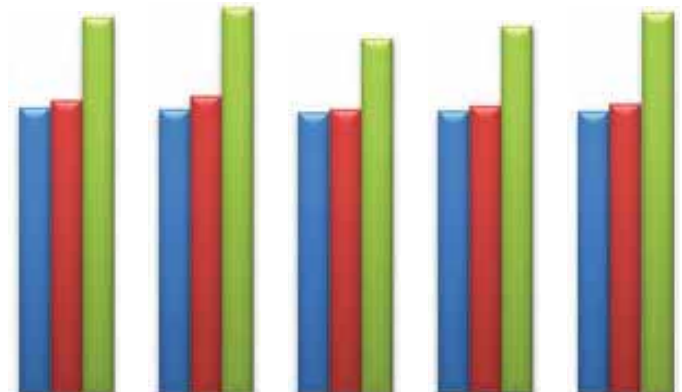
U. S., Tennessee, Davidson County, 2008-2012



Source: U. S. Census Bureau, 2008-2012 American Community Survey

Chart 19 shows that Davidson County’s rate of householders living alone continues to be higher than Tennessee and the U. S.

**Chart 19: Householders Living Alone**  
U. S., Tennessee, Davidson County, 2008-2012

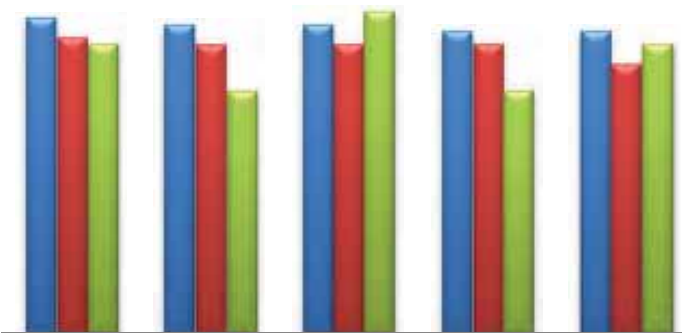


Source: U. S. Census Bureau, 2008-2012 American Community Survey

	2012	2011	2010	2009	2008
■ U. S.	27.8%	27.7%	27.4%	27.5%	27.5%
■ Tennessee	28.5%	29.0%	27.7%	28.0%	28.2%
■ Davidson County	36.5%	37.5%	34.5%	35.7%	37.0%

Chart 20 shows the percentage of male householders with no female present is higher than Tennessee and lower than the U.S.

**Chart 20: Male Householders-No Female Present**  
U. S., Tennessee, Davidson County, 2008-2012



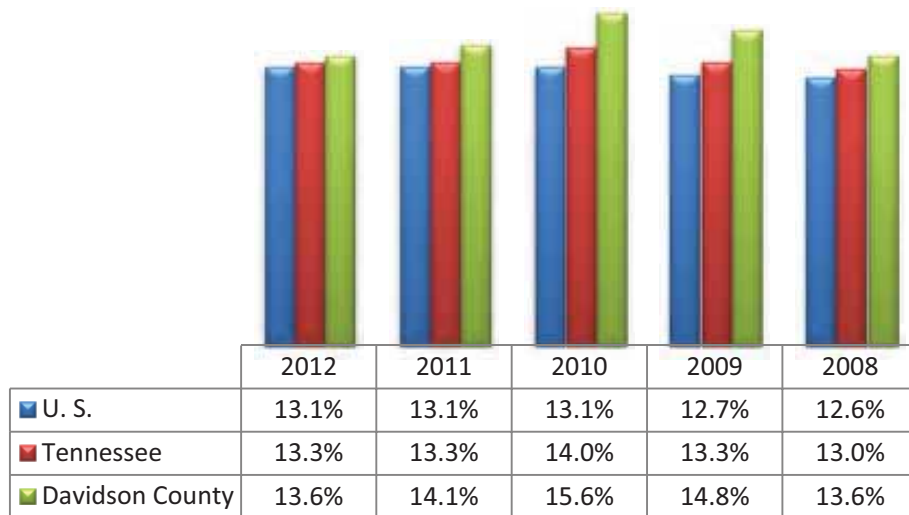
Source: U. S. Census Bureau, 2008-2012 American Community Survey

	2012	2011	2010	2009	2008
■ U. S.	4.8%	4.7%	4.7%	4.6%	4.6%
■ Tennessee	4.5%	4.4%	4.4%	4.4%	4.1%
■ Davidson County	4.4%	3.7%	4.9%	3.7%	4.4%

Since 2008, the percentage of female householders with no male present continued to be higher for Davidson County than for Tennessee and for the U.S, as shown in Chart 21.

**Chart 21: Female Householders-No Male Present**

U. S., Tennessee, Davidson County, 2008-2012

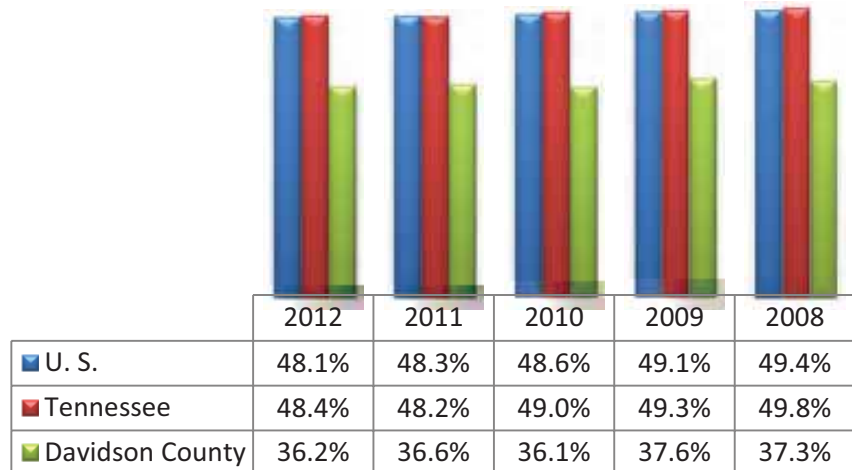


Source: U. S. Census Bureau, 2008-2012 American Community Survey

As shown in Chart 22, the percent of married couples in Davidson County has continued to be smaller than for Tennessee and the U.S.

**Chart 22: Percent of Married Couples**

U. S., Tennessee, Davidson County, 2008-2012



Source: U. S. Census Bureau, 2008-2012 American Community Survey

Chart 23 shows the population by marital status for males in 2012, with Davidson County’s male residents more likely to be never married or divorced than in Tennessee and the U.S. Davidson County male residents were less likely to be widowed and now married (and not separated).

**Chart 23: Population by Marital Status-Males**  
U. S., Tennessee, Davidson County, 2012

Source: U. S. Census Bureau, 2012 American Community Survey

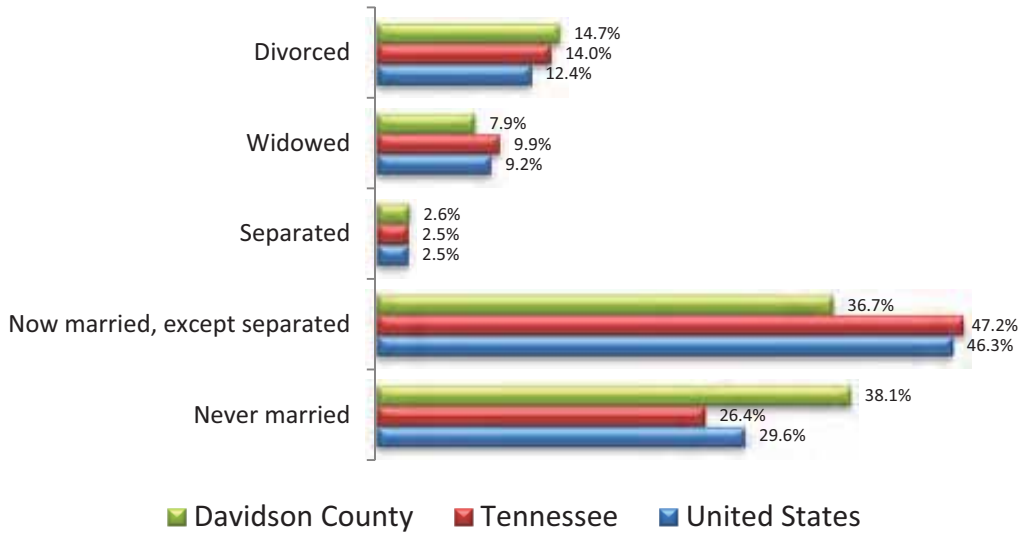


Chart 24 shows the marital status of females in Davidson County, Tennessee and the U.S. for 2012. Davidson County’s females were more likely to have never married and less likely to be married (and not separated) than Tennessee and the U.S.

**Chart 24: Population by Marital Status-Females**  
U. S., Tennessee, Davidson County, 2012

Source: U. S. Census Bureau, 2012 American Community Survey

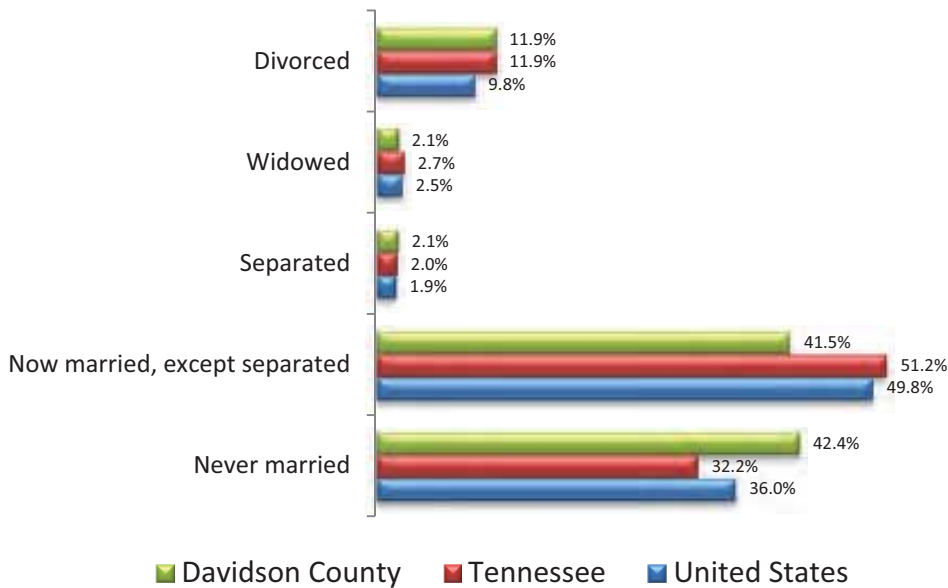
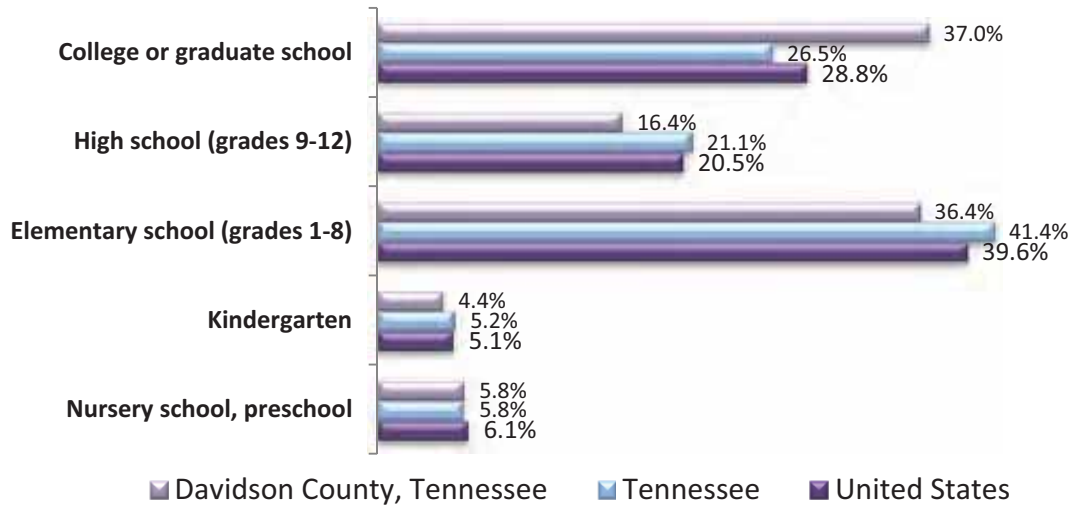


Chart 25 reflects the percentage of residents of Davidson County, Tennessee and the U.S. who were enrolled in school during 2012. Davidson County residents were more likely to be enrolled in college or graduate school, probably because of its large number of universities. As a result, the percentages are lower for the other categories.

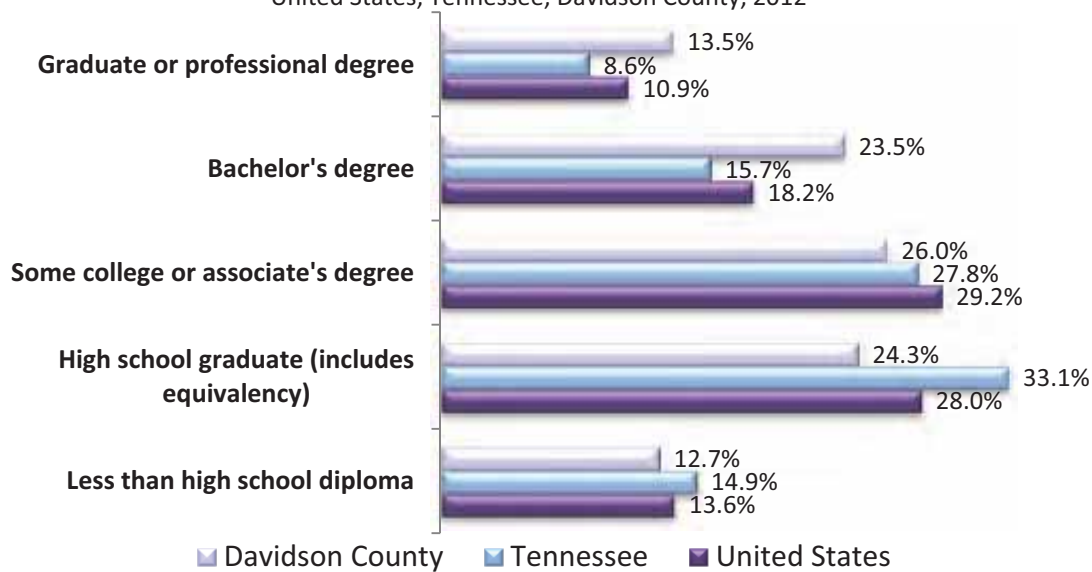
**Chart 25: Percentage by School Enrollment**  
U. S., Tennessee, Davidson County, 2012



Source: U. S. Census Bureau, 2012 American Community Survey

Consistent with the higher rate of Davidson County residents who were enrolled in college or graduate school, the educational attainment of Davidson County was greater in 2012 than Tennessee or the U.S. for those with a bachelor's degree or a graduate/professional degree.

**Chart 26: Percentage by Educational Attainment**  
United States, Tennessee, Davidson County, 2012



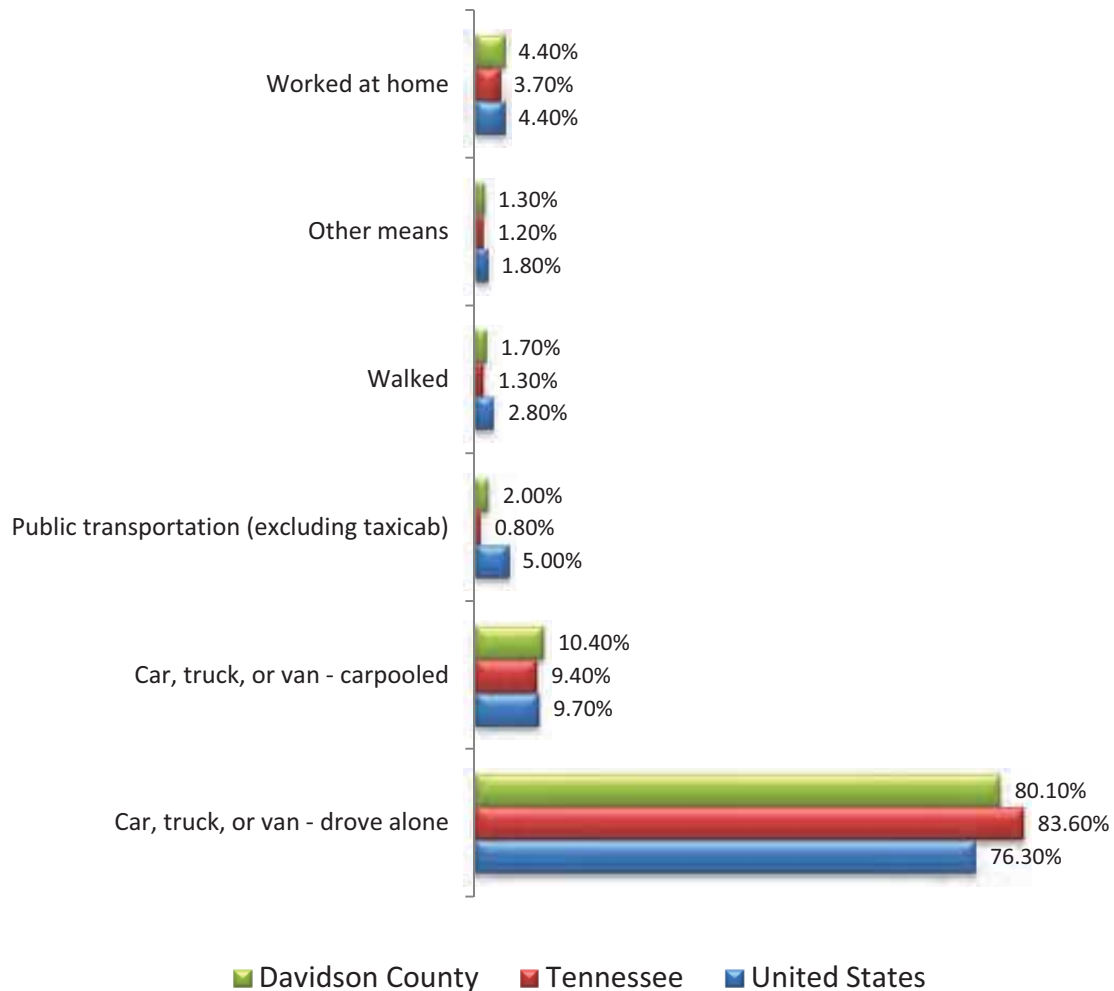
Source: U. S. Census Bureau, 2012 American Community Survey



Chart 27 shows the type of transportation that commuters use to get to work, which is primarily driving alone in a car/truck/van for the U.S., Tennessee and Davidson County. Davidson County's 2.0% rate of using public transportation was less than half of the U.S.'s rate of 5.0%. Tennessee's use of public transportation was significantly lower, probably due to more rural or smaller counties that do not have public transportation systems.

Data in the 2012 American Community Survey indicates that people who are in poverty are significantly more likely to use public transportation. In 2012, 2% of the population used public transportation to commute to work. However, for those in poverty, 25.2% of those in Davidson County used public transportation to commute to work, compared to 20.4% for Tennessee and 12.2% in the U. S.

**Chart 27: Percent by Commuting to Work**  
U. S., Tennessee, Davidson County, 2012

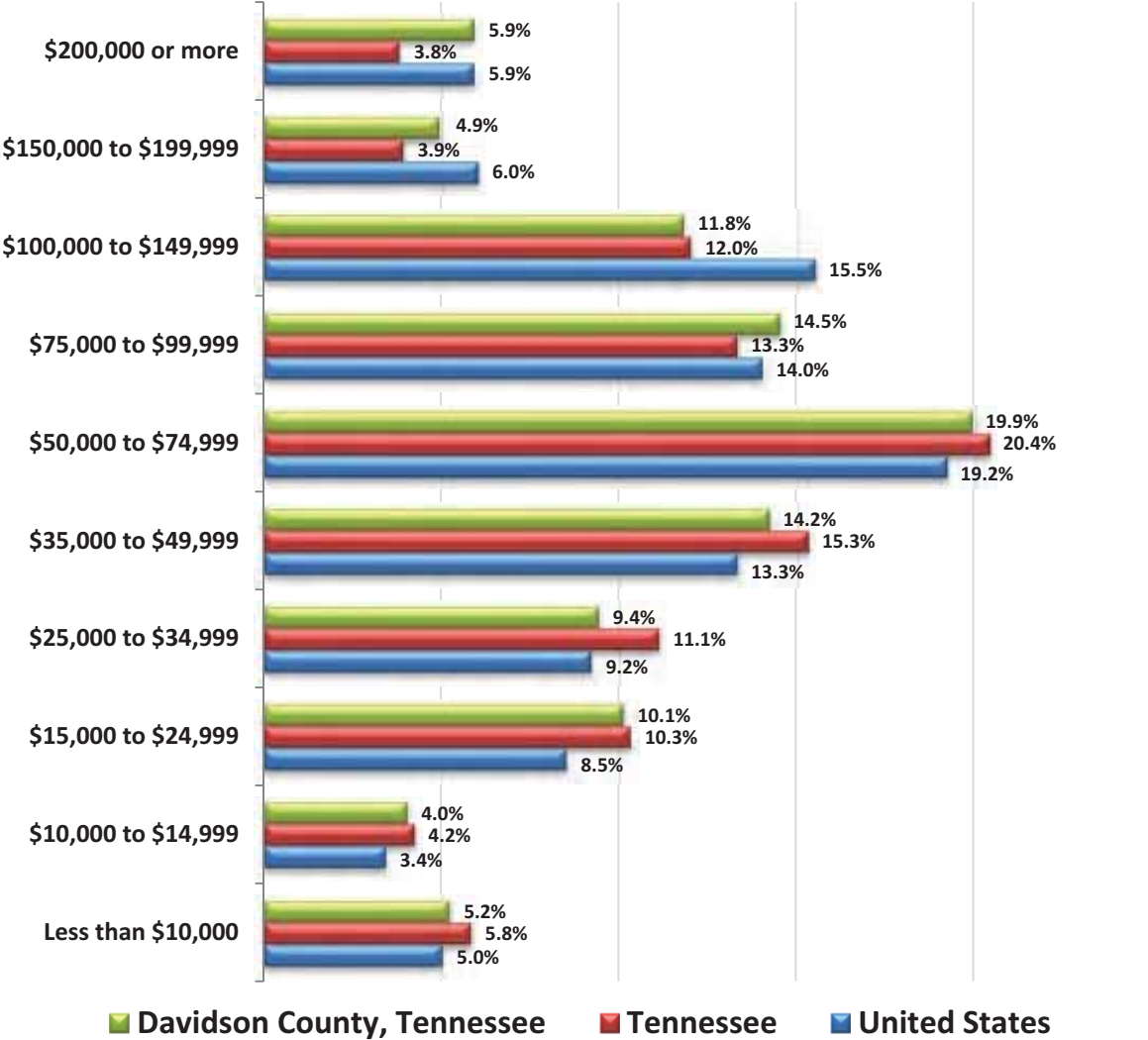


Source: U. S. Census Bureau, 2012 American Community Survey

# Socioeconomic Profile

Chart S-1 shows the percentage of families by income categories for the U. S., Tennessee and Davidson County for 2012. Regardless of location, the largest percentage of families had income of \$50,000-\$74,999. Davidson County and the U.S. have 5.9% of families with incomes over \$200,000, while Tennessee has fewer at 3.8%. The chart shows that the rate is higher for Davidson County than for Tennessee in the upper income categories, with Davidson County having smaller rates than Tennessee for the lower income categories. The U. S. Census Bureau adjusted income data for inflation, unless otherwise stated.

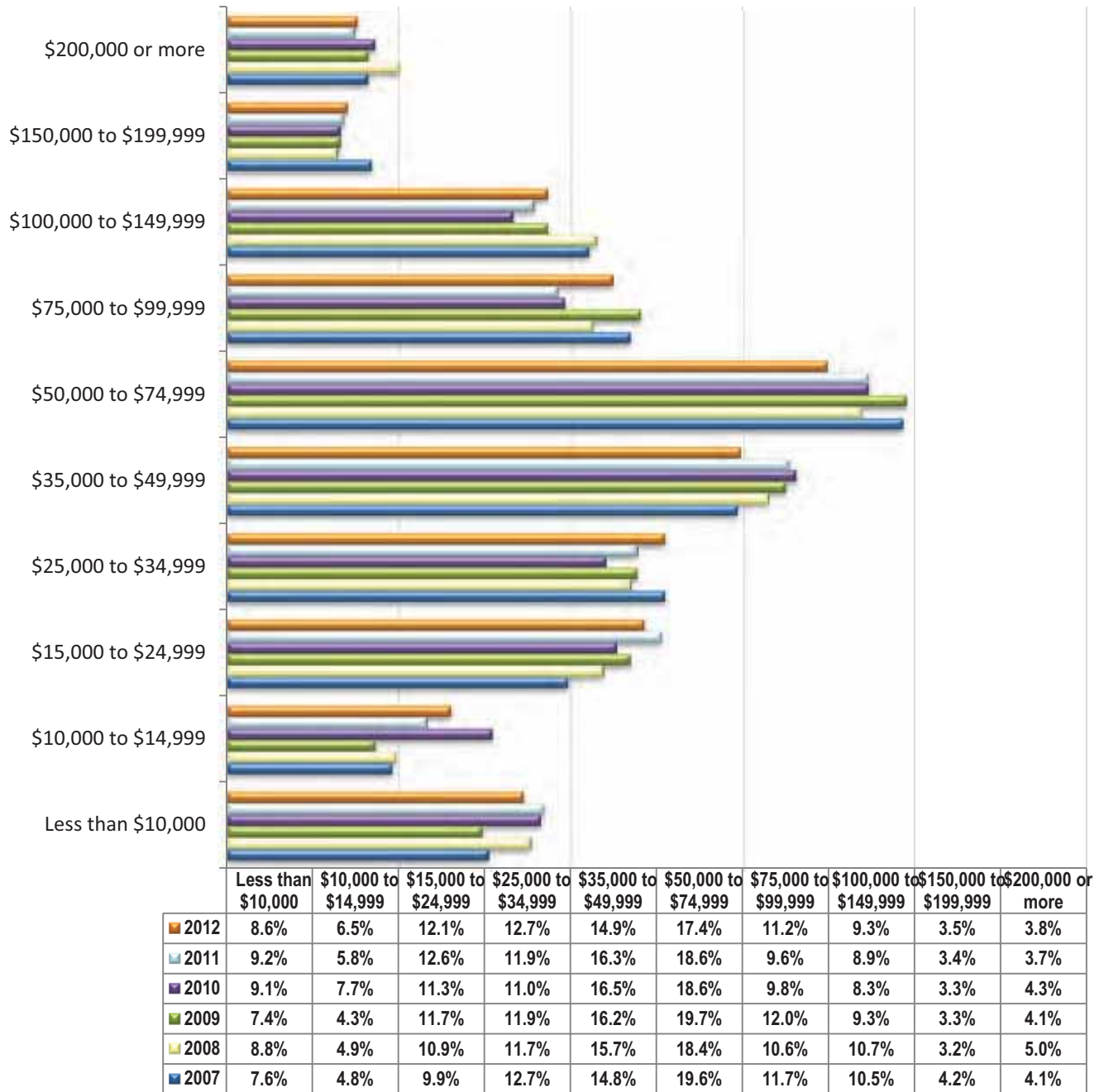
**Chart S-1: Percentage of Families by Income Category**  
U. S., Tennessee, Davidson County, 2012



Source: U. S. Census Bureau, 2012 American Community Survey

The percentage of households by income category for Davidson County for 2012 is shown in Chart S-2, with the largest percentage each year in the \$50,000-\$74,999 range. The chart also shows that the number of households with less than an income of \$10,000 peaked at 9.2% in 2011, which decreased to 8.6% in 2012.

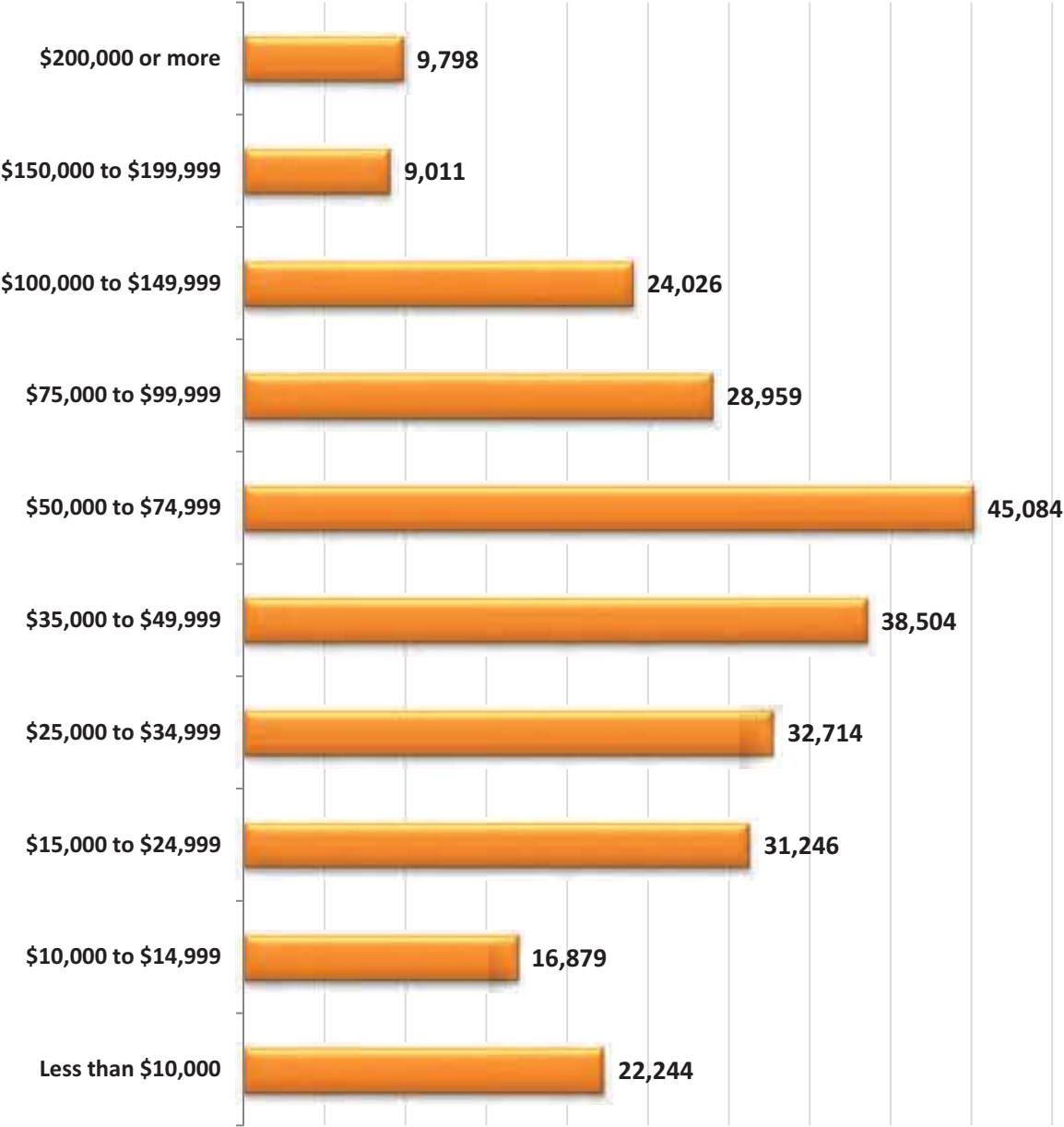
**Chart S-2: Percentage of Households by Income Category**  
Davidson County, 2007-2012



Source: U. S. Census Bureau, 2007-2012 American Community Survey

Chart S-3 shows the number of households across income categories in 2012 for Davidson County. There were 9,798 in the highest category (\$200,000 or more), while 22,244 were in the lowest category (less than \$10,000). During that time, Davidson County had 70,369 households with incomes less than \$25,000.

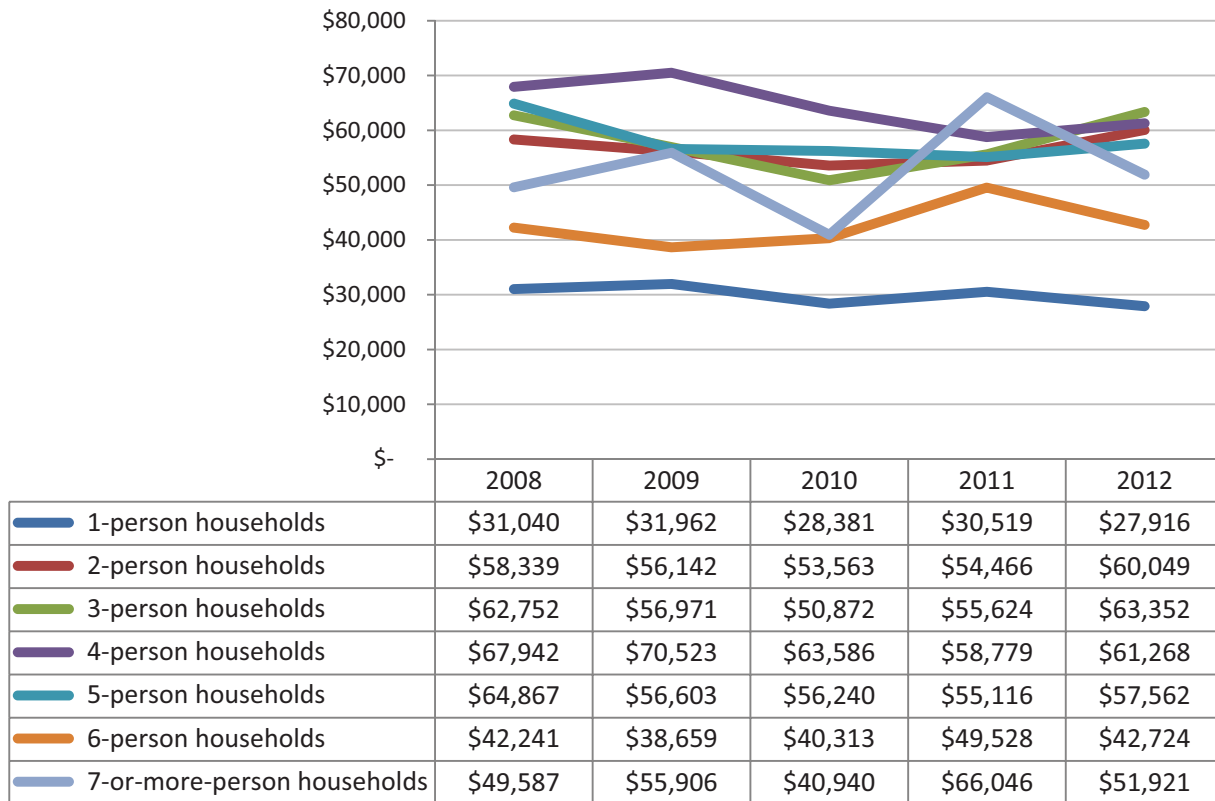
**Chart S-3: Number of Households by Income Category**  
Davidson County, 2012



Source: U. S. Census Bureau, 2012 American Community Survey

Chart S-4 shows the variation in median income by household size. The greatest variation is shown for the largest households, those with 7 or more people. The chart reflects that households with 1, 4 and 5 members have lower median incomes in 2012 than in 2008, while households with 2, 3, 6 and 7 persons have higher median incomes in 2012 than in 2008. Between 2008 and 2012, the U. S. median income decreased from \$55,282 to \$51,371 and Tennessee’s from \$46,362 to \$42,754.

**Chart S-4: Median Household Income By Household Size**  
Davidson County, 2008-2012



Source: U. S. Census Bureau, 2008-2012 American Community Surveys

The median income for Davidson County in 2012 was higher than for the State of Tennessee but considerably lower than for the U. S.

**Chart S-4: Median Household Income**  
U. S., Tennessee, Davidson County, 2012



Source: U. S. Census Bureau, 2012 American Community Survey

Chart S-5 reflects a greater variation in the mean household income than in the median household income for 2012. While the pattern is continuing (Davidson County higher than Tennessee and lower than the U.S.), there are more pronounced differences in the mean household income in Chart S-5 than in the median household income in Chart S-4. Because the pattern between the mean and median incomes is not symmetrical, it suggests that the proportion of people with lower incomes may be more pronounced in Tennessee and, to a lesser extent, in Davidson County.

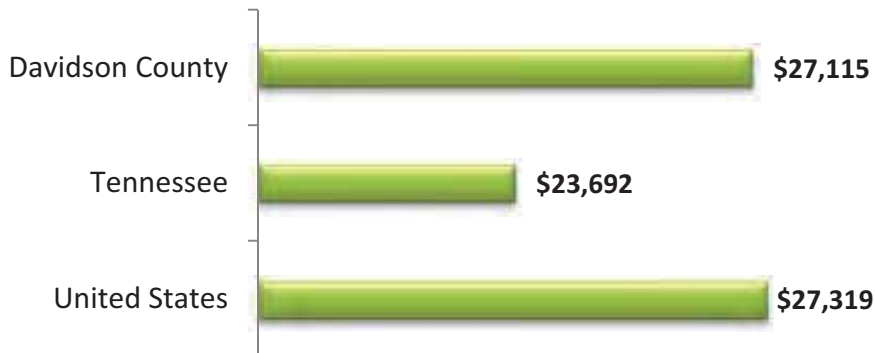
**Chart S-5: Mean Household Income**  
U. S., Tennessee, Davidson County, 2012

Source: U. S. Census Bureau, 2012  
American Community Survey



Per capita is the individual average of money income. The U. S. Census Bureau defines it as the mean money income received in the past 12 months for every man, woman and child (although the income is not included for those under age 15).

**Chart S-6: Per Capita Income**  
U. S., Tennessee, Davidson County, 2012

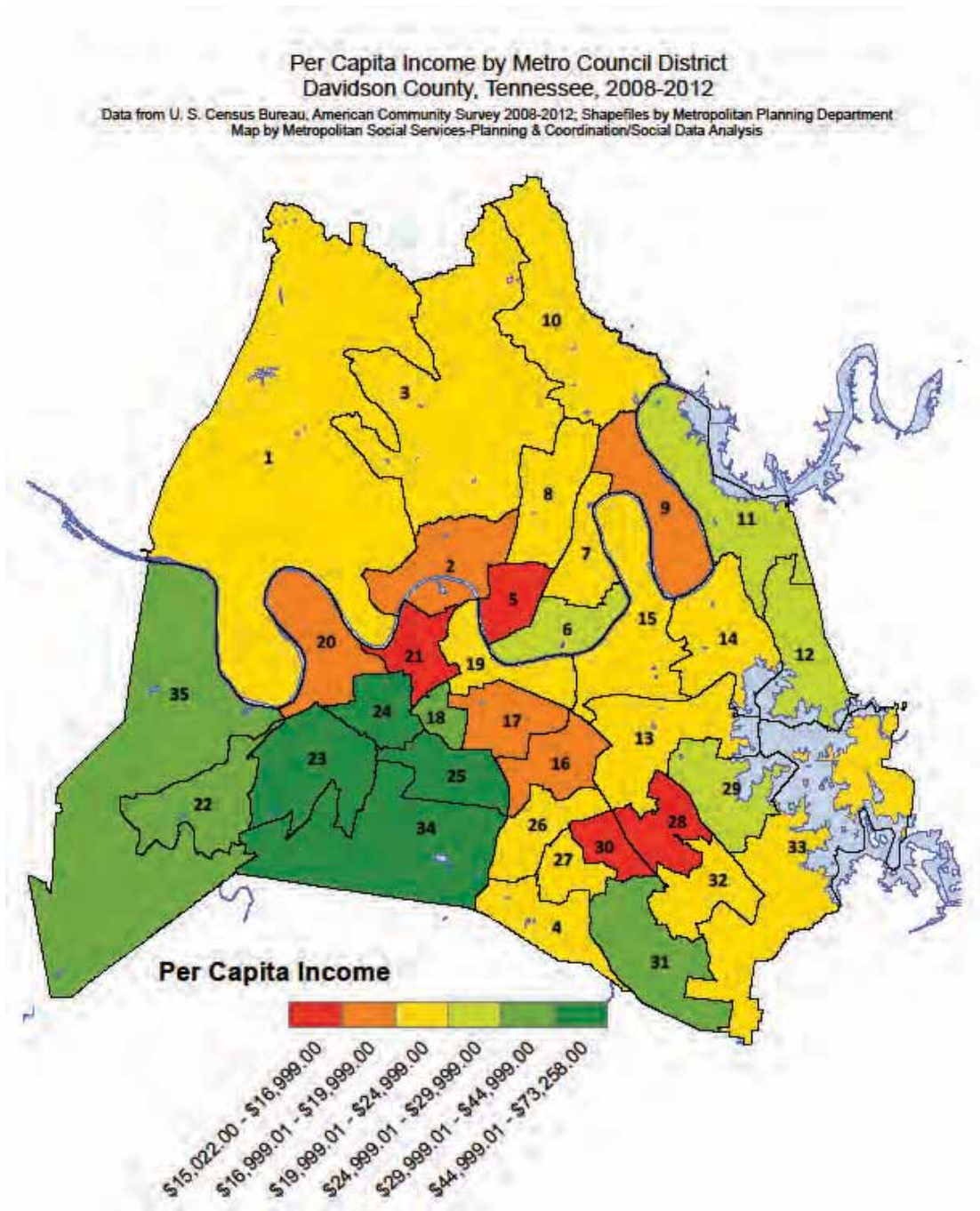


Per capita income for the U. S., Tennessee and Davidson County for 2012 is shown in Chart S-6, reflecting the consistent pattern of the U. S. higher than Davidson County, which is higher than Tennessee.

Source: U. S. Census Bureau, 2012  
American Community Survey

The map below shows the per capita income by Metro Council District for Davidson County during 2008-2012. Six of 35 Districts have per capita income above \$40,000 (34, 23, 25, 24, 31 and 35). Twenty-three districts have per capita incomes less than \$25,000 per year.

The per capita income map has some similarities to another map below that shows rates of poverty, with lower incomes (and higher poverty) near the middle of Davidson County, reflecting some correlation between per capita income and poverty. However, there are variations because of the differences between the unit being measured (data is available for per capita-individual, family and household incomes, as well as for poverty rates).

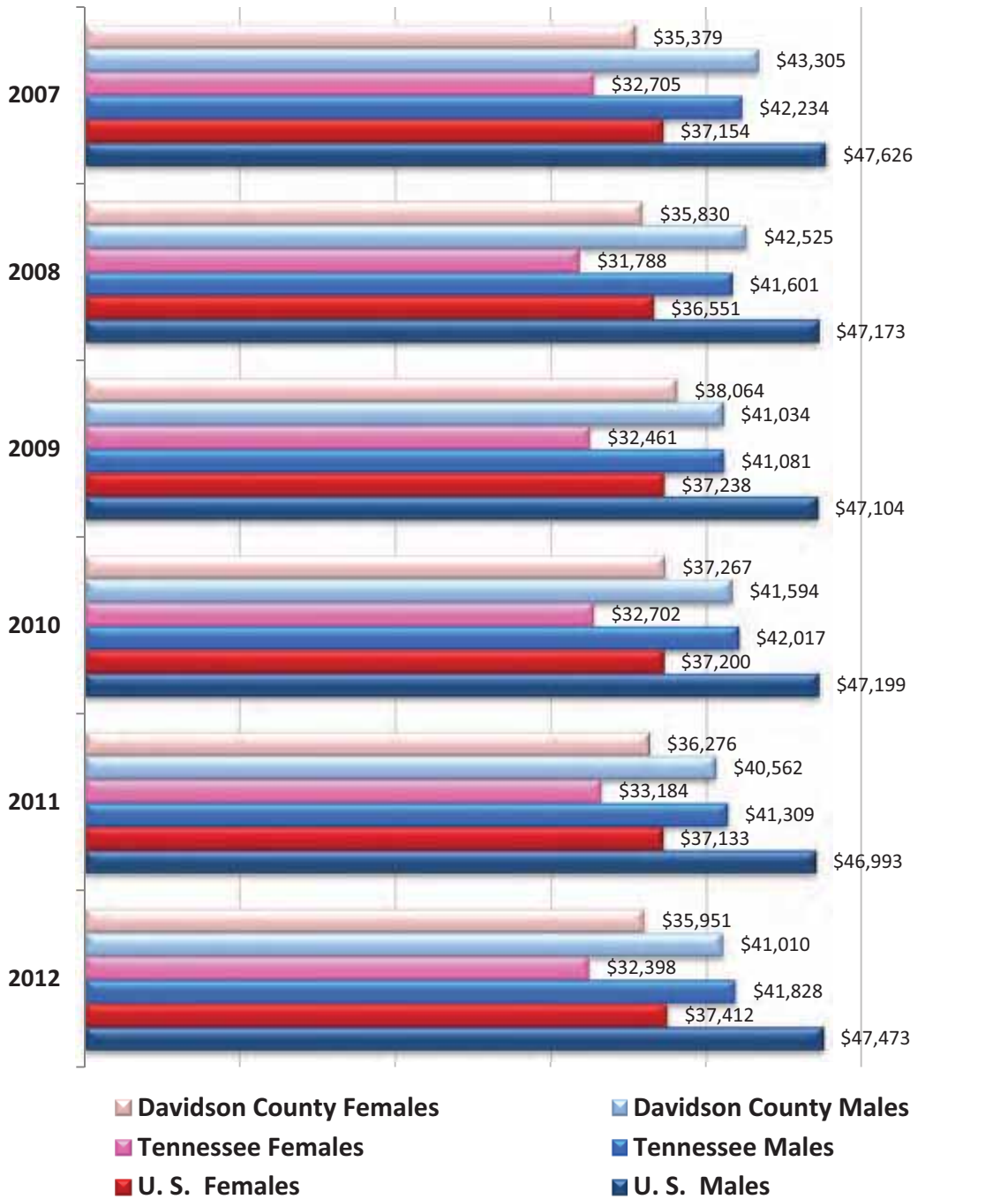


Source: U. S. Census Bureau, American Community Survey 2008-2012

Chart S-7 compares median earnings for full-time, year-around workers in the U. S., Tennessee and Davidson County for 2007-2012. The highest earnings are consistently reflected in male workers in the U.S. Since 2009,

the earnings for Tennessee males slightly exceeded those for Davidson County males. The lowest earnings are consistently female workers in Tennessee. For females in Davidson County, earnings are higher than for Tennessee females.

**Chart S-7 : Median Earnings for Full-Time, Year-Around Workers by Gender**  
U. S., Tennessee, Davidson County, 2007-2012



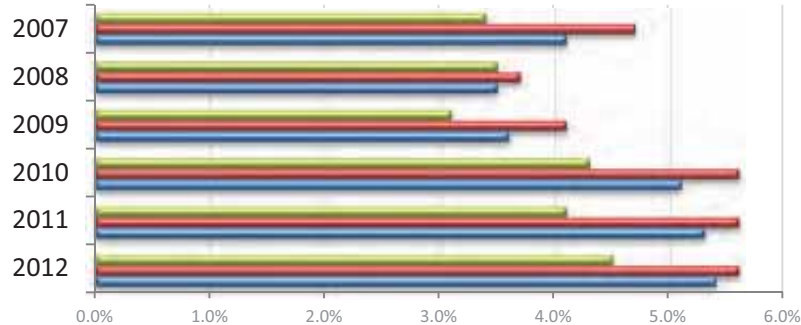
Source: U. S. Census Bureau, 2007-2012 American Community Surveys



Chart S-8 shows the percentage of people in the U. S., Tennessee and Davidson County who received Supplemental Security Income since 2007. Davidson County’s rate of people on SSI has been consistently lower than the U. S. and Tennessee, with decreases for all three since 2007. In 2012, the mean annual SSI income was \$9,058 in the U. S., \$8,650 in Tennessee and \$9,212 in Davidson County.

Source: U. S. Census Bureau, 2007-2012 American Community Surveys

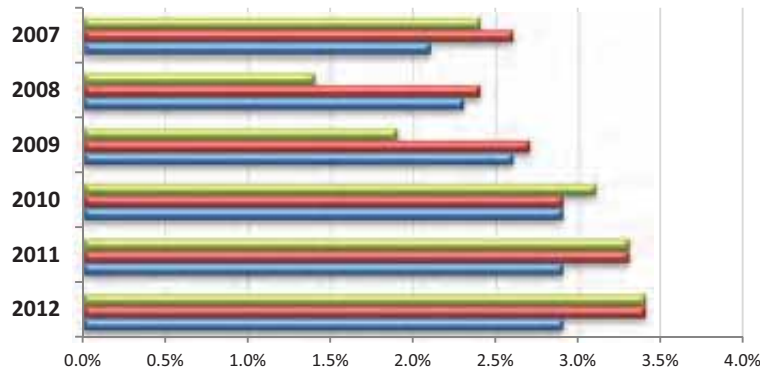
**Chart-S-8: Percentage With SSI Income**  
U.S., Tennessee, Davidson County, 2007-2012



	2012	2011	2010	2009	2008	2007
Davidson County	4.5%	4.1%	4.3%	3.1%	3.5%	3.4%
Tennessee	5.6%	5.6%	5.6%	4.1%	3.7%	4.7%
U. S.	5.4%	5.3%	5.1%	3.6%	3.5%	4.1%

As shown in Chart S-9, the percentage of people on cash assistance has increased for the U. S., Tennessee and Davidson County since 2007. Since 2010, Davidson County’s rate has been higher than the U. S. and Tennessee. In 2012, the mean annual amount of public cash public assistance income was \$3,670 in the U. S., \$2,776 in Tennessee and \$2,991 in Davidson County.

**Chart S-9: Percentage With Cash Public Assistance Income**  
U.S., Tennessee, Davidson County, 2007-2012



Source: U. S. Census Bureau, 2007-2012 American Community Surveys

	2012	2011	2010	2009	2008	2007
Davidson County	3.4%	3.3%	3.1%	1.9%	1.4%	2.4%
Tennessee	3.4%	3.3%	2.9%	2.7%	2.4%	2.6%
U. S.	2.9%	2.9%	2.9%	2.6%	2.3%	2.1%

## Poverty

The U. S. poverty thresholds are based on the number of people in a household or family and their pre-tax income. Additional information about alternate measures of poverty is in the Characteristics of Poverty section. The 2013 poverty guidelines, based on family/household size are in the table below. These guidelines are used to determine eligibility for various federally funded programs. The eligibility requirement for some programs is often for applicants to be at or below (100%) poverty, while other programs may be for those at or below 125%, 150%, 200% of poverty, etc.

Persons in family/household	Poverty guideline
1	\$ 11,490
2	\$ 15,510
3	\$ 19,530
4	\$ 23,550
5	\$ 27,570
6	\$ 31,590
7	\$ 35,610
8	\$ 39,630

For families/households with more than 8 persons, add \$4,020 for each additional person.

Ratio of income to poverty: People and families are classified as poor if their income is less than their poverty threshold. If their income is less than half their poverty threshold, they are severely poor (below 50% of poverty); less than the threshold itself, they are poor (below 100% of poverty); less than 1.25 times the threshold, below 125% of poverty, and so on. The greater the ratios of income to poverty, the more people fall under the category, because higher ratios include more people with higher incomes.

<http://www.census.gov/hhes/www/cpstables/032013/povnotes.htm>

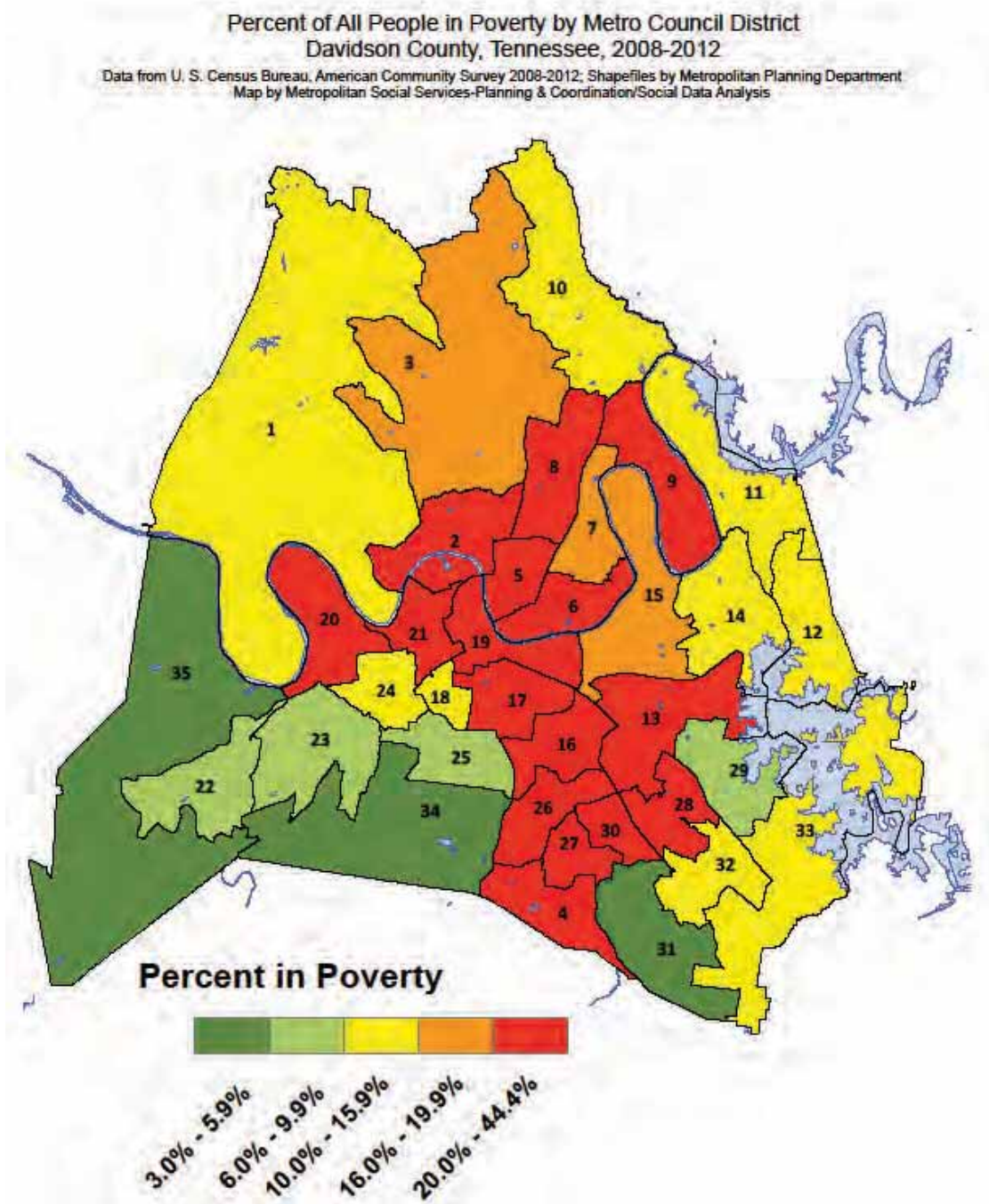
Additional information about poverty was discussed in the 2012 Community Needs Evaluation (asset poverty, relationship between poverty and unemployment, economic security, child poverty and allocation of federal entitlement programs (pages 32-38). Poverty definitions were included in the 2011 Community Needs Evaluation (pages 19-20).

The Institute for Research on Poverty of the University of Wisconsin-Madison has developed *A consumer's guide to interpreting various U.S. poverty measures* to compare different poverty measures, particularly in context with the Supplemental Poverty Measure.

<http://www.irp.wisc.edu/publications/fastfocus/pdfs/FF14-2012.pdf>

The map below shows the percent of poverty for all people by Metropolitan Council District for 2008-2012. The areas in red have a higher rate of poverty than the U. S., Tennessee or Davidson County as a whole and the orange areas have poverty higher than the U.S. Davidson County has 17 Council Districts with a poverty rate higher than the county as a whole. Districts 19, 21, 17, 5, 2 and 6 have poverty rates above 30%, almost twice

the U. S. rate of poverty. All Metro Council Districts have people who live in poverty, with the lowest District 34 at 3.0%. Districts 34, 35, 31, 23, 22, 29 and 25 have poverty rates below 10%.



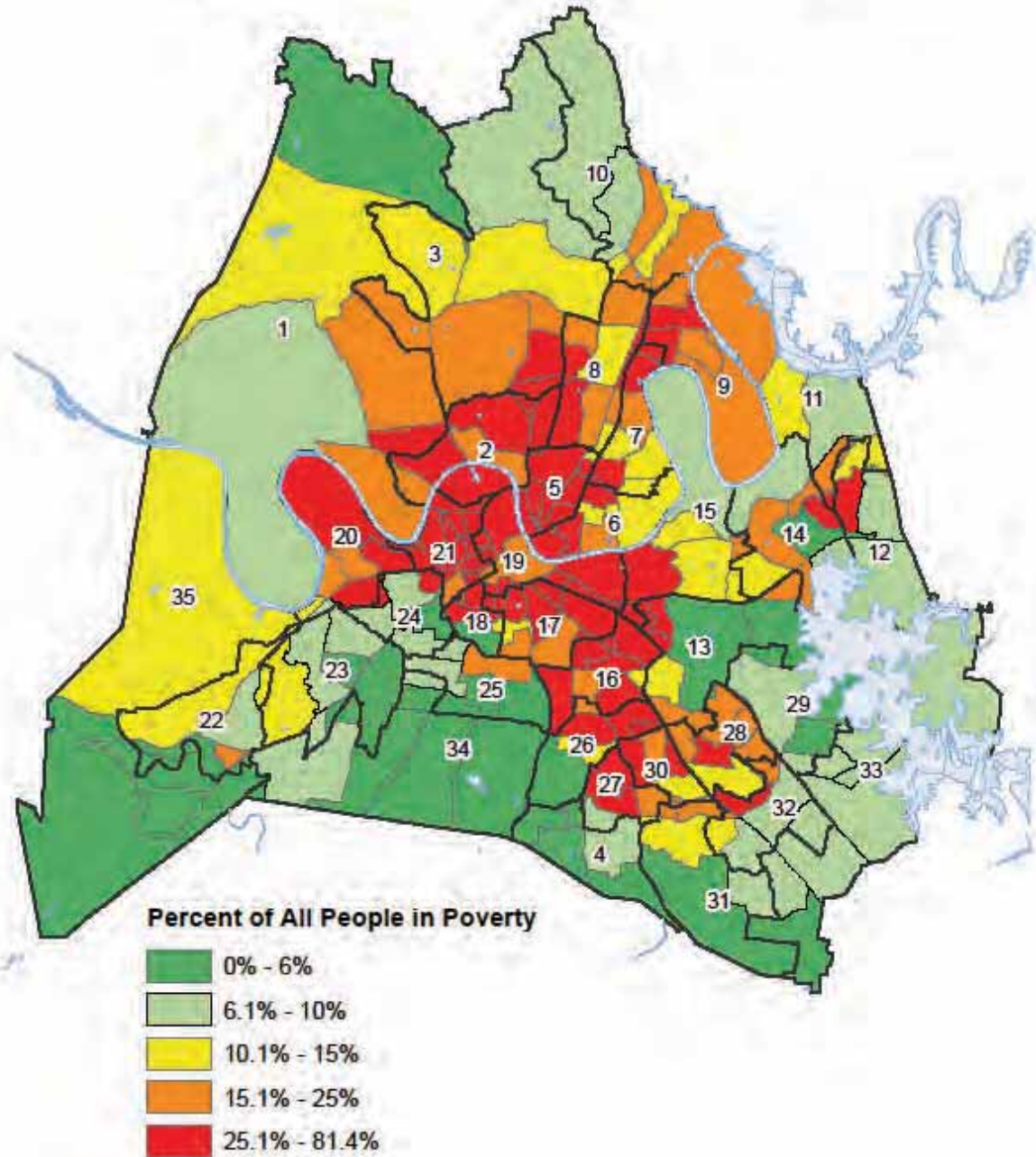
Source: U. S. Census Bureau, American Community Survey 2008-2012

While there are 35 Metro Council Districts, there are 161 census tracts, with data available for the poverty rate in each. There are multiple census tracts for each Metro Council District, and a census tract may be sections in more than one Metro Council District. The map below shows the poverty rate for census tracts, including small

geographic areas of poverty that are not displayed when Council District data is used. Council Districts are shown and outlined, with the shading color reflecting the level of poverty by census tract.

**Percent of All People in Poverty by Census Tract, with Metro Council Districts  
Davidson County, Tennessee, 2008-2012**

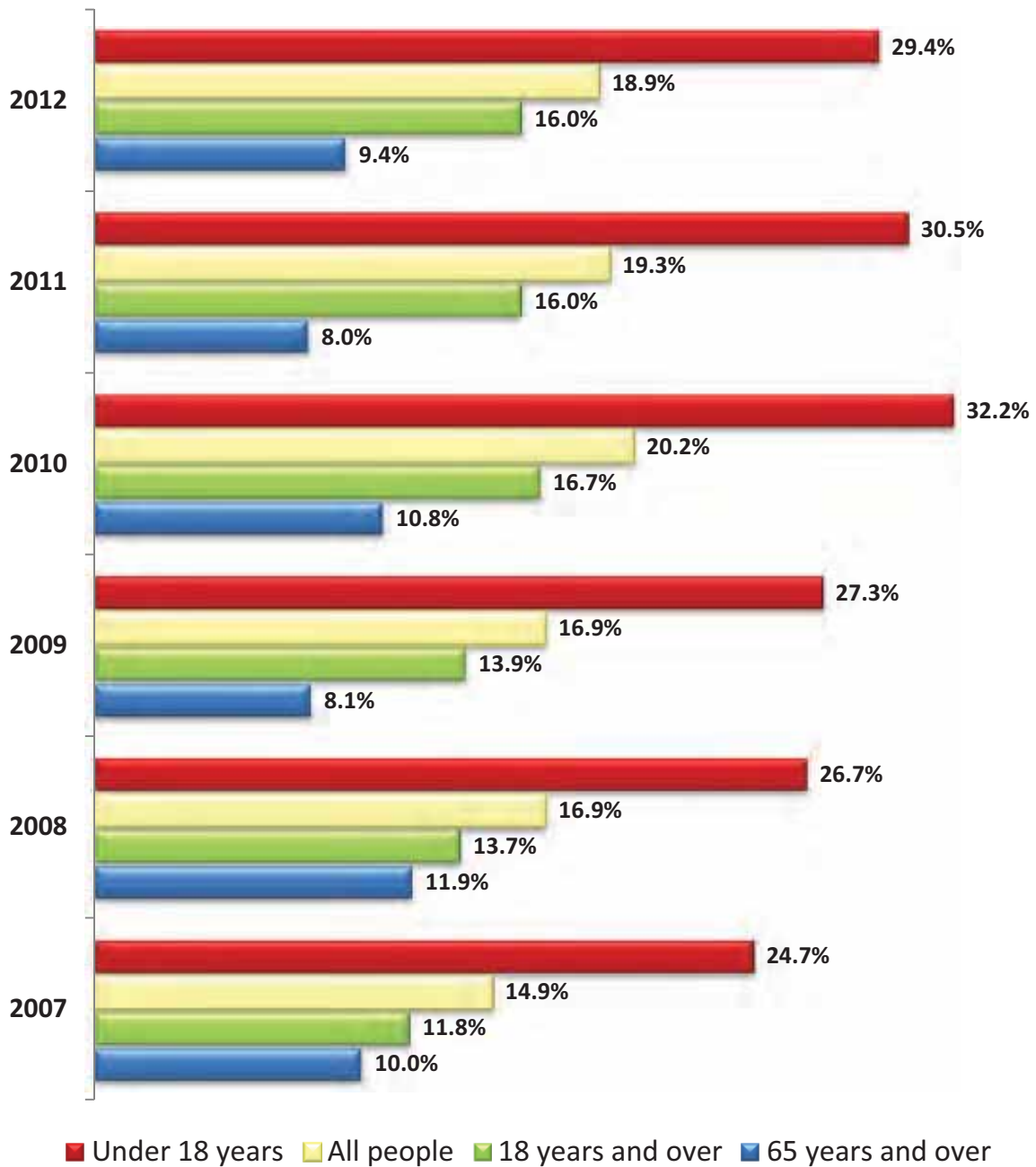
Data from U. S. Census Bureau, American Community Survey 2008, 2012; Shapefiles by Metropolitan Planning Department;  
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis



Source: U. S. Census Bureau, American Community Survey 2008-2012

In recent decades, the highest poverty rate for Davidson County was in 2010. Chart S-10 shows a slight decrease in the percentage of all people in poverty in Davidson County from 2010 to 2011 and another slight decrease in 2010. However, the poverty rate continues to be higher than before the recession.

**Chart S-10: Percentage of People in Poverty by Age Category**  
Davidson County, 2007-2011

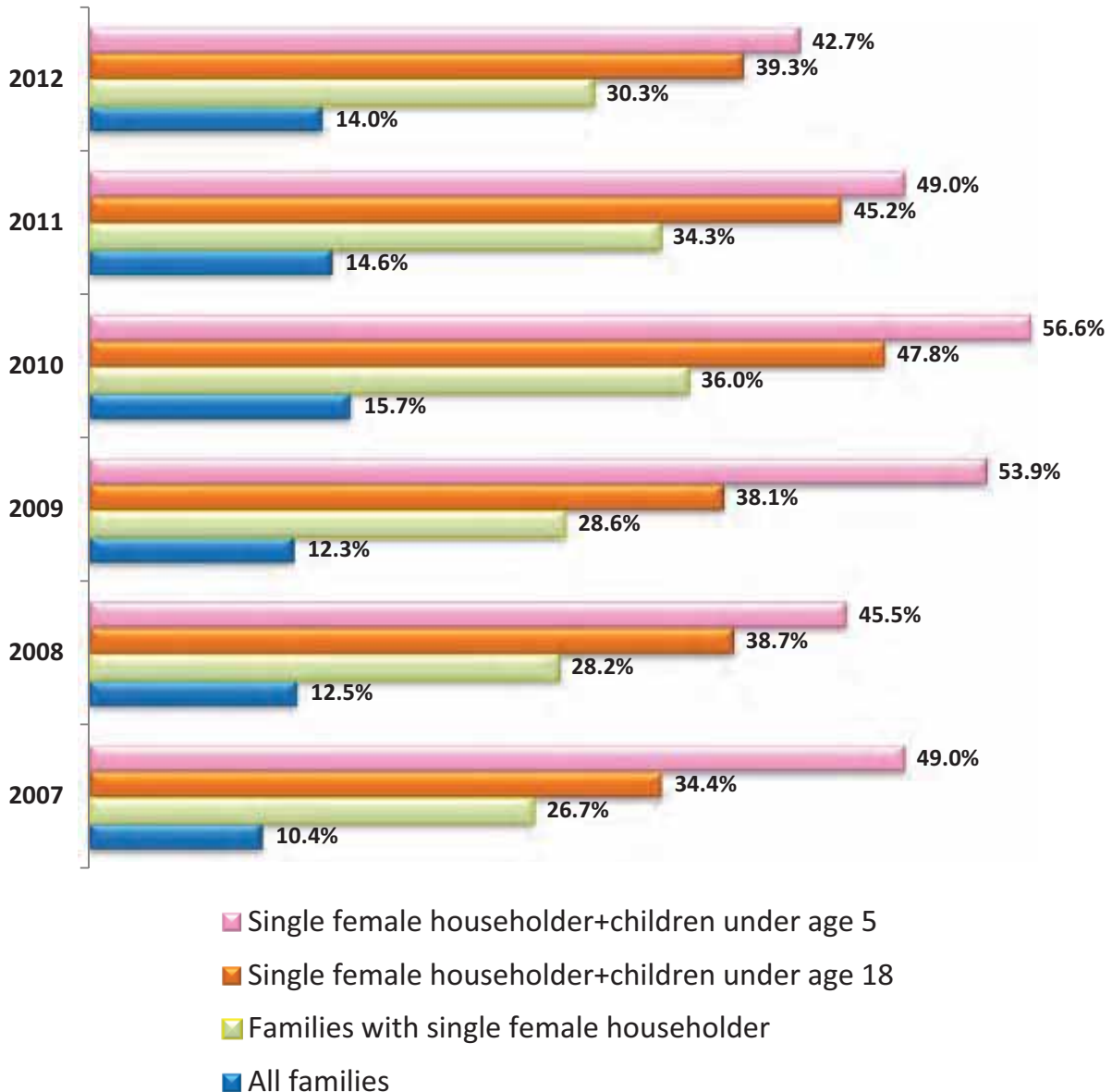


Source: U. S. Census Bureau, 2007-2012 American Community Surveys

Chart S-11 shows the percentage of families in poverty by the type of household, with all families shown for comparison. While the percent of single female householders with children under age 5 remains high, it has decreased to 42.7%, the lowest since before the recession began.

While still higher than before the recession, the rate for families with single female householders and single female householders with children under age 18 decreased for the second year in a row.

**Chart S-11: Percentage of Families in Poverty by Household Type**  
Davidson County, 2007-2011



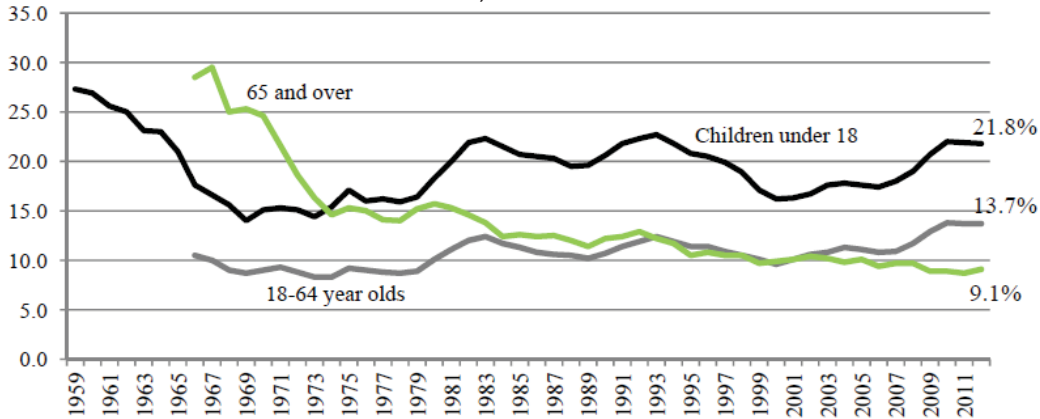
Source: U. S. Census Bureau, 2007-2012 American Community Surveys

In September 2013, the Children’s Defense Fund released a national analysis, *Child Poverty in American 2012*, which showed that people under age 18 are more likely to be in poverty than other age categories. Except for the period in the late 1960s and early 1970s when people over 65 had higher rates of poverty, those under 18 have been the category with the highest rate of poverty since 1959. Chart S-12 below shows that children under 18 had a national poverty rate of 21.8%, far higher than the 13.7% for ages 8-64 (13.7%) or 65 and over (9.1%), according to the U. S. Census Bureau’s 2013 Annual Social and Economic Supplements.

<http://www.childrensdefense.org/child-research-data-publications/data/child-poverty-in-america-2012.pdf>

**Chart S-12: Poverty by Age Categories**

U.S., 1959-2012

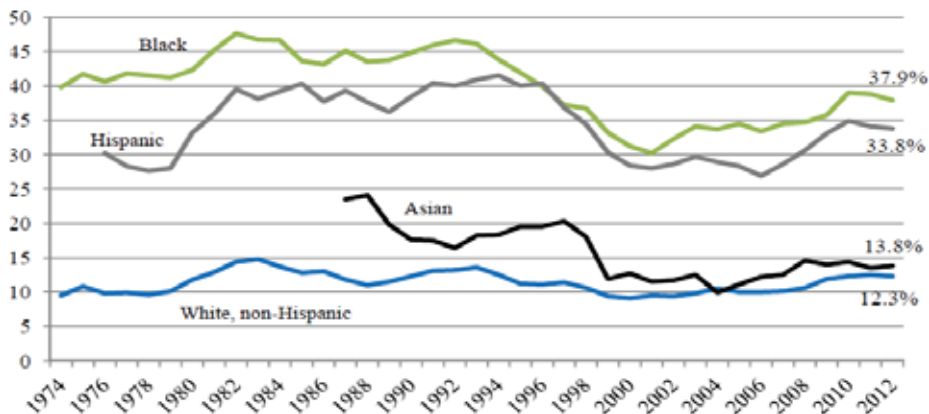


Source: U.S Department of Commerce, Bureau of the Census, Current Population Survey, 2013 Annual Social and Economic Supplements. Historical Table 3.

*Child Poverty* reported that the 21.8% of children under age 18 is the equivalent of 16,073,000 children who were in poverty in 2012, including an additional 2.75 million after the 2007 recession began. It reports that the poverty rate for younger children was even higher, with 25.1% of children under age 5 in poverty. The poverty rate for children varied by family structure, with 56.1% of poor children living in single-mother families, 35.3% in married-couple families, and 8.6% in single-father families. The rates also vary by race/ethnicity as shown in Chart S-13, reflecting the 2012 data that shows the highest rate of poverty for black children at 37.9%, Hispanic children at 33.8%, Asian at 13.8% and white non-Hispanic at 12.3%.

**Chart S-13: Child Poverty by Race/Ethnicity**

U. S., 1974-2012



Source: U.S Department of Commerce, Bureau of the Census, Current Population Survey, 2013 Annual Social and Economic Supplements. Historical Table 3.

The Current Population Survey data is not available at the local level, but it is similar to the American Community Survey that does have smaller area breakdowns. The high rate of poverty for children under age 5 is reflected in Chart S-14 below, showing a higher rate of poverty in Davidson County than for the U. S. for both males and females under age 5.

Source: U. S. Census Bureau, 2012 American Community Survey

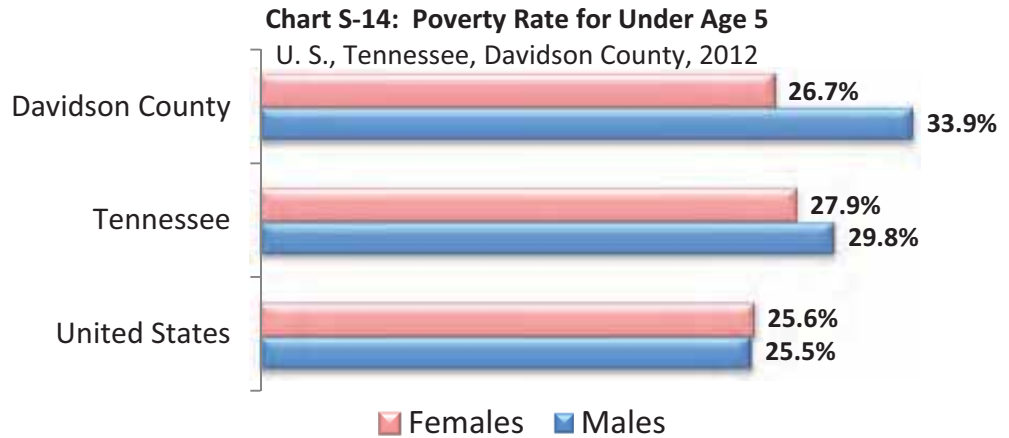
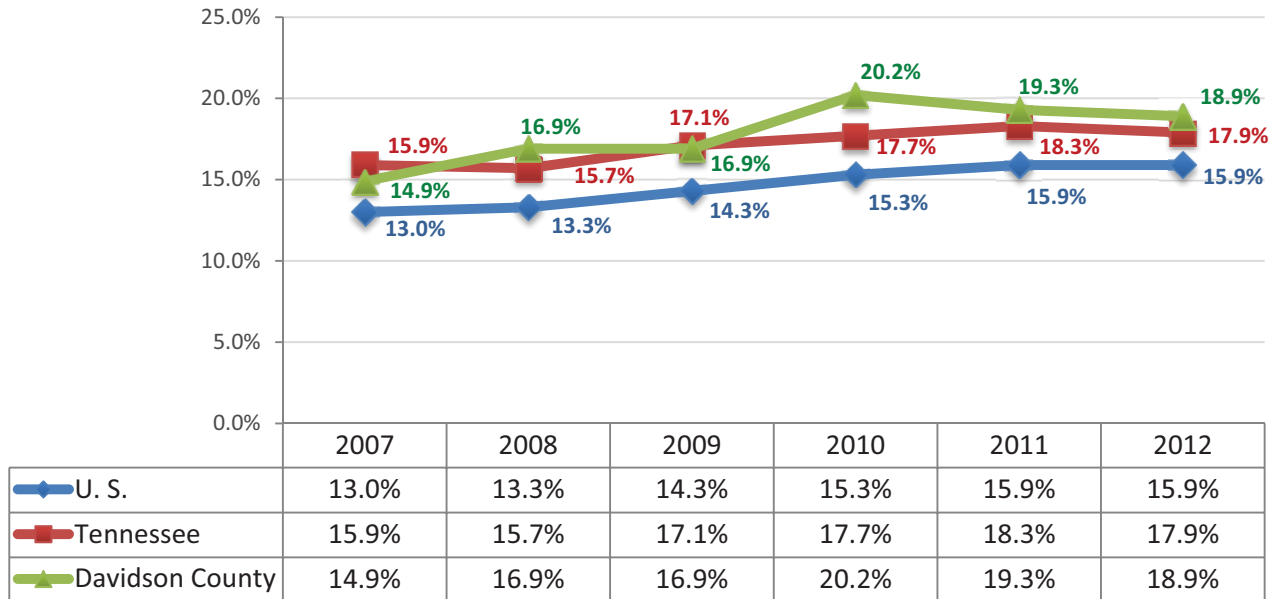


Chart S-15 compares the percentage of people in poverty in the U. S., Tennessee and Davidson County each year from 2007 through 2012. The U. S. continues to have a lower poverty rate than either Tennessee or Davidson County. During this six-year period, Davidson County’s poverty rate was also higher than Tennessee’s every year except 2007 and 2009.

**Chart S-15: Percentage of People in Poverty**  
U. S. Tennessee Davidson County, 2007-2012

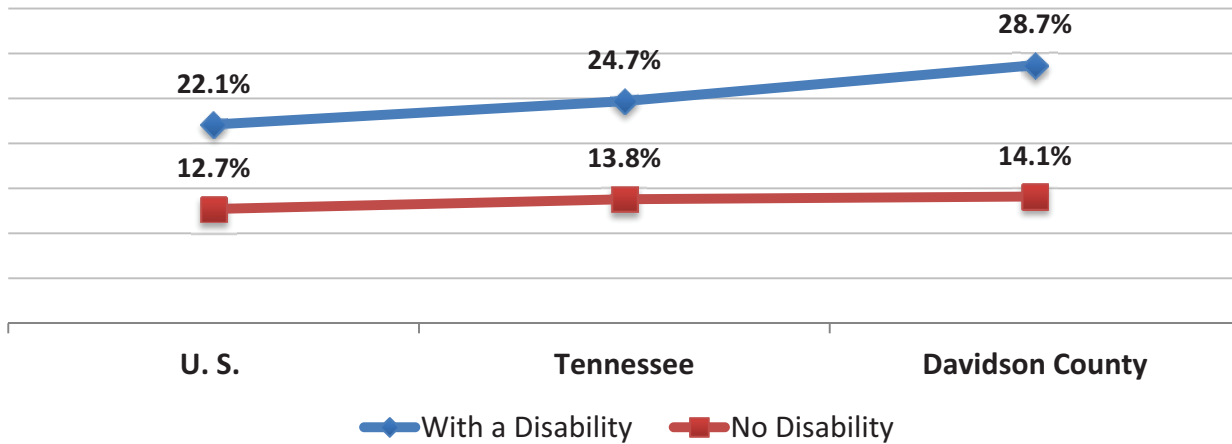


Source: U. S. Census Bureau, 2007-2012 American Community Surveys



Chart S-16 shows that people who have a disability are more than twice as likely to be in poverty as those who do not in Davidson County. They are also more likely to be in poverty in Tennessee and the U.S.

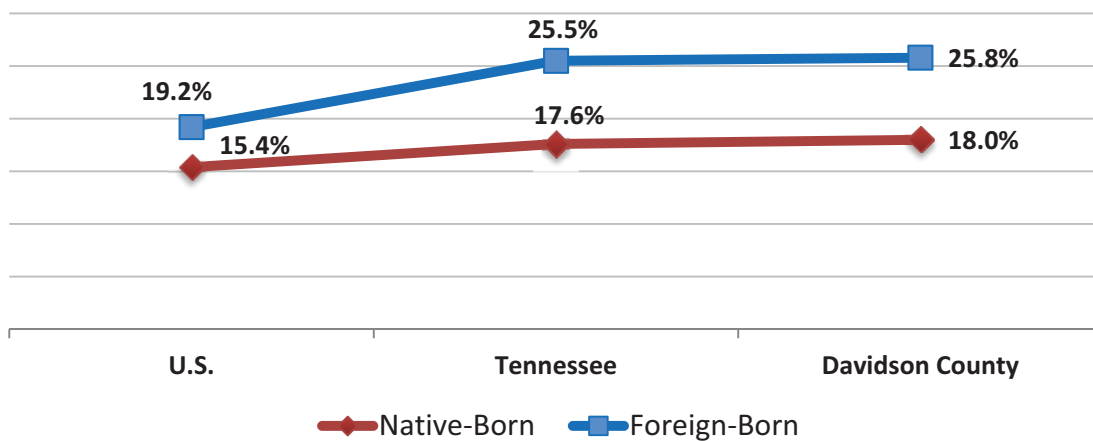
**Chart S-16: Poverty Rate by Disability Status**  
U. S., Tennessee, Davidson County, 2012



Source: U. S. Census Bureau, 2012 American Community Survey

Chart S-17 shows that foreign-born people were more likely to be in poverty in 2012 than native-born in the U. S., Tennessee and Davidson County. The 25.8% poverty rate for the foreign-born in Davidson County was higher than the 18.0% for native-born persons, with a similar pattern for Tennessee and the U.S.

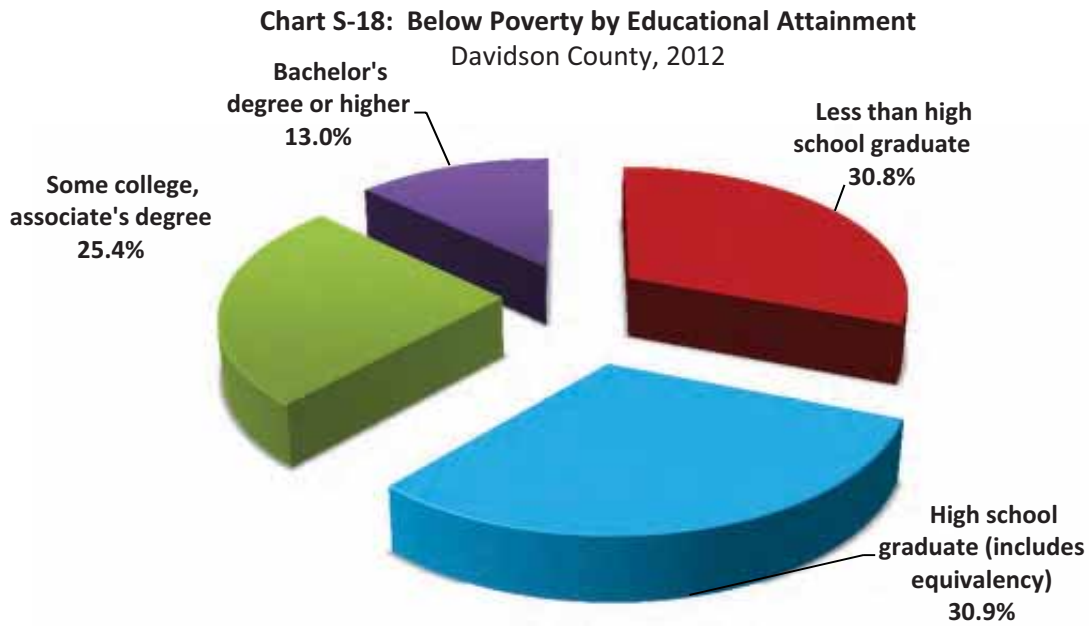
**Chart S-17: Poverty by Nativity**  
U. S., Tennessee, Davidson County, 2012



Source: U. S. Census Bureau, 2012 American Community Survey

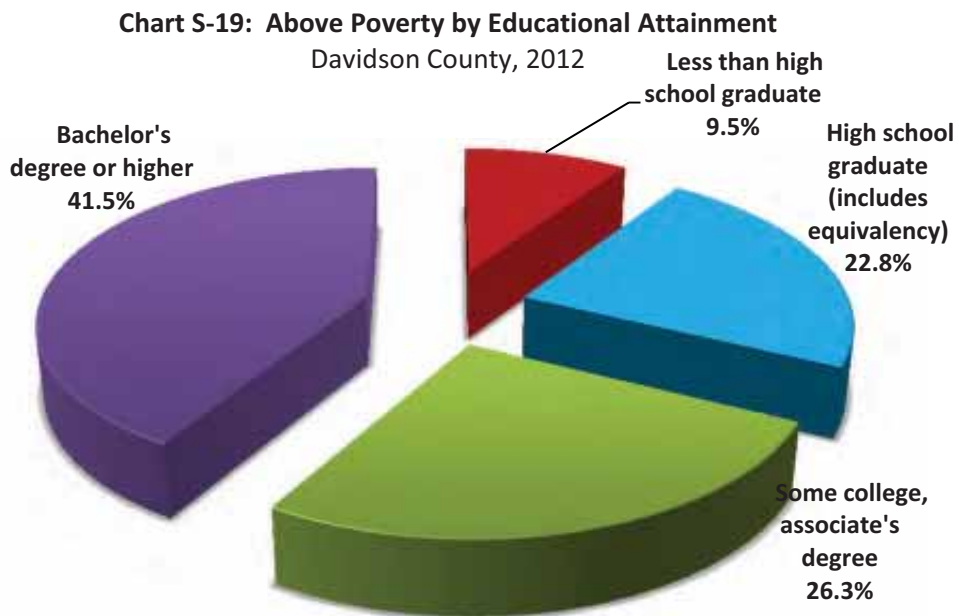
As discussed further in the section on Workforce & Economic Opportunity, there is a strong relationship between educational attainment and poverty Chart S-18 shows the percentage of people in Davidson County

below poverty by the level of educational attainment. It shows that 13% of people in poverty have a Bachelor's Degree or higher, compared to over 30% for those with a high school education or less.



Source: U. S. Census Bureau, 2012 American Community Survey

Chart S-19 shows the percentage of people above poverty by educational attainment. For those in poverty, 9.5% with less than a high school education are above poverty, compared to 41.5% of those with a Bachelor's degree or higher.

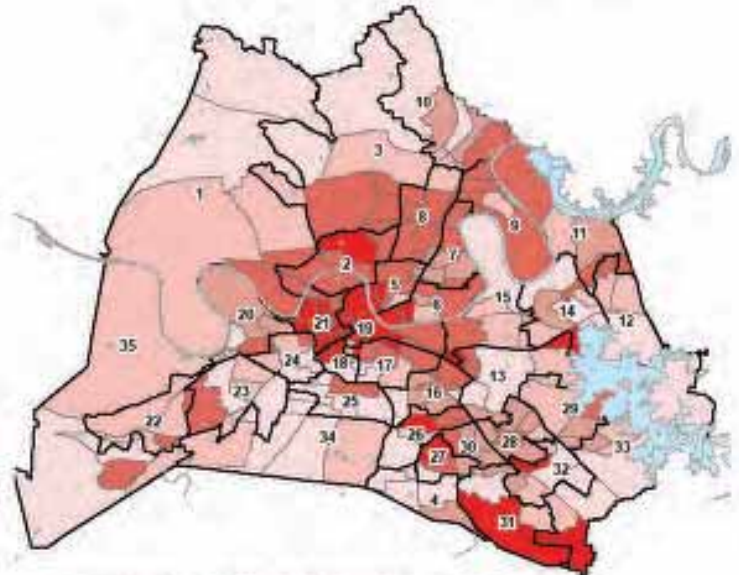


Source: U. S. Census Bureau, 2012 American Community Survey

Poverty is uneven across Davidson County, although it has spread during the last decade, in part, because of the recession. The adjacent map shows poverty among people who were at least 25 years old and have less than a high school education, shown by census tracts with Council Districts indicated.

The map shows the rate of poverty among those who have less than high school attainment, with the red color indicating places where the poverty rate is higher than 50%.

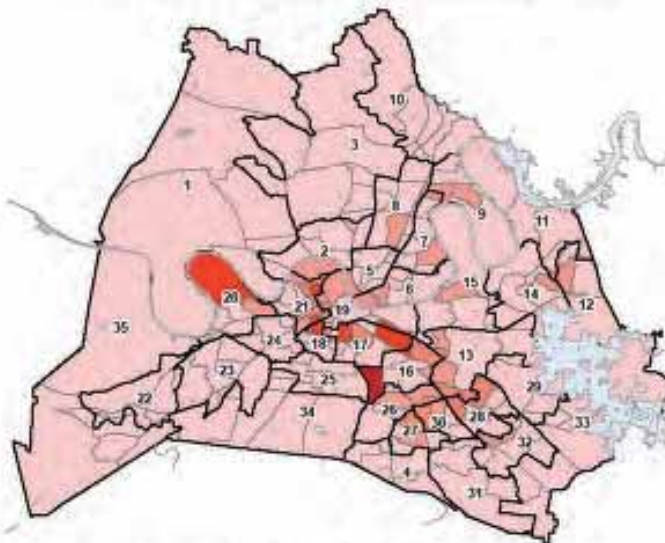
Percent of Poverty for Persons Age 25 and Over With Less Than High School  
Davidson County, Tennessee, 2008-2012 (by Census Tracts, with Council Districts)  
Data from U. S. Census Bureau, American Community Survey 2008-2012; Shapefiles by Metropolitan Planning Commission  
Maps by Metropolitan Social Services Planning & Coordination/Social Data Analysis



Percent in Poverty Age 25 and Over With Less than High School

- 0% - 10%
- 10.1% - 20%
- 20.1% - 30%
- 30.1% - 50%
- 50.1% - 94.9%

Percent of Poverty for Persons Age 25 and Over With At Least a Bachelor's Degree  
Davidson County, Tennessee, 2008-2012 (by Census Tract, with Council Districts)  
Data from U. S. Census Bureau, American Community Survey 2008-2012; Shapefiles by Metropolitan Planning Commission  
Maps by Metropolitan Social Services Planning & Coordination/Social Data Analysis



Percent in Poverty Age 25 and Over With at Least a Bachelor's Degree

- 0% - 10%
- 10.1% - 20%
- 20.1% - 30%
- 30.1% - 50%
- 50.1% - 100%

The adjacent map shows the rate of poverty for people over age 25 who have at least a Bachelor's degree. For most of Davidson County, it shows a rate of less than 10%, with only small areas with poverty over 30%.

## Current Population Survey

In September 2013, the U. S. Census Bureau released *Income, Poverty and Health Insurance Coverage in the United States: 2012*, using data from the Current Population Survey (CPS) Annual Social and Economic Supplement (different from the American Community Survey). The CPS included data from about 100,000 addresses across the 50 states and District of Columbia, controlled by age, gender, race and Hispanic origin for March 2013. Since CPS is a household survey, people in institutions (prisons, long-term care facilities, nursing homes) were not included. The CPS provides aggregate data for the U.S. and is not available by cities, states or other geographic areas, but does show national trends.

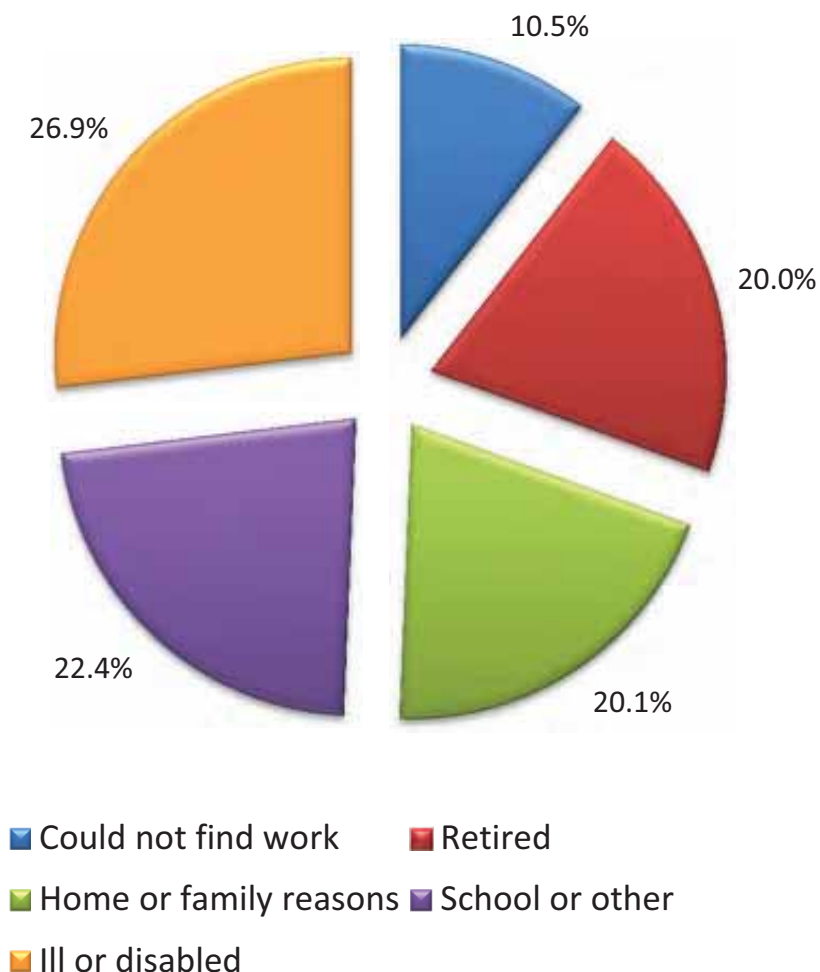
In 2012, the rate of poverty was 15.0%, which represents 46.5 million people living at or below the poverty line. This marked the second consecutive year that neither the official poverty rate nor the number of people in poverty was statistically different from the previous year's estimates. The 2012 poverty rate was 2.5% higher than in 2007, the year before the economic downturn.

- Real median incomes in 2012 for family households (\$64,053) and nonfamily households (\$30,880) were not statistically different from the levels in 2011. A comparison of real household income over the past five years shows an 8.3 % decline since 2007, the year before the nation entered an economic recession.
- Changes in real median incomes in 2012 for family households (\$64,053) and nonfamily households (\$30,880) were not statistically different from the levels in 2011. Median household income was not statistically significant for race and Hispanic-origin groups between 2011 and 2012.
- In 2012, households maintained by a naturalized citizen or a native-born citizen had higher median incomes than households maintained by a noncitizen, but not statistically different from 2011.
- The changes in the real median earnings of men and women who worked full time, year-round between 2011 and 2012 were not statistically significant. In 2012, the median earnings of women who worked full time, year-round (\$37,791) was 77 % of that for men working full time, year-round (\$49,398
- The number of men working full time, year-round with earnings increased by 1.0 million between 2011 and 2012; the change for women was not statistically significant.
- In 2012, the family poverty rate and the number of families in poverty were 11.8 % and 9.5 million. Neither level was statistically different from the 2011 estimates.
- In 2012, 6.3 % of married-couple families, 30.9 % of families with a female householder and 16.4 % of families with a male householder lived in poverty. Neither the poverty rates nor the estimates of the number of families in poverty for these three family types showed any statistically significant change between 2011 and 2012.
- In 2012, 13.6 % of males and 16.3 % of females were in poverty. Neither poverty rate showed a statistically significant change from its 2011 estimate.
- In 2012, 13.7 % of people 18 to 64 (26.5 million) were in poverty compared with 9.1 % of people 65 and older (3.9 million) and 21.8 % of children under 18 (16.1 million).
- The number of people with health insurance increased to 263.2 million in 2012 from 260.2 million in 2011, as did the percentage of people with health insurance (84.6 % in 2012, 84.3 % in 2011).
- The percentage of people covered by private health insurance in 2012 was not statistically different from 2011, at 63.9 %.

The 2013 Annual Social and Economic Supplement reports that when people who did not work in 2012 were asked why they did not work, they identified various reasons, as shown in Chart S-20. However, the most frequently identified reason at 26.9% was that people were ill or disabled, followed by 22.4% who were in school or other.

When broken down by gender, the proportion of reasons identified were similar between males and females, except the rate of females identifying home or family reasons was more than six times as high as for males. <http://www.census.gov/hhes/www/poverty/data/incpovhlth/2012/index.html>

**Chart S-20: Reasons People in Poverty Did Not Work**  
U. S., 2012



Source: 2013 Annual Social and Economic Supplement-CPS

On January 2, 2014, the U. S. Bureau of Labor Statistics released 2011 data related to the 27.1 million U. S. families that had at least one child under age 18. The table below shows that in 2011, the percentage of families with at least one child under age 18 receiving specific kinds of government benefits. It shows that a larger percentage of one-parent families are more likely to receive housing assistance, public assistance, SNAP and SSI. However, two-parent families are more likely to use Medicaid. Regardless of the number of parents or whether benefits were received, the greatest share of the family budget was spent on food, housing and transportation.

	<b>% All Families</b>	<b>% One-Parent</b>	<b>% Two-Parent</b>
Housing assistance	25.9	41.1	9.6
Medicaid	69.7	68.2	71.3
Public assistance	10.7	15.7	5.1
Supplemental Nutrition Assistance Program (SNAP/Food Stamps)	60.9	72.2	48.9
Supplemental Security Income (SSI)	12.5	14.2	10.7

The 2011 data also compares the average annual expenditures of families with children under 18 by whether the families receive means-tested government assistance. Chart S-20 shows that families not receiving this type of assistance spend more on each category than those who receive assistance. The total expenditures for those who receive assistance are \$30,582 per year, compared to \$66,525 for those who do not receive assistance.

This data came from the 2011 Consumer Expenditure Interview Survey, which examined the spending patterns of families receiving benefits from one or more means-tested government assistance programs. It focused on families with children under age 18 because they have the highest rates of poverty compared to older people.

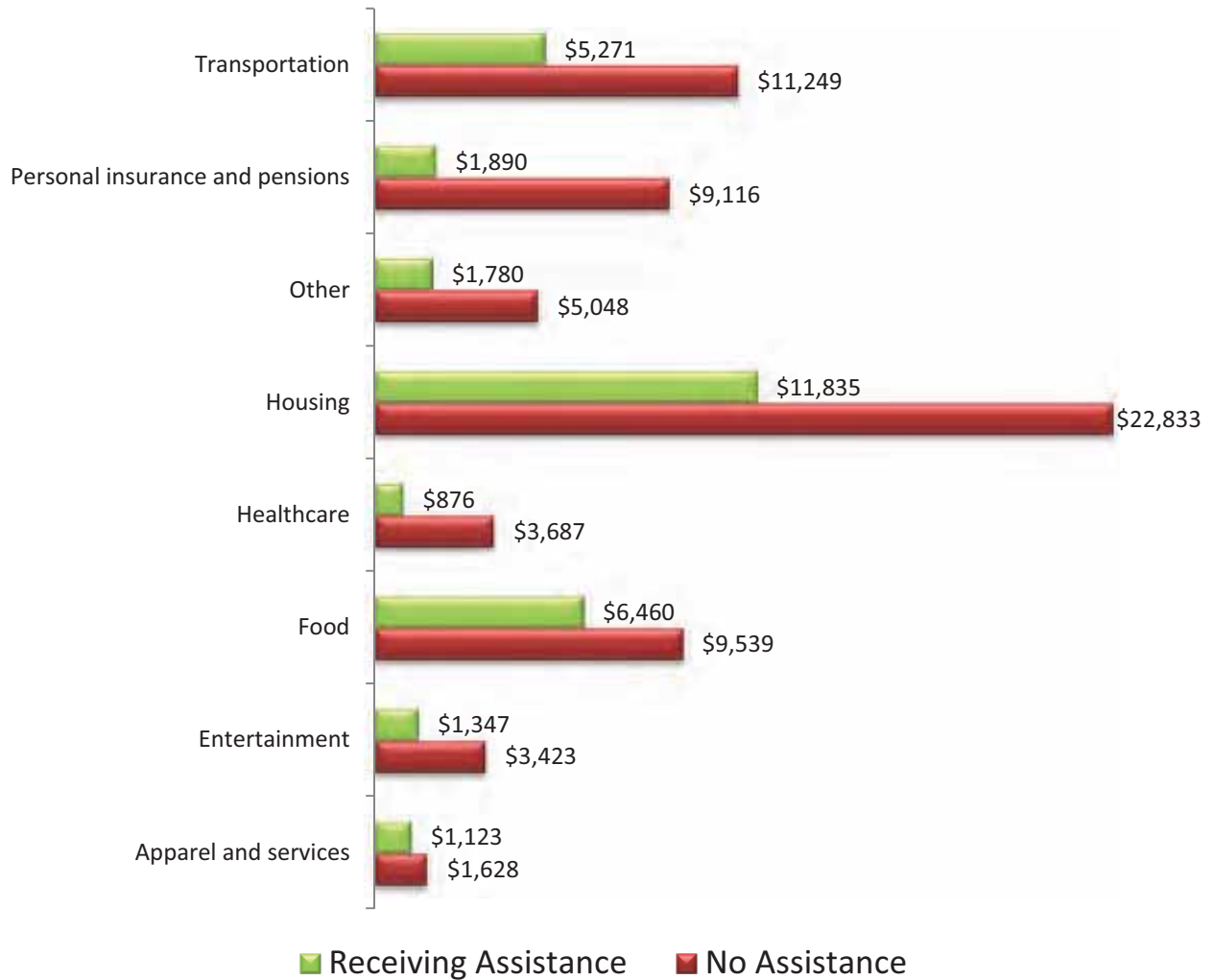
The chart reflects the differences in spending as smaller in apparel/services and entertainment. However, substantial differences in spending were reported with about twice as much spent for housing and transportation by those who do not receive benefits. Even greater differences in spending were reported for personal insurance/pensions, health and health care.

Chart S-21 reflects the disparities in several areas by comparing families receiving assistance to those not receiving assistance. For families receiving assistance, food/housing/transportation accounted for 77% of expenditures, compared to 65.5% for those not receiving benefits. Among one-parent families receiving assistance, 36.8% did not own a car, compared to 3.0% for families not receiving assistance and 9.7% for two-parent families receiving assistance.



The report also indicated that 76.1% of families receiving no assistance were homeowners, compared to 26.5% of those receiving assistance. The impact of education was also reflected with 6.1% of families receiving assistance having less than a high school education, compared to 27.0% of those receiving assistance.

**Chart S-21: Average Distribution of Annual Expenditures, Families with Children Under Age 18, by Receiving Assistance Status**  
U.S., 2011

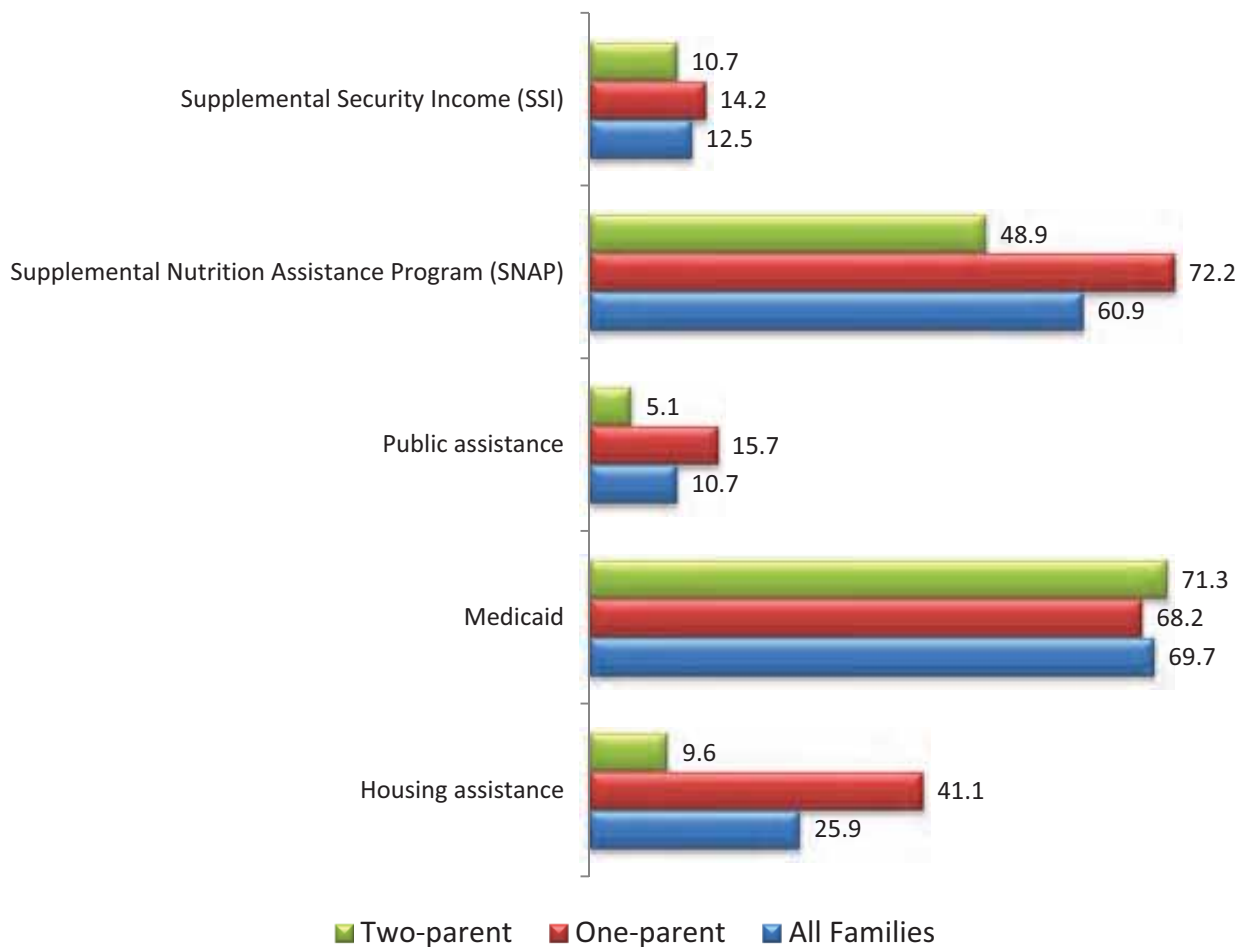


[http://www.bls.gov/opub/ted/2014/ted\\_20140102.htm](http://www.bls.gov/opub/ted/2014/ted_20140102.htm)  
<http://www.bls.gov/opub/btn/volume-2/spending-patterns-of-families-receiving-means-tested-government-assistance.htm>

Chart S-22 shows the percentage of families with children under age 18 that receive means-tested government assistance. It compares the differences among one-parent, two-parent and all families. It shows that Medicaid is the most frequently received program in each family structure, except that SNAP is used slightly more by one-parent families.



**Chart S-22: Percent of Families Receiving Means-Tested Gov. Assistance  
Families with Children Under Age 18  
U. S., 2011**



[http://www.bls.gov/opub/ted/2014/ted\\_20140102.htm](http://www.bls.gov/opub/ted/2014/ted_20140102.htm)



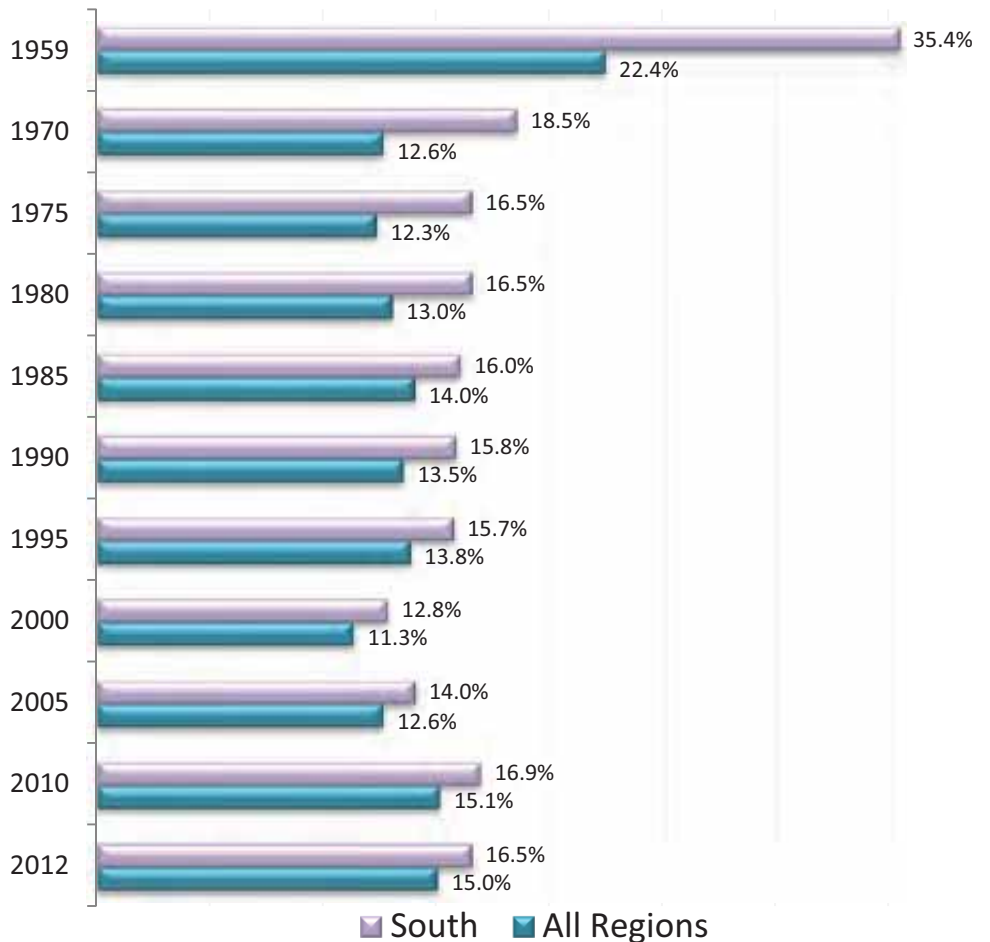
# Understanding Poverty

## Changes in the Rate of Poverty

Chart P-1 shows the historical poverty rates since 1959 to compare the poverty rate before and after the War on Poverty programs began in the mid-1960s. It reflects the dramatic decrease in poverty in the South for all years since the programs began, with the 2012 poverty rate less than half the 1959 rate.

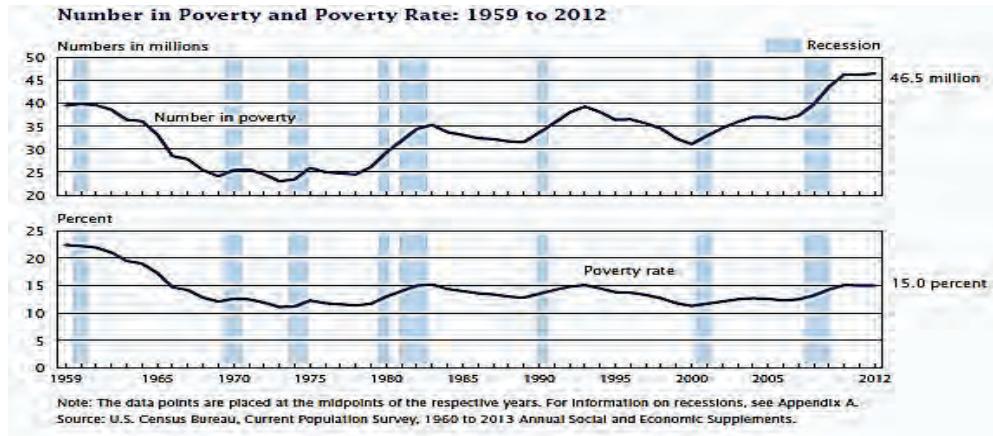
The poverty rate for the U.S. also decreased by about 1/3 since 1959, from 22.4% in 1959 to 15.0% in 2012. The poverty rate after the War on Poverty programs began has never again reached the pre-program rate, despite recessions. The overall population has increased, yet the number of people in poverty in the South in 1959 was higher than in 2012.

**Chart P-1: Historical Poverty Rates**  
U. S., South, Selected Years 1959-2012



Source: U. S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements, Table 9  
The graphic below is from the U. S. Census Bureau’s Current Population Survey data and shows the nationwide number of people and rate of poverty from 1959 through 2012, with periods of recession shaded in blue.

Although the number of people living in poverty is greater in the U. S., the percentage of the population in poverty is lower than in 1959.



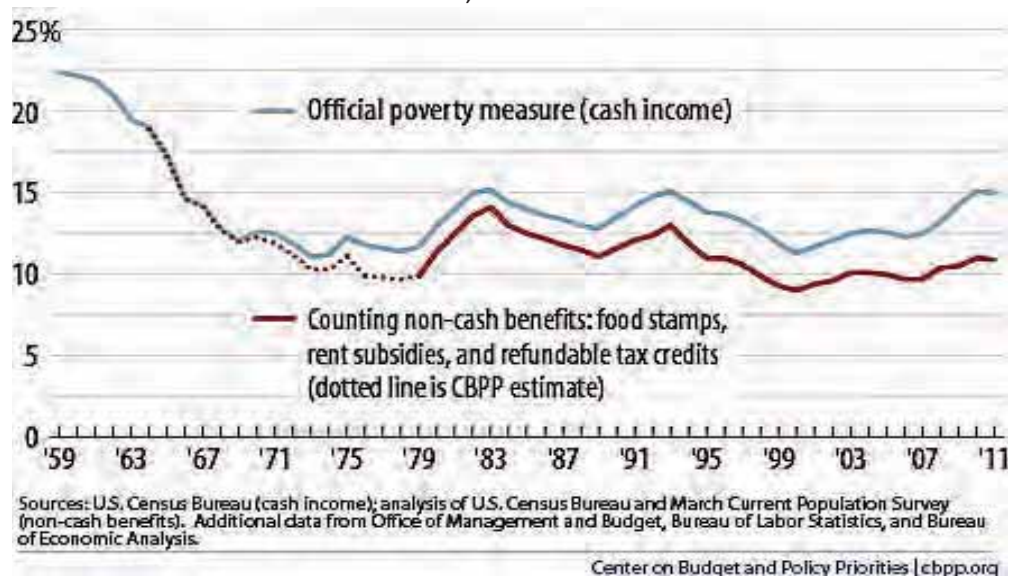
<http://www.census.gov/prod/2013pubs/p60-245.pdf>

### Measuring Poverty

On September 13, 2013, the Center on Budget and Policy Priorities (CBPP) released *Official Poverty Measure Masks Gains Made Over Last 50 Years*, which described how 50 years of poverty alleviation efforts had a greater effect than is observed through the outdated official poverty measure used by the U. S. government. It explains how the official measure shows distorted results because it fails to capture the poverty relief in today’s safety net.

The benefits from most anti-poverty programs are not calculated in the official poverty measure, and some of the major programs (Earned Income Tax Credit-1975, Child Tax Credit-2001, etc.) were created long after the formula for the official measure was determined. Chart P-2 below from CBPP shows that the U. S. poverty rate would be lower, if non-cash benefits were included.

**Chart P-2: Poverty Rate With and Without Non-Cash Benefits**  
U. S., 1959-2011



*Official Poverty Measure Masks Gains* explains that adjusting the official measure to include the non-cash benefits and credits would improve the measurement of poverty, but it would not be an ideal way to measure poverty because of societal changes. The CBPP report explains that additional factors have changed since the official poverty formula was developed. Some environmental factors have changed, while the meaning of “basic need” has evolved.

- Work may now necessitate access to telephone, computer/internet
- The growing number of unmarried couples, with various financial arrangements (some which share expenses and others that may not)
- The increase in dual-earners and single-parent families increased the use of child care

The Supplemental Poverty measure not only incorporates the non-cash benefits and credit, but it also subtracts necessary expenses (taxes, work expenses and out-of-pocket health care costs). Data from the Supplemental Poverty Measure suggests that poverty is “less widespread and severe than it was in the 1960’s” but that it is still quite substantial, higher than most other western industrial countries.

CBPP provided an analysis of the average incomes for those at the bottom of the income distribution, including the benefits not counted in the official measure. It explained that each program (SNAP, rent subsidies, EITC and other tax credits) would have shown that many people were lifted out of poverty, if these had been considered in the official formula.

<http://www.cbpp.org/cms/?fa=view&id=4015>

*Winning the War: Poverty from the Great Society to the Great Recession* in Brookings’ Papers on Economic Activity, Fall 2012, explains that there has been some improvement over time through anti-poverty efforts, when analyzed using an income-adjusted consumption based measure instead of the official poverty measure. It noted that by using the enhanced analysis instead of simply income-based measures, greater improvement was experienced for single-parent families and the elderly, although less for married-parent families. It attributes some improvement to changes in tax policies and Social Security, as well as changes in education and savings patterns.

It discusses the fluctuation in the poverty rate in context with the Gross Domestic Product and examines changes in poverty from the early 1960s through 2010, after adjusting for the deficiencies in the official measure. It explained how a consumption-based measure could more accurately determine and better reflect material circumstances of disadvantaged families. Consumption-based measures, “after adjusting for bias in price indexes, declined by 26.4 percentage points between 1960 and 2010, with 8.5 percentage points of that decline occurring since 1980.”



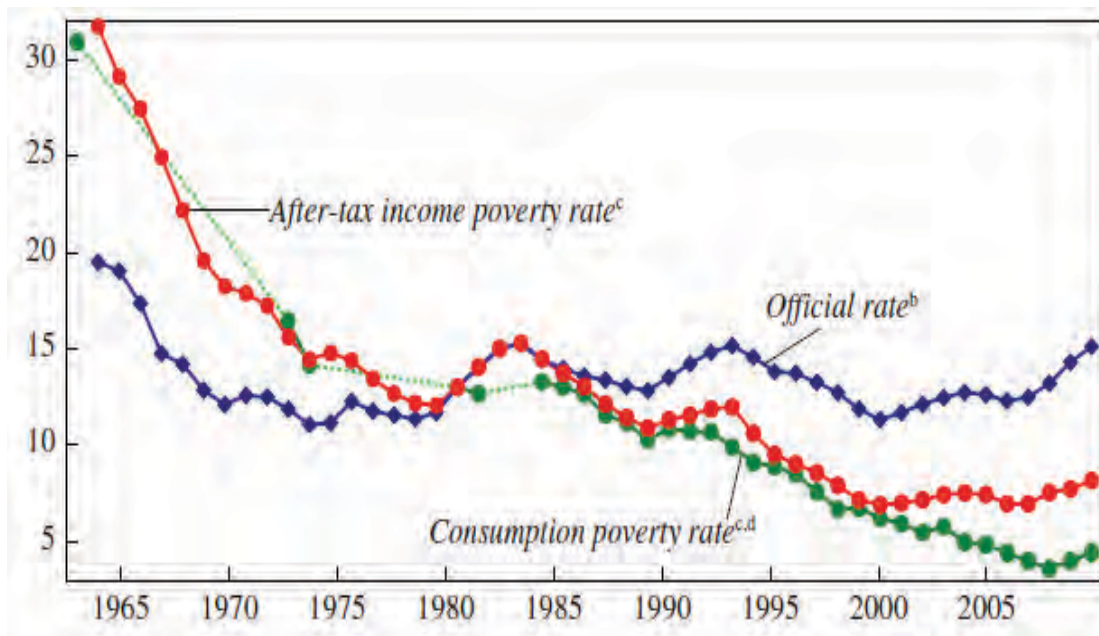
Income-based measures do not account for differences among families for the accumulation of assets or access to credit. Unlike income measures, consumption measures can also reflect ownership of homes or vehicles and debt burdens. *Winning the War* explains that another advantage of consumption measures is how the expenditures can be divided into specific categories and better reflect relative price changes. It describes research that suggests that consumption is a more effective predictor of well-being than income.

The report explains that income data used is from the Census Bureau’s Current Population Survey (although similar data is available from the American Community Survey), while the data for the consumption measure is

from the Consumer Expenditure Survey. Data from the Consumer Expenditure Survey can be converted to consumption by using specific techniques described in the report.

*Winning the War* describes how to use consumption-based measures and the advantages of those measures, compares official, alternative and consumption poverty rates. Chart P-3 reflects changes in poverty from 1963 through 2010 for different measures, which shows that the official poverty rate is higher than a measure after taxes, and that both were higher than the consumption-based poverty rate.

**Chart P-3: Official and Alternative Income and Consumption Poverty Rates**  
U. S., 1960-2010



Source: *Winning the War*, Brookings

The difference in the rates strongly suggests that a better measure be used to compare poverty rates than the official U. S. poverty measure. While the calculation of poverty is complex, evidence indicates that there may be more effective measures to show that continuing improvements resulted from the War on Poverty.

[http://www.brookings.edu/~media/Projects/BPEA/Fall%202012/2012b\\_Meyer.pdf](http://www.brookings.edu/~media/Projects/BPEA/Fall%202012/2012b_Meyer.pdf)

### Issues of Poverty

Poverty is complicated, multifaceted and closely connected with many quality of life issues. Poverty could be described as the lack of money, access and power or in many other ways. There are different types of poverty, multiple ways to measure poverty, and an array of programs that purport to reduce, alleviate or prevent poverty, as described in previous editions of the Community Needs Evaluations.

Poverty can better be understood through a broad approach that incorporates relevant and meaningful information. Effective solutions require that poverty be viewed in a comprehensive way and addressed with meaningful, sustainable, long-term solutions.

## Poverty Evolution and Measures

*Poverty in America – A Handbook* by John Iceland contrasts the affluence in the U. S. with its higher rate of poverty compared with other countries. It provides a brief historical overview of poverty to show how perceptions have changed. It indicated that views of poverty before 1900 often attributed it to individual misbehavior (people who were deserving or undeserving of public support), but did not acknowledge the influence of structural economic causes. Idleness was considered a vice in the 1600s and unemployed men became indentured servants, whipped, or were forced out of town or incarcerated.

“Paupers” were generally people receiving relief or assistance, usually from local governments and were held in low regard. In the 1800s, poorhouses or “indoor relief” were created, which differed from “outdoor relief” which was short-term assistance from local agencies or charities but did not involve residence in an institution. Urban slum districts were segregated by income/class for those who were not steadily employed and without resources.

Industrialization and accompanying economic growth increased dramatically, demonstrated by the increase in per capita income of one and a half times between 1900 and 1929. The Great Depression plunged most of the country into economic hardship. The economy was influenced in subsequent years by wars, industrialization and other factors, suggesting that solid information was needed to make informed decisions to address economic problems.

Poverty measurement began in the late 1800s, when the word poverty became less associated with receiving public relief or private charity (pauperism) and more about having insufficient income to live appropriately, which became accepted among social workers, social scientists and others who studied related issues systematically. People also began to accept that poverty was related to economic and social factors, rather than merely individual weaknesses. An early “poverty line” was created for 1896-1897, with no consensus until an official U. S. poverty measure was created in 1963.

<http://www.ucpress.edu/ebook.php?isbn=9780520956797>

In *Extended Measures of Well-Being: Living Conditions in the United States-2011* (September 2013), the U. S. Census Bureau reported that in 2011, 22% of U. S. households “experienced one or more possible hardships in fulfilling their basic needs during the previous 12 months.” The hardships included difficulty paying essential expenses, not paying rent/mortgage, being evicted, not paying utility bills, having utilities or telephone service disconnected, not seeing a doctor or dentist when needed and not always having enough food. It explained that while money can provide access to goods and services, the measure of money alone could not provide a complete picture of well-being. Data in this report is from the series of U. S. Census Bureau’s *Survey of Income and Program Participation* that has been conducted since 1992. It measures five broad domains:

1. Appliances and electronic goods, such as possession of refrigerators, landline and cellular telephones, and computers
2. Housing conditions, including level of satisfaction with overall home repair, adequate living space, and sufficient privacy
3. Neighborhood conditions and community services, such as road conditions and the presence of abandoned buildings; satisfactory police, fire, and medical services; and attitudes towards local schools
4. Meeting basic needs, including the ability to pay bills in full to avoid eviction, and to have sufficient food
5. The expectation of help, should the need arise, from friends, family, and the community.

The report indicated that between 2005 and 2011, several measures of financial difficulty appear to have worsened. For example, during that period, the number of households with unmet essential expenses increased from 16.4 million (14%) to 20 million (16%), and households experiencing food shortages increased from 2.7 million (2%) to 3.4 million (3%).

The number of households with unpaid rent or mortgage payments increased from 2.7 million (6%) to 9.6 million (8%). There were 78% of households that reported they did not experience any of these hardships during the previous 12 months, while 9% of the population experienced one of these hardships and 6% experienced three or more.

*Extended Measures of Well-Being* also reported that between 2005 and 2011, the number of American households that were unable to meet basic expenses increased by 16% (16.4 million to 19.1 million). It also indicated that there was an even greater increase (39%) in the number of people who could not pay their rent or mortgage. The report noted that the householder’s age was related to the level of material well-being in a household. Detailed information is provided, with these observed as general patterns in how characteristics are related to well-being:

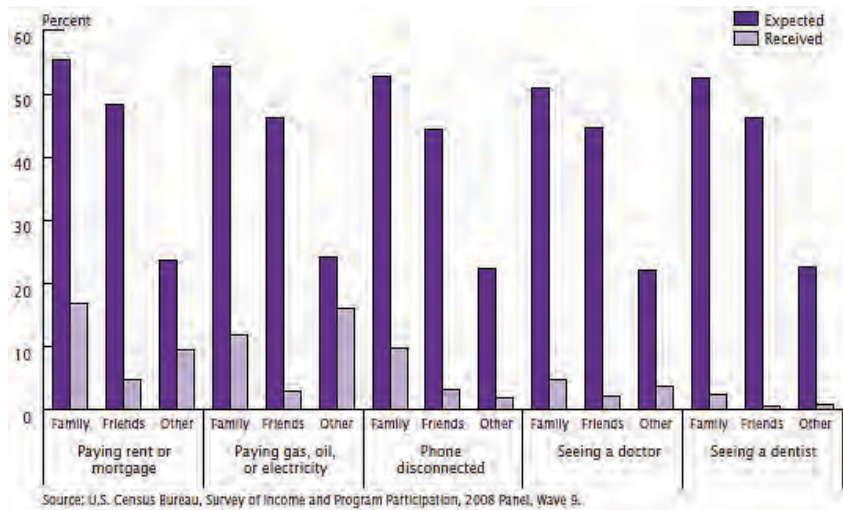
**Higher**

- Males
- Non-Hispanic Whites
- More Education
- Without Disabilities
- Homeowners
- Older
- Married without children

**Lower**

- Females
- Minorities
- Less Education
- With Disabilities
- Renters
- Younger (15-29)
- Unmarried with children

One of the domains related to the level of expectations that people had for being helped by family, friends and the community. As shown in Chart P-4, the expectations of help far exceeded the help actually received for family, friends (friends, neighbors or other nonrelatives) and other (social service agency, church, nonprofit organization or other possible sources of help).



**Chart P-4: Households Expecting and Actually Receiving Help by Source of Help**  
(of households experiencing hardship)  
U. S., 2011)

<http://www.census.gov/prod/2013pubs/p70-136.pdf>

## Household Wealth

Both household wealth and household debt are signs of the status of economic prosperity. Wealth is an indicator of financial security and prospects in the U.S that tends to increase during periods of economic prosperity, when households grow their assets. When there were times of economic hardships, these families could draw on their accumulated financial resources.



In 2000, median household net worth in the U.S. was \$81,821. In 2005, it was \$106,585, which decreased to \$68,828 in 2011. Between 2000 and 2011, median household net worth decreased by \$12,993 or 16%.

The decrease in home equity was a factor that was more variable than median net worth excluding home equity. Between 2000 and 2011, median net worth, excluding home equity, decreased 22%.

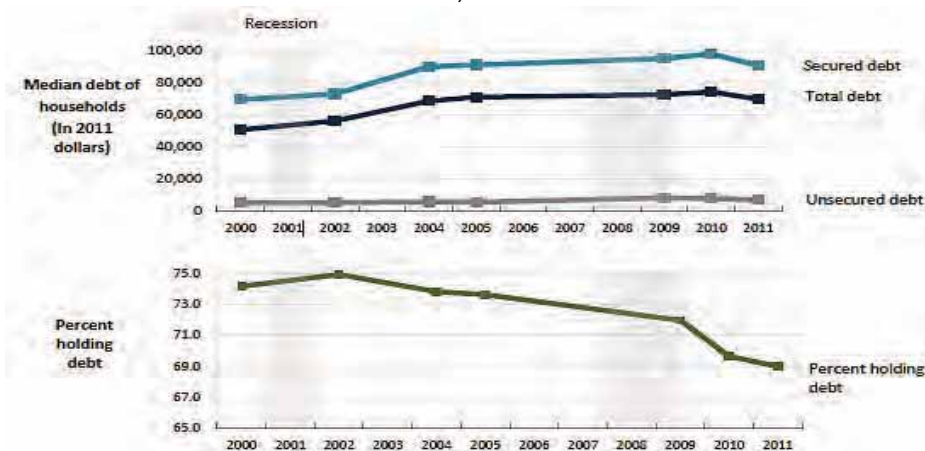
<http://www.census.gov/people/wealth/files/Wealth%20Highlights%202011.pdf>

## Household Debt

Debt is often used by households, especially during times of economic prosperity, to finance large purchases (home, vehicle, household member’s education). During financially difficult times, households may accumulate debt to help them get through unemployment or to help pay for medical care if they are uninsured or underinsured. The U. S. Census Bureau released *Household Debt in the U.S. 2000 to 2011* on March 21, 2013. It reports that while the percentage of households with debt declined from 74% in 2000 to 69% in 2011, the median household debt increased from \$50,971 to \$70,000. It found that the largest increases in median debt were for householders ages 35-44 (to \$108,000). However, the largest percentage increase was those who were older. It was noted that householders 65 and older were more likely to have debt against their homes.

*Household Debt* also found that the composition of debt held by households changed. Credit card debt decreased from 51% in 2000 to 38% in 2011. However, the percentage with unsecured debt (educational loans, unreimbursable medical bills, etc.) increased from 11% to 19%. The top section of Chart P-5 below shows changes in unsecured, secured and total debt, while the bottom section of Chart P-5 shows the percentage of households holding debt.

**Chart P-5: Median Household Debt and Percent Holding Debt**  
U. S., 2011



Source: Household Debt in the U. S. from 2000 to 2011, U. S. Census Bureau

The table below shows the median debt by type of debt from 2000 to 2011.

	2000	2002	2004	2005	2009	2010	2011
Total debt	50,971	56,395	68,955	71,333	72,862	74,619	70,000
Secured debt	69,749	73,276	90,355	91,489	95,402	98,455	91,000
Unsecured debt	5,365	5,314	5,944	5,718	8,387	7,980	7,000
Percent holding debt	74.2	74.9	73.8	73.6	72.0	69.6	69.0

Source: Household Debt in the U. S. from 2000 to 2011, U. S. Census Bureau  
<http://www.census.gov/people/wealth/files/Debt%20Highlights%202011.pdf>

### Social Mobility

On August 28, 2013, the Brookings Institution issued *The Other American Dream: Social Mobility, Race and Opportunity*. It noted that although it has been more than 50 years since the historic march on Washington, led by Martin Luther King, Jr., there remains a need to defend civil rights. It discussed the opportunity gap between a child born white and a child born black, but also indicated that economic class is significant as well.



It suggests that the racial gaps in education, employment and wealth remain, at least in part because “black rates of upward social mobility are lower.” It noted that black children are less likely to escape after being born in poverty, and that at least half of black adults who were raised at the bottom of the income scale are stuck there as adults, compared to about a third of whites.

*The Other American Dream* notes that race itself is not likely to be the causation, but that children with narrower life chances in predominantly black areas have lower rates of upward mobility. This applies to both black and white children, but the percentage of black children is larger.

It noted continued discrimination in the labor market, describing the effects of incarceration: “black men who have never been incarcerated fare no better in the job market than white men just out of prison.” In addition, it noted that intergenerational inequalities are affected by the tendency of affluent, educated people to marry affluent, educated people also has a racial gap, noting that 94% of highly-educated white women marry well-educated men compared to 49% of highly-educated black women.

*Pathways to the Middle Class: Balancing Personal and Public Responsibilities* (Center on Children & Families at Brookings) noted on September 20, 2012 that the U.S. has less opportunity for upward mobility than some other developed countries. It indicated that children born into middle-income families have about an equal chance to move up or down once they become adults. However, it found that those born into rich or poor families are very likely to remain in that income category. Findings include:

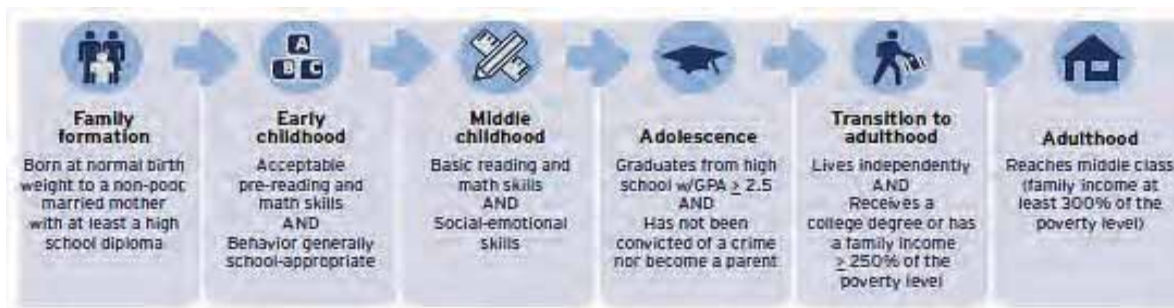
- Most Americans (61%) achieve the American dream by reaching the middle class by middle age, but there are large gaps by race, gender, and children’s circumstances at birth.
- Success produces further success. Children who are successful at each life stage from early childhood to young adulthood are much more likely to achieve the American Dream.
- Children from less advantaged families tend to fall behind at every stage. They are less likely to be ready for school at age 5 (59% compared to 72%), to achieve core academic and social competencies at the end of elementary school (60% compared to 77%), to graduate from high school with decent grades and



no involvement with crime or teen pregnancy (41% compared to 70%), and to graduate from college or achieve the equivalent income in their twenties (48% compared to 70%).

- Racial gaps are large from the start and never narrow significantly, especially for African Americans, who trail by an average of 25% for the identified benchmarks.
- During childhood, girls often do better than boys but find their prospects diminished during the adult years.
- The proportion of children who successfully navigate through adolescence is only 57%.
- For the small proportion of disadvantaged children who succeed throughout school and early adulthood (17%), their chances of being middle class by middle age are closer to those of their more advantaged peers (75% compared to 83%).
- Keeping less advantaged children on track at each life stage is the most effective strategy for building a stronger middle class. Because success is a cumulative process, early interventions may prevent the need for later ones. However, one-time interventions may not be sufficient to keep less advantaged children on track.
- It is never too late to intervene—people who succeed in their twenties, despite earlier struggles, can still make it to the middle class.

The Center on Children & Families identified the kinds of academic and social skills needed for later success and divided it into six life stages. The graphic below shows the set of skills that are predictive of later outcomes and economic success. It notes that many people are able to make it to middle-class in adulthood despite inauspicious beginnings, although they may have benefitted from acquiring the skills earlier and navigating adolescence more wisely.



There are various patterns of inequality, including single parenthood, which is more likely to financially burden the mother than the father. Of children born into the bottom fifth of family income, 48% are school ready, compared with 78% of children in the top fifth. Only about 1/3 of children born in the bottom fifth graduate from high school with a 2.5 GPA who have also not been convicted or become a parent. Parental income is also a predictor of success, with 75% of those born into the top fifth achieving middle class by age 40, compared to 40% from the bottom fifth.

The report provides additional details and noted that those most likely to achieve the middle class are those who graduate from high school, work full time and wait until they are married and over 21 to become parents. Children from less advantaged backgrounds may see less reason to make responsible choices, considering their environments and the opportunities they have experienced. It further states, “By the time children can be

reasonably held accountable for their choices, many are already behind because of choices their parents made for them.”

Based on these findings, the report identifies the following specific recommendations to help more find their pathway to the middle class:

- A combination of evidence-based practices to combine greater personal responsibility with societal interventions to help people climb the ladder. “Government does not raise children, parents do, but government can lend a helping hand.”
- To be most effective programs should encourage both personal responsibility and behaviors that would enhance opportunity (a combination of good behavior and good policy).
- It is important that the increasing socioeconomic gaps be addressed, such as those in family structure, educational attainment and income level.
- If budget cuts are needed because of the U.S. fiscal situation, there is evidence that less effective programs that could be cut while keeping the more effective programs that sometimes save taxpayer money.
- Insufficient attention is given to ensuring that more children are born to parents who are ready to parent children. “Unplanned pregnancies, abortions, and unwed births are excessively high and childbearing within marriage is no longer the norm for women in their twenties, except among the college-educated. Government has a role to play here, but culture is at least as important.”
- There is significant value in a high-quality preschool experience for less advantaged children as well as improvements to K-12.
- An increase in college graduation rates (rather than just enrollment rates) is important because graduation rates have been negatively influenced because some were not prepared for higher educational attainment. “In addition, disparities in ability to afford the cost of college mean that even equally qualified students from low- and high-income families do not have the same college-going opportunities.”

“Children in complex families face a range of challenges, especially parents /caregivers who are under stress, changes in their living situations, and shifting family dynamics. Economic disadvantage, as discussed above, makes these difficult circumstances harder.”

<http://www.brookings.edu/~media/Research/Files/Papers/2012/9/20%20pathways%20middle%20class%20sawhill%20winship/0920%20pathways%20middle%20class%20sawhill%20winship.pdf>

In January 2014, the U. S. Census Bureau released *Dynamics of Economic Well-Being: Poverty, 2009-2011*, which presented data from the 2009-2011 Survey of Income and Program Participation (SIPP). It discusses the time and duration patterns as well as transitions in and out of poverty. The report notes, “The SIPP allows policy makers, academic researchers, and the general public to paint a more detailed portrait of poverty than the one provided by the official annual poverty estimate.”

*Dynamics of Economic Well-Being* reported:

- Between January 2009 and December 2011, 31.6% of the U. S. population was in poverty for at least two months, substantially higher than the 27.1% for 2005-2007.
- By 2011, 5.4% additional people entered poverty who were not in poverty in 2009.
- Of those who exited poverty, about half had low incomes less than 150% of poverty.
- For people who were in poverty for more than two months during the 2009-2011 period, 44% of poverty spells ended within 4 months, while 15.2% lasted more than 2 years.

In terms of chronic poverty, 3.5% of people were in poverty for the entire 36-month period in 2009-2011. There were variations by demographic characteristics for how likely people would remain in poverty for the entire 36 months. Of those who were poor in January-February 2009 and remained in poverty for the 36-month period:

- 23.8% were White, while 35.5% were Black
- 27.8% were Hispanic, while 25.9% were non-Hispanic
- 30.7% were under age 18; 22.7% were ages 18-64; 36.8% were age 65 and over
- 18.7% were in married couple families; 23.9% were in male-householder families; 32.2% were in female-householder families

There were also differences in the median duration of poverty spells:

- 6.2 months for White; 8.5% for Black
- 6.5 months for Hispanics; 6.6 months for non-Hispanics
- 7.0 months for under age 18; 6.3 months for ages 18-64; 8.3 months for age 65 and over;
- 5.6 months for married couple families; 6.8 months for male-householder families; 8.4 months for female-householder families

*Dynamics of Economic Well-Being* emphasizes the complexity of poverty and explains that for most people who entered poverty, it was a transitory rather than a permanent situation. While it is positive to recognize that 44.0% of poverty spells lasted less than 4 months, it is of concern that 15.2% lasted for more than 2 years.

[http://www.census.gov/prod/2014pubs/p70-137.pdf?eml=gd&utm\\_medium=email&utm\\_source=govdelivery](http://www.census.gov/prod/2014pubs/p70-137.pdf?eml=gd&utm_medium=email&utm_source=govdelivery)

## **Who is Poor?**

*Family Complexity and Poverty* from the Institute for Research on Poverty and the Morgridge Center for Public Service at the University of Wisconsin-Madison explains how the American family structure has changed in the past 50 years. It explains that some changes in family structure are often related to poverty, including divorce, single parents, cohabitation, children born outside marriage, etc. It reported that, "These changes in couples' relationships and childbearing, which led to unprecedented family complexity, have been accompanied by a steep increase in U.S. economic inequality over the last quarter of the 20<sup>th</sup> century."

It noted that family change does not necessarily cause poverty, since many divorced and remarried families are well-off, while some married-couple families with children are poor. However, there is a correlation between

family structure and poverty, with single mother families 5 times more likely to be poor than married-couple families with children. In addition, 70% of children living with a single mother are poor or low-income, and were more likely to have parents with low educational attainment and frequently are minorities.

It indicates that growing up in poverty is linked to lower academic achievement, health problems and likelihood of continuing poverty when the child grows up. It also emphasizes the importance of designing public policies that consider characteristics of these complex families to create effective services.

<http://www.irp.wisc.edu/publications/factsheets/pdfs/FactSheet2.pdf>

The real cost for families to live modest and economically secure lives is much higher than just living above the poverty threshold. The U. S. Census Bureau's poverty threshold is designed to help evaluate what it takes for families to live without serious economic deprivation but it does not consider many relevant factors including location. In recent years, the U. S. Census Bureau developed a Supplemental Poverty measure that takes more factors into account, with primarily nationwide and regional data. As a result, neither the official poverty measure nor the Supplemental Poverty Measure provides an accurate picture of what households need.

The Supplemental Poverty Measure was created by the U. S. Census Bureau to consider factors in addition to the number in the household and cash income to determine poverty. Information for 2010 was in the 2011 Community Needs Evaluation (pages 25-28); 2011 data was reported in the 2012 Community Needs Evaluation (pages 39-44). The *2012 Supplemental Poverty Measure* was issued in November 2013, with findings similar to those for the previous year. The Supplemental measure data is not available for states and counties.

The Supplemental Poverty Measure considers additional income from benefits through the Supplemental Nutritional Assistance; National School Lunch Program; Supplementary Nutrition Program for Women, Infants, and Children (WIC); Housing Subsidies; and Low-Income Home Energy Assistance (LIHEAP). It also subtracts necessary expenses not considered in the official poverty measure, including Expenses Related to Work, Child Care Expenses, Medical Out-of-Pocket (MOOP) Expenses and Child Support Paid.

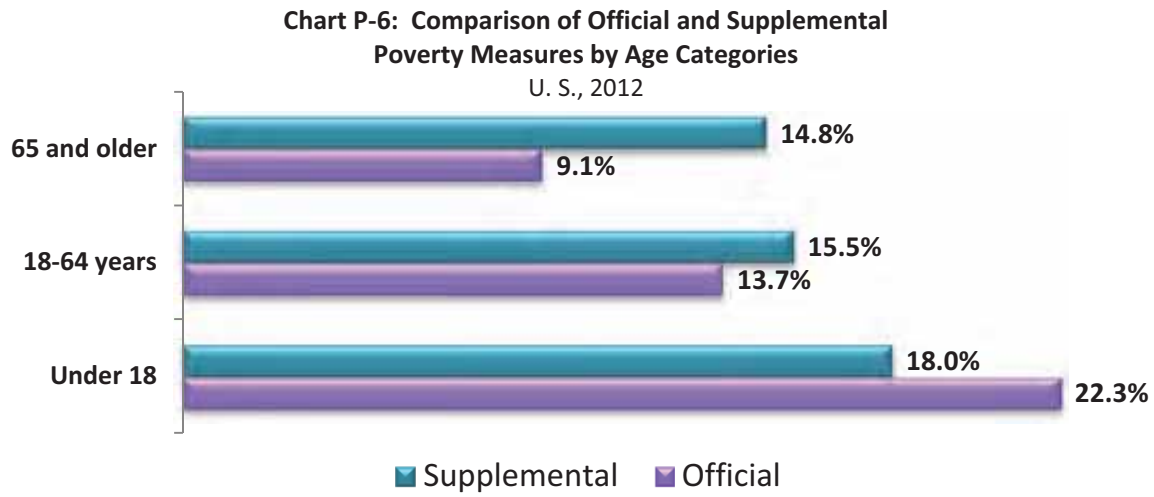
While there is not a great deal of difference between the percentage of all people who are in poverty by the official measure (15.1%) and those who are in poverty by the Supplemental Poverty Measure (16.0%), differences by age and nativity were more pronounced. The report indicates that in 28 states (including Tennessee), the SPM was lower than the official poverty measure. The map below shows which states had an SMP lower, higher or similar to the official measure. Tennessee's SPM is estimated to be 1.8% lower than the official measure.

**Difference Between Official and Supplemental Poverty Measures, by State, 2010-2012**



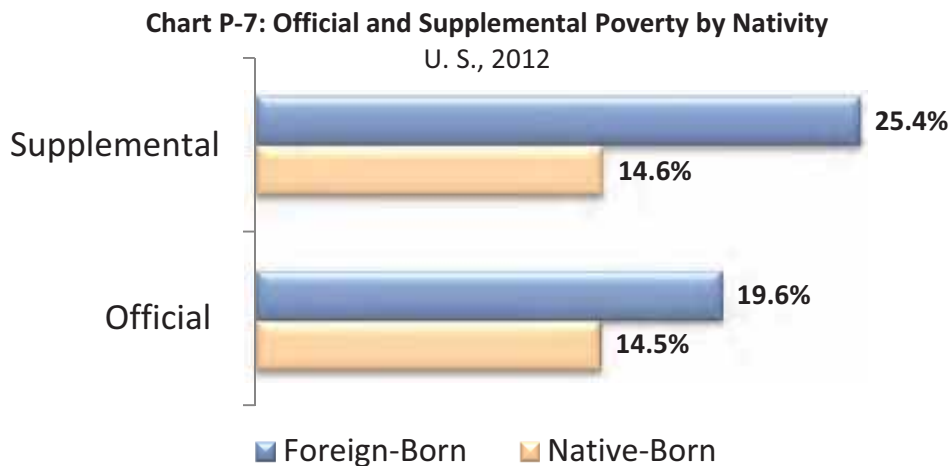
Chart P-6 shows that when the additional benefits and expenses are factored in by the Supplemental Poverty Measure, the poverty rate goes down for those under age 18 from 22.3% to 18.0%. The Supplemental measure is higher (15.5%) than the official measure (13.7%) for those ages 18-64.

For those 65 and older, the Supplemental Poverty Measure is higher (14.8%) than the official measure (9.1%). While the percentages change when comparing the two measures, it is important to note that under both measures, those under 18 experience the highest rate of poverty.



Source: Supplemental Poverty Measure: 2012

Another noticeable difference is found when comparing the differences in the two measures for native-born and foreign-born. As shown in Chart P-7, the poverty rate for native-born persons is almost identical using both the official and Supplemental measures (14.5% and 14.6%, respectively). However, for foreign-born persons, 19.6% are in poverty when using the official measure, compared to 25.4% with the Supplemental measure.



Source: Supplemental Poverty Measure: 2012

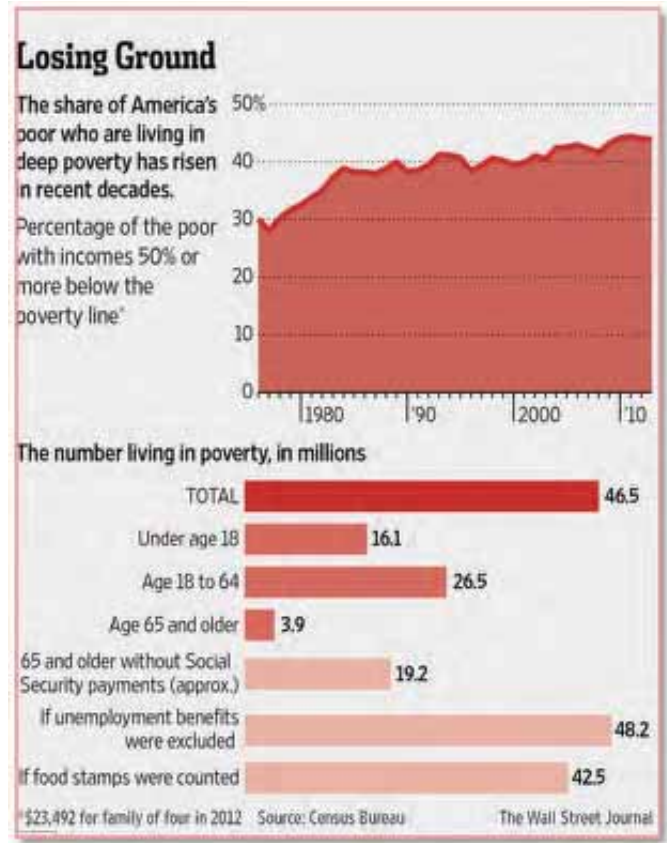
[http://www.census.gov/prod/2013pubs/p60-247.pdf?eml=gd&utm\\_medium=email&utm\\_source=govdelivery](http://www.census.gov/prod/2013pubs/p60-247.pdf?eml=gd&utm_medium=email&utm_source=govdelivery)

In the October 11, 2013 *Wall Street Journal* provided a graphic to show that, despite the poverty rate stabilizing, “a greater share of the poor are poorer than they have been in years.” *U.S. Poverty Rate Stabilizes for Some* reported that 54% of the poor in the U.S. are now in deep poverty (50% or more below the poverty threshold). This is a greater percentage of deep poverty than ever before, at 6.6% of the U. S. population in 2012, almost double the rate of 3.7% in 1975.

It describes several contributing factors to the increase, including the flaw in the official poverty measure formula, cutbacks in cash assistance for very low-income families and continuing high unemployment.

The percentage of those living in deep poverty increased in all 50 states and the District of Columbia between 2000 and 2012.

<http://online.wsj.com/news/articles/SB10001424052702304500404579127603306039292>



The Stanford Center on Poverty and Inequality and the Public Policy Institute of California produced a new way to measure poverty, after recognizing the difficulty in measuring poverty with the outdated official poverty measure of the U.S. The California Poverty Measure (CPM) was somewhat based on the federal Supplemental Poverty Measure that was created for research purposes in 2010.

The CPM shows a more effective measure of individuals and households, so that programs can respond in a more meaningful way. Under the official measure, 16.2% of Californians live in poverty, while the CPM finds that 22% of Californians are in poverty.

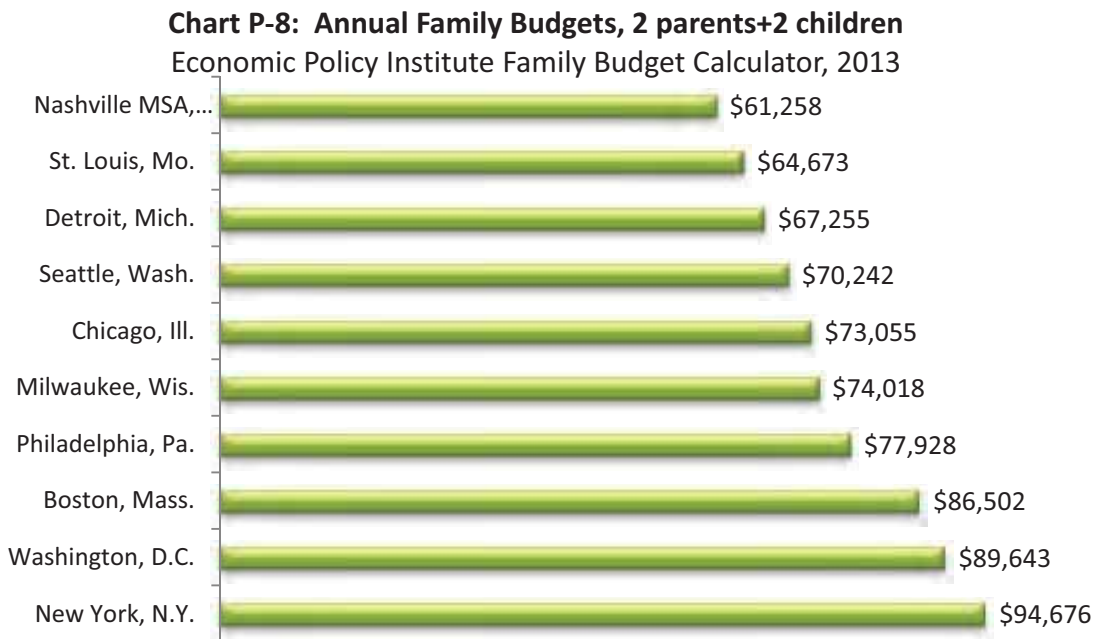
<http://thenextgeneration.org/blog/post/poverty-isnt-what-we-think>

### What do families really need?

The Economic Policy Institute (EPI) recently updated its Family Budget Calculator for 2013 that provides a broader measure of economic welfare and provides more useful measures of economic security. The EPI’s calculator measures “the income families need in order to attain a secure yet modest living standard where they live by estimating community-specific costs of housing, food, child care, transportation, health care, other necessities and taxes.

Chart P-8 shows that the Nashville-Davidson-Franklin-Murfreesboro MSA annual family budget is lower than a number of other cities at \$61,258 for two parents with two children. The \$61,258 is broken down into the following categories for a monthly total of \$5,105:

- \$819 Housing
- \$754 Food
- \$881 Child Care
- \$607 Transportation
- \$1,462 Health Care
- \$403 Other Necessities
- \$179 Taxes



Source: Economic Policy Institute Family Budget Calculator, 2013

The EPI’s family budgets can identify how many Americans can obtain adequate standards of living and can supplement future research to understand the income sources that provide or fail to provide the resources to meet these budgets. EPI considers factors in addition to the income and number in the household to calculate these budgets, including costs for housing, food, transportation, child care, health care, other necessities (clothing, household supplies, etc.) and taxes.

The report notes that parents in low-wage jobs cannot earn enough through work to meet basic family needs. A full-time, year-round worker at minimum wage will be below the poverty threshold. For a two-parent household, child care costs may be up to 20% of family budgets, making it difficult for families with two employed parents who work at low-wage jobs to meet the needs of the family.

<http://www.epi.org/publication/ib368-basic-family-budgets/>

In September 2013, AARP created an online quiz and the graphic below for “How Much Bang for Your Buck?” It used data from the U. S. Bureau of Labor Statistics, the U. S. Census Bureau and the U. S. Energy Information Administration. It shows that to earn enough to buy a half gallon of milk, a minimum wage worker would need to work for 21 minutes. For an average wage worker, it would take 6.3 minutes to earn enough compared to only 1.9 seconds for a typical CEO.

The graphic also compares the length of time needed at minimum wage to earn enough to purchase a variety of items in both 1963 and 2013. Of the items compared, the only one that was identified as taking less time to earn in 2013 than in 1963 (when the minimum wage was \$1.25) was a half gallon of milk, which decreased from 25 to 21 minutes. However, there was a significant increase in the work time cost for the median price of a new home, from 6.7 years to 16 years.

The price of other items also increased:

- Movie ticket – increased from \$0.86 to \$7.96
- Tide laundry detergent – increased from \$0.69 to \$7.54
- Bread – increased from \$0.20 to \$1.41



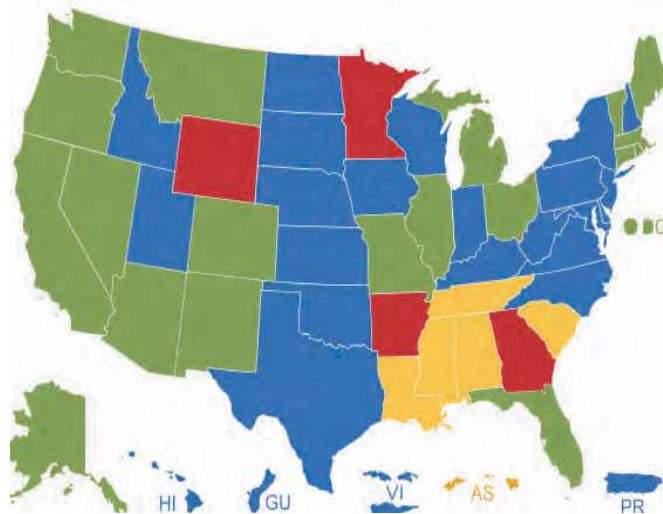
<http://www.aarp.org/money/budget-saving/info-09-2013/bang-for-your-buck-quiz.html>

## Wages

There has been ongoing discussion about the U. S. minimum wage. The map below from the Wage and Hour Division of the U. S. Department of Labor shows that a number of states (shown in green) have higher minimum



wage rates than the U. S. In 1980, the federal minimum wage was \$3.10, compared to \$5.15 in 2000, \$6.55 in 2009, and \$7.25 since 2010.



- States with minimum wage rates higher than the Federal
- States with minimum wage rates the same as the Federal
- States with no minimum wage law
- States with minimum wage rates lower than the Federal

<http://www.dol.gov/whd/minwage/america.htm>

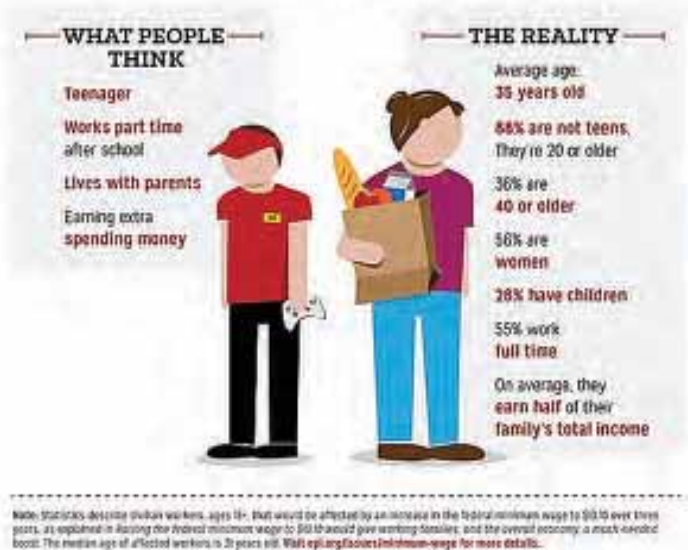
The Economic Policy Institute’s *How raising the federal minimum wage would help working families and give the economy a boost* was released in August 2012, and describes how raising the minimum wage would help workers still struggling from effects of the recession. Because the minimum wage workers would spend the increase they receive, it would boost the overall economy, likely both in the GDP and in modest employment growth.

The report noted that rather than the idea of losing jobs, raising the minimum jobs is more likely to create jobs because it increases the income for the working families that need it the most, because they are more likely to spend the increase. It explains that any increase in consumer spending is critical to economic recovery.

<http://www.epi.org/publication/ib341-raising-federal-minimum-wage/>

The graphic at right from EPI shows the people who would be helped by an increased minimum wage on the right, noting that they would be an average of 35 years old, primarily women (28% with children) who usually work full-time and earn about half their family’s total income.

## WHO’S HELPED BY RAISING THE MINIMUM WAGE?



In a July 2013 report, Brookings' *Raising the Minimum Wage: Will it Help?*, explained that while an increased minimum wage alone would have a less significant impact than a comprehensive approach and that "a higher minimum wage should be one part of a larger strategy to improve the economic prospects of low-income families." It noted that the effect of a higher minimum wage would be enhanced when combined with a more effective strategy and improved education and more families could move from poverty to the middle class. <http://www.brookings.edu/blogs/up-front/posts/2013/07/01-raising-minimum-wage-sawhill>

Even with an increase in the minimum wage, it would probably not be enough to help those working at minimum wage to provide for their families. The Massachusetts Institute of Technology (MIT) developed a Living Wage Calculator to estimate the cost of living in various communities, using a model similar to EPI. It lists typical expenses, typical wages and the living wage for locations. This tool is designed to estimate the minimum cost of living for low-wage families and does not reflect a middle class standard of living, and may underestimate housing and child care in some areas.

MIT's Living Wage Calculator shows the hourly rate a person would need to earn to support their family, based on a sole provider who works full time. For Davidson County, MIT's Living Wage Calculator estimated that for one adult to support himself/herself and two children would need to earn \$22.07 per hour.

Hourly Wages	1 Adult	1 Adult, 1 Child	1 Adult, 2 Children	1 Adult, 3 Children	2 Adults	2 Adults, 1 Child	2 Adults, 2 Children	2 Adults, 3 Children
<b>Living Wage</b>	\$9.51	\$18.36	\$22.07	\$27.27	\$15.04	\$18.05	\$19.51	\$22.86
<b>Poverty Wage</b>	\$5.21	\$7.00	\$8.80	\$10.60	\$7.00	\$8.80	\$10.60	\$12.40
<b>Minimum Wage</b>	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25

MIT also identified the typical hourly rate for specific professions. Below is a table with typical hourly wages by occupational area for Davidson County. The ones in bold red are those that are below the living wage for one adult supporting one child.

Occupational Area	Typical Hourly Wage
Management	\$34.44
Business and Financial Operations	\$25.72
Computer and Mathematical	\$29.44
Architecture and Engineering	\$32.11
Life, Physical and social Science	\$24.16
<b>Community and Social Services</b>	<b>\$16.66</b>
Legal	\$28.63
Education, Training and Library	\$19.52
<b>Arts, Design, Entertainment, Sports and Media</b>	<b>\$16.92</b>
Healthcare Practitioner and Technical	\$23.57
<b>Healthcare Support</b>	<b>\$11.08</b>

Occupational Area	Typical Hourly Wage
Protective Service	\$14.61
Food Preparation and Serving Related	\$8.63
Building and Grounds Cleaning and maintenance	\$9.61
Personal care and Services	\$8.93
Sales and Related	\$10.89
Office and Administrative Support	\$13.61
Farming, Fishing and Forestry	\$11.92
Construction and Extraction	\$15.59
Installation, Maintenance and Repair	\$17.98
Production	\$13.87
Transportation and Material Moving	\$12.81

<http://livingwage.mit.edu/>

### Suburban Poverty

In 2013, the book *Confronting Suburban Poverty in America* described the rise of poverty in suburban areas that has increased since first being observed in the 1990's, increasing in magnitude and pace since 2000. In addition to statistical information and explanations about the dramatic increase of poverty in the suburbs, one section of the book describes "Fighting Today's Poverty with Yesterday's Policies." It identifies challenges to confronting suburban policies, which include lack of capacity; extensive fragmentation and persistent silos; inefficient, inflexible and unreliable funding.

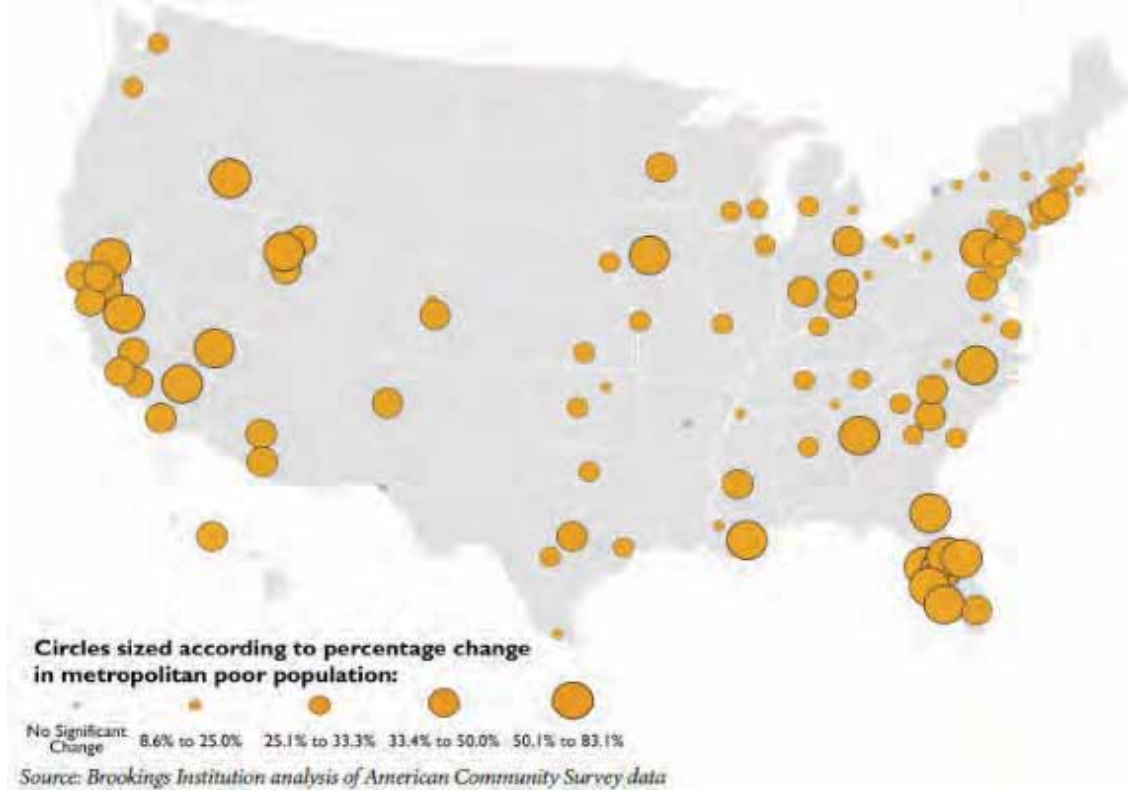
<http://www.brookings.edu/research/books/2013/confrontingsuburbanpovertyinamerica>

While the increase in suburban poverty will be explored in future reports from Metropolitan Social Services, it is important to note that it is an increasing trend across the U.S. In an analysis of data from the 2012 American Community Survey from the Metropolitan Policy Program at Brookings Institution, *New Census Data Show Metro Poverty's Persistence in 2012*:

- For the fifth consecutive year, the number of poor residents grew in the largest 100 metro areas in the U.S., an increase of 320,000 people, although the national overall trend remained flat.
- The national poverty rate stalled at 15.1%.
- In the largest metro areas, suburbs were home to 55% of poor residents.
- No major metro area experienced significant progress against suburban poverty.
- Urban poverty was highest in the Midwest and Northeast, while suburban poverty rates were higher in the West and South.

The map below shows metro areas where the poor population increased from 2007 to 2012. The report noted the "stubborn persistence of economic hardship in the wake of the Great Recession."

Among the 100 metro areas compared, the Nashville-Davidson-Murfreesboro-Franklin metro area was ranked 36<sup>th</sup> from the top for percentage of poverty and 61<sup>st</sup> from the top in the number of people who lived in poverty.



<http://www.brookings.edu/research/reports/2013/09/19-census-data-poverty-kneebone-williams>

Brookings Institution’s *Suburban Poverty Traverses the Red/Blue Divide* describes suburban as the “largest and fastest-growing poor population in America.” In an analysis comparing data from the American Community Survey, the year 2000 compared with the 5-year summary for 2007-2011, the growth in poverty was more related to broad regional economic struggles rather than partisan affiliation.

It notes that poverty is not high on the Congressional agenda, so there are economic, social and political challenges for the government to address problems. The report described the importance for both political parties to consider ways to use scarce federal resources for economic, housing, education and health services reach the areas of growing poverty.

<http://www.brookings.edu/~media/Research/Files/Reports/2013/08/06%20suburban%20poverty/Suburban%20Poverty%20by%20Congressional%20District.pdf>

### Human Development and Opportunity

In previous editions of the Community Needs Evaluations issued by Metropolitan Social Services, there is information about the importance of opportunity in addressing poverty (2012, pages 45-46), related to the American Human Development Project (2011, pages 41-44) that measures quality of life on factors related to health, education and income.

The latest publication from the American Human Development Project is *The Measure of America 2013-2014*. It describes nationwide key findings and reported increases in the U.S. compared to 1960 (life expectancy increased by 9 years and people had 4 times the likelihood of obtaining a bachelor’s degree). However, it noted

that the measure of earnings did not keep up with measures in the other areas, particularly after the recession began in 2007, with the average American earning about \$2,200 less in 2010 than in 2000. Analyzing data from the 2010 Decennial Census, Tennessee was found to have lower scores on all index measures than the U. S. (human development index, life expectancy, education, income and health).

The Measure of America Project and Opportunity Nation have jointly developed a web site to provide information to compare states and counties. The 2013 Opportunity Index uses data from three different dimensions: Jobs and the Local Economy, Education, and Community Health and Civic Life. For the overall Opportunity Score, Tennessee dropped from being ranked #39 in 2012 to #41 in 2013 (from the top) among 50 states and the District of Columbia.

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

The graphic below shows the rating of Davidson County as C+, based on the rankings as described (considered rankings out of a possible 100):

- 49.1 Opportunity Score; lower than the national average, higher than the state (overall index of the potential opportunity; combines all indicators)
- 51.7 Economy Score; higher than the state and nationwide (key indicators of the health of an economy - unemployment, median income, and number of people below the poverty line, availability of banking institutions, affordable housing, and internet access)
- 47.7 Education Score; higher than Tennessee, lower than nationwide (important aspects of educational success - children in preschool, on-time high school graduation rate, and post-secondary education rate)
- 47.9 Community Score, lower than the state and nationwide (factors affecting community health and civic life. Included are the percentage of teenagers working and not in school, the rates of violent crime and homicide, access to healthcare, and availability of healthy foods)



<http://opportunityindex.org/about/>

## Funding Allocations

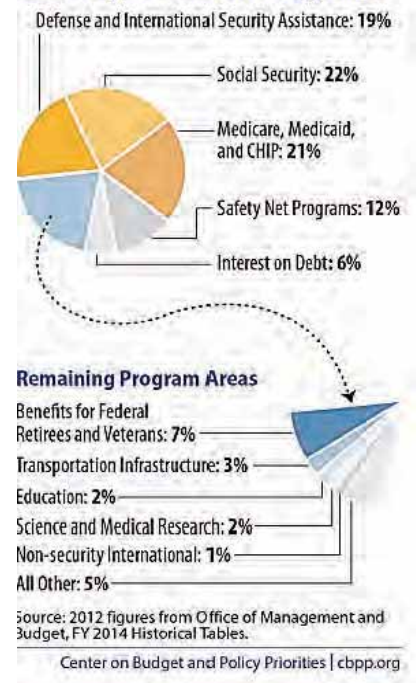
The 2012 fiscal year budget for the U.S. was for \$3.5 trillion or about 23% of the Gross Domestic Product, with about \$2.5 trillion paid by federal revenues and over \$1 trillion from borrowing and increasing the deficit.

As shown in the graphic from the Center on Budget and Policy Priorities, based on 2012 data from the Office of Management and Budget, about 12% of federal tax dollars went to safety net programs for families facing hardship. Analysis of 2010 federal expenditures determined that the safety net programs (EITC, SSI for elderly or disabled poor, SNAP/Food Stamps, low-income housing assistance, etc.) kept about 25 million people out of poverty in 2010.

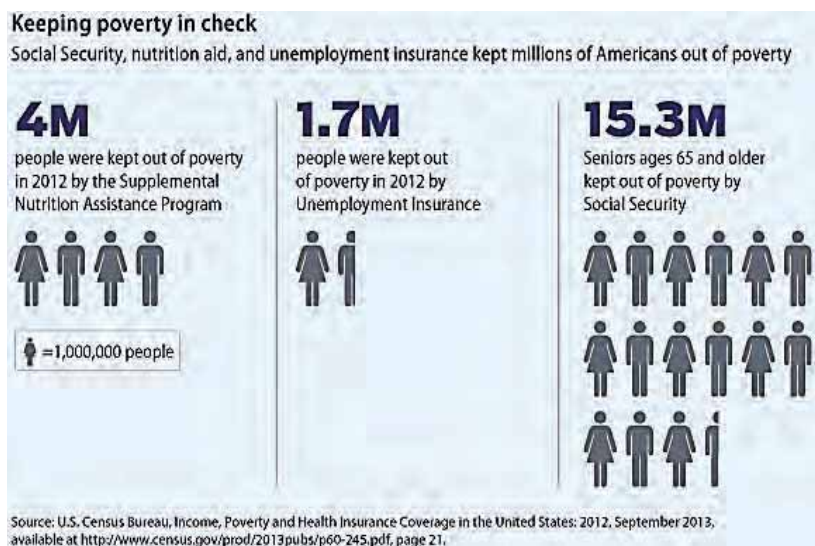
Other allocations are for Defense and international security (19%), Social Security retirement for workers and dependents (22%), Medicare/Medicaid/Children's Health Insurance (21%).

<http://www.cbpp.org/cms/?fa=view&id=1258>

### Most of Budget Goes Toward Defense, Social Security, and Major Health Programs



As explained in another section, the official poverty measure is outdated and does not effectively measure poverty because it is based only on income and excludes other benefits. The experimental Supplemental Poverty Measure created by the U. S. Census Bureau (also described in a previous section) takes non-cash benefits into account. It shows that people may be lifted out of poverty with benefits, but others may be in poverty with the supplemental measures who are not in the official measure because of necessary expenditures (unreimbursed medical costs, work related expenses, child support, etc.). The graphic below shows the millions of people who were lifted out of poverty by SNAP/Food Stamps, unemployment insurance and Social Security benefits.

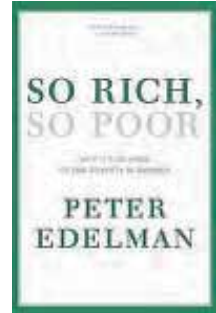


<http://www.census.gov/prod/2013pubs/p60-245.pdf>

<http://www.americanprogress.org/issues/poverty/news/2013/09/17/74429/the-top-3-things-you-need-to-know-about-the-new-poverty-and-income-data/>

## BOOK OVERVIEW: *So Rich, So Poor*

*So Rich, So Poor – Why it's so hard to end poverty in America* (2012) by Peter Edelman discusses a range of issues related to poverty. (Peter Edelman is on the faculty of Georgetown Law School, serves as Faculty Director for the Center on Poverty, Inequality and Public Policy, and has specialized in the fields of poverty, welfare, justice and constitutional law.) In a recent interview about the book, he said the reason it is so difficult to end poverty is that:



*“Because, fundamentally, our economy has been very unkind to the entire bottom half of our people over the last 40 years. We have terrific public policy in place, although it’s threatened now by Paul Ryan, as you just showed. But we’ve done a lot, from Social Security, Medicare and Medicaid, to food stamps and the earned income tax credit. We’re keeping more than 40 million people out of poverty now by the public policy that we have. But that’s fighting against the flood of low-wage jobs that we’ve had over the last 40 years and the fact that people in the bottom half have been absolutely stuck, that the wages for people at the bottom have not—have grown only 7 percent over that 40-year period. So we’re fighting uphill with the public policies that we have. It’s even harder for people who are—which is single moms in this economy, who are all by themselves in this low-wage economy trying to earn enough to support their children. It’s very, very hard to do that with the flood of low-wage jobs that we have.”*

“Poverty looks different now from the way it looked four decades ago. The elderly are much less poor, and children have become the poorest age group . . . What we achieved with the elderly did not happen by accident.” (*So Rich, So Poor*, Peter Edelman)

*So Rich, So Poor – Why it's so hard to end poverty in America* (2012) by Peter Edelman explains the historical background of anti-poverty initiatives, such as the New Deal, the War on Poverty, Great Society, including how a patchwork of laws that began in 1935 continues to evolve. As shown in an earlier chart, the rate of poverty in the U.S. has never been as high as it was before the initiatives of the 1960's. *So Rich* describes the influences of the War on Poverty and the Great Society, which began in the 1960's.

- The War on Poverty developed an array of programs, some more successful than others. It identified Head Start, Job Corps, Community Health Centers and others as being of benefit to the communities they served, while other programs had difficulties from the beginning.
- It distinguishes The Great Society actions from the War on Poverty programs. The Great Society included Medicaid, Medicare, housing and civil rights laws, federal aid to education, training and community development programs and more. These programs, especially the Civil Rights Act of 1964, resulted in significant progress on civil rights and poverty by expanding opportunity to those who had been left behind.

- Although there has been progress, it describes the lack of attention to those who live far below poverty level and the need to ensure that low-wage workers receive an income that is adequate to provide for themselves and their families.

*So Rich* notes major gaps in the way initiatives have evolved, particularly in the national income support structure. It describes the significant gaps of the U.S.'s lack of response to needs of the more than 20 million people in the U.S. who have incomes below 50% of the poverty level, as well as millions more at 50-100% of poverty. It noted another major gap with the inadequate support offered to low-wage workers to ensure that they receive a living income. *So Rich* also pointed out the contributory systemic issues resulting in the high level of poverty, including deficiencies in the education system, a criminal justice system that "incarcerates too many in general and especially locks up people of color," and inattention to areas of concentrated poverty.

Although these needs have been identified and discussed for decades, *So Rich* notes the administrations that have attacked "big government" when more resources are devoted to helping those who are disadvantaged. After the federal government budget cuts in the 1980s and 1990s, the profound effects on those most in need has not been effectively addressed and it discusses why more progress was not made between 1973 and 2000, despite extensive efforts. It also discusses the inadequacies of the formula used by the U. S. government to calculate the poverty threshold (discussed in this and previous Community Needs Evaluations).

*So Rich* explained that minorities have a higher percentage of people in poverty, while there are more white people in poverty. However, poverty continues to be disproportional among minorities and single mothers, who have less likelihood of upward mobility. This is related to poor education for those who are already disadvantaged, as well as problems with mental-physical health (including substance abuse), length of time spent living in poverty, etc. In terms of the wealth gap, in 1983, the wealthiest 1% had more than 1,500 times as much wealth as the bottom 40%. This gap considerably increased to 4,400 as much for the 1% than for the bottom 40% by 2007 (a higher share of income than at any time since 1928).

While "deep poverty" is not specifically defined by the U.S. Census Bureau, it is often used for those who live below 50% (half) of the poverty threshold. Some of those are eligible for federal assistance programs. *So Rich* indicated that assistance programs often raise people up, but only to "regular" poverty (from about 50% to 100% of poverty). The significant changes in the laws about the assistance programs in 1996 reduced the amount and the effectiveness of programs to lift people out of poverty. The changes made in 1996 were especially detrimental for children in poverty, who may be traumatized by even brief periods of severe poverty. It observed that in many situations, families in deep poverty tend to break up, with children sent to live with relatives or taken into state custody. The author suggests that government inaction is because most Americans are not aware of the number of people in poverty, or because they are unaware of the long-term detrimental effects on those who experience it.

During much of recent decades (when wealth has significantly expanded for the most wealthy), for those with incomes below the median wage, wages remained stagnant. Even at twice the poverty level, households struggle to meet their needs. The income for 200% of poverty is about \$36,000 for three and \$44,000 for four, and comprises about 1/3 of the U. S. population, which suggests that the "middle-class society" may no longer be available to many Americans.

*So Rich* explains that it is even worse for those below the poverty level, particularly for those at 50% or below of poverty. The number of people at this extreme level of poverty has grown. If not for the public assistance programs, low-wage earners would experience even more deprivation. It explains how the massive number of low-wage jobs may endanger the stability of the U. S. economy in the context of the global economy. It explains



that the combination of tax cuts to the wealthiest and cuts to needed services and programs is detrimental to those in need and to the stabilization of the U.S. economy, noting that “The only way we will improve the lot of the poor, stabilize the middle class, and protect our democracy is by requiring the rich to pay more of the cost.”

The growth in the number of single-parent/female householder families is also related to the increase in child poverty. *So Rich* describes the dramatic increase in this type of household, which doubled between 1970 (12.7%) and 2009 (25.4%). It noted a similar increase in other developed countries, with even greater increases in United Kingdom, France and the Netherlands.

In the U.S., the rate of unmarried teen births in the U.S. has decreased since 1991, dropping to its lowest point by 2009. It notes that by 2007, 39.7% of births were to unmarried women, across lines of race and ethnicity. It also points out that the births to unmarried African American women increased from 24% in 1965 to 72.3% in 2009.

As noted in this and previous Community Needs Evaluations, the influence of poverty on the young is profound and can last a lifetime. *So Rich* indicates that it is extremely unlikely that children who grow up surrounded by poverty would beat the odds and achieve prosperity. However, despite the odds, a few rise out of poverty, despite the environment of poverty that includes poorly-performing schools, the danger of the streets and the pipeline to prison. It laments the lack of efforts to change the odds so that poor children have more of a chance to succeed.

*So Rich* describes an even wider pipeline than the one to prison, which is the “cradle to nowhere pipeline,” that includes both boys and girls. There is an increasing number of youth aged 16-24 who may be referred to as “disconnected,” many who are parents, homeless or who have spent long periods in foster care.



Without intervention, it projects that about 3 million nationwide will spend much of their lives unemployed or marginally employed, although not in prison. It describes some neighborhoods as “dropout factories” in which young people are on the street when they should be in school, sometimes because they do not see the benefit of an education or have been expelled from schools (including some due to zero tolerance policies).

Characterized as an “uninvestment in children,” *So Rich* explain how the problem begins with children who need extra attention from the beginning but often do not receive it. By failing to provide high quality education and childhood development for poor children, a likelihood of continuing poverty is created. It said, “Education and child development – investing in our future – are a major piece of an antipoverty strategy . . . Ending poverty in America requires action on many fronts, but providing every young person the opportunity to be a full participant in our society could not be more important.”

## Theories of Poverty

In a November 2, 2013 commentary in the *New York Times*, Mark R. Rank (professor of social welfare at Washington University) discussed the myths, stereotypes and misconceptions about poverty. In *Poverty in America Is Mainstream*, it explains that such a lack of understanding “distort both our politics and our domestic policy making.”

The author described research that found:

- 40% of Americans between 25 and 60 years of age would experience at least one year below the official poverty threshold
- 54% of Americans will spend a year in poverty or near poverty (below 150% of poverty)
- Half of all American children will live in a household that uses Food Stamps/SNAP benefits

This suggests that poverty is experienced by most Americans, so that “the question is not whether we will experience poverty, but when.” Fortunately, the average time spent in poverty is relatively short. For many, the pattern is to experience poverty for a year or two, followed by an extended time above poverty, with poverty recurring due to events such as job loss, family split or serious medical problems. However, there are others who struggle with chronic or intergenerational poverty.

Poverty exists not only in urban settings, but also in the suburbs, small towns and rural areas. Despite misperceptions, Census data indicates that about 2/3 of those in poverty identified themselves as white.

The American social safety net is characterized as “extremely weak and filled with gaping holes,” by Rank who also noted that it has become even weaker in recent decades because of welfare reform and budget cuts. It indicates that the U.S. spends fewer resources among industrialized countries to restore families from poverty and prevent them from becoming poor. Most developed nations provide far more affordable child care, reasonably priced low-income housing and universal health care. The European average rate of poverty is half that of the U.S.

**“Poverty is ultimately a result of failings at economic and political levels rather than individual shortcomings.”** (Mark R. Rank)

Poverty is sometimes attributed to lack of motivation, failure to work hard enough and poor decision making, but for many it is a temporary status that may be caused by external circumstances. Most of the poor have worked and will work again. Those who are experiencing poverty are not particularly different because their behaviors and attitudes are closely aligned with mainstream America.

<http://opinionator.blogs.nytimes.com/2013/11/02/poverty-in-america-is-mainstream/? r=1>

### Community Development Approach

*Theories of Poverty and Anti-Poverty Programs in Community Development* (Ted Bradshaw, Human and Community Development Department, University of California-Davis, August 2005) described 5 categories of contemporary poverty theories. It notes that no one theory of poverty explains all instances of poverty, but

notes that a broad community development approach address the complex and overlapping sources of poverty more effectively than programs based on a single theory. The 5 categories of poverty theories are described as:

1. Individual deficiencies
2. Cultural Belief systems that support subcultures in poverty
3. Political-economic distortions
4. Geographical disparities
5. Cumulative and circumstantial origins

“In this sense, political agendas are the overriding factors in poverty that not only influence the choice of theory of poverty but the very definition of poverty to be explained by each theory. Powerful interests manage how poverty is discussed and what is being done about it; unfortunately this paper can only identify the politicization of theories of poverty rather than separate it out for analysis.” (Bradshaw)

According to the report, “community anti-poverty programs are designed, selected, and implemented in response to different theories about the cause of poverty that ‘justify’ the community development interventions.” Programs are often based on research (current at that time) and political values, reinforced by social, political and economic institutions that have a vested interest in the issue. As a result, it is difficult to ensure that objective information on poverty is used in program creation: “a purely objective explanation of poverty is displaced by a proliferation of socially defined issues and concerns from both liberal and conservative perspectives.”

It notes that even the typical “objective” definition, the official statistical measure used by the federal government, is not without controversy. The official measure uses the formula created in 1963 and is based only on cash income and the number in the household. (The experimental Supplemental Poverty Measure, described earlier, was created in 2010 to incorporate other benefits as income and necessary expenditures as subtractions.)

*Theories of Poverty* provides a comparison of the 5 categories of poverty and identifies the variables associated with each, mechanisms by which these variables are presumed to cause poverty, potential strategies to address and examples of anti-poverty programs based on each theory.

1. The theory that poverty is caused by individual deficiencies includes a set of multiple explanations as to why individuals are responsible for their poverty. Often a politically conservative approach, it blames the individuals for creating their problems and proposes that they could improve their circumstances with harder work and better choices. A variation on this theory is to identify the cause of poverty as lack of genetic qualities such as intelligence. Some of these theories may stem from the Protestant reformation that believed wealth was from the favor of God and that people with various problems were punished for their parents’ sins. Related components of this theory contend that the generosity of welfare creates incentives for the poor to remain poor; that anyone can succeed with focused goals and hard work, which overlooks the effect of social and economic inequality.

Some programs developed in conformity with this theory are designed with an approach of punishment and threat of punishment, rather than with compassion, such as the programs that have been characterized as “welfare to work” programs. However, each community has children, the elderly and those with disabilities who would not typically be blamed for their conditions.

2. The Culture of Poverty theory is similar to the individual theory of poverty and to other theories, but has been extensively discussed in recent years. It holds “that poverty is created by the transmission over generations of a set of beliefs, values, and skills that are socially generated but individually held. Individuals are not necessarily to blame because they are victims of their dysfunctional subculture or culture.”

The culture of poverty approach is connected to the subculture of “poor people in ghettos, poor regions, or social contexts where they develop a shared set of beliefs, values and norms for behavior that are separate from but embedded in the culture of the main society.” Some culture of poverty theorists contend that the culture of poverty is a “set of beliefs and values passed from generation to generation,” and that it perpetuates itself through multiple generations.

The culture of poverty approach has been controversial. While most agree that poor people may have different cultural values, there is lack of agreement about the causes and what constitutes a subculture of poverty. Programs based on this theory try to replace the culture with one that is more functional in supporting productive work, investment and responsibility.

There have been mixed results in some programs that relocate people with the hope that the new culture will result in emergence from poverty. Head Start and other educational programs have experienced some success with an alternative socialization for the next generation to reduce poverty. After school youth programs are established in which peer culture is monitored and positive values are established to keep youth away from gangs and detrimental influences. In the alternative, another approach could be to work within the culture “to redefine culturally appropriate strategies to improve” well-being. Examples of this would include local crafts cooperatives as well as small business and entrepreneurship that could benefit from micro-finance assistance.

3. Poverty caused by economic, political, and social distortions or discrimination theory is based in progressive social theory. It focuses on “the economic, political, and social system which causes people to have limited opportunities and resources with which to achieve income and well-being.” Beginning in the 19<sup>th</sup> century, this theory explored how social and economic systems created individual poverty situations. This theory acknowledges that poor people fall behind regardless of their competence because minimum wages do not allow workers to support themselves and their families. It notes that the system has been created to make it difficult for those who want to work and support themselves.

Many programs addressed structural barriers to better jobs with education and training, with some success. It notes that education is usually perceived as important, but funding per student is often lower for disadvantaged areas. However, by the late 1990s, some theorists suggest, “systemic failure of the schools is thus thought to be the reason poor people have low achievement, poor rates of graduation, and few who pursue higher education.”

The report describes a similar barrier in the political system” in which the interests and participation of the poor is either impossible or is deceptive.” Research has confirmed the connection between wealth and power and that poor people tend to be less involved in political discussions, resulting in greater vulnerability in the political process and that because poor people lack influence in the political system they are less able to mobilize economic benefits and justice. It further notes that it is necessary to identify poverty system flaws that result in groups of people being given a “social stigma because of race, gender, disability, religion, or other groupings, leading them to have limited opportunities regardless of personal capabilities.”

The community response to this theory would suggest that the system should be changed. However, this is very difficult to achieve, so many policies and programs revert to trying to change individual behavior (with limited success). Change could occur at different levels.

- Grassroots level change through social movements to force desired change to support better jobs for the poor continues to occur through civil rights movements.
  - Changing the system by developing alternative institutions that are accessible, open, innovative and willing to help the poor gain well-being, such as through alternative businesses, housing, schooling and other programs.
  - Policy process change could be accomplished through government and social policy adjustments with the practical result of “providing jobs, raising wages, expanding the safety net, assuring effective access to medical care, and coordinating social insurance programs.” An example was the Americans With Disabilities Act that resulted in gains for many who have various disabilities.
4. The theory that poverty is caused by geographical disparities frames poverty as a spatial characteristic that is separate from other theories (urban poverty, Southern poverty, third-world poverty, etc.). This type of theory builds on other types and acknowledges that “people, institutions, and cultures in certain areas lack the objective resources needed to generate well-being and income, and that they lack the power to claim redistribution.” Various perspectives focus either on conditions (either of wealth or poverty) that attract entities of similar conditions; that lack of infrastructure may limit development or advantaged areas grow more in periods of economic growth; or out-migration of those with higher education and/or greatest skills. Some also suggest that urban poverty may be displaced rural poverty.

The geographic focus suggests that efforts should be directed to depressed areas, rather than a focus on individuals, businesses, systems or cultures. The report notes that few communities around the world were successful at moving out of poverty using a location-based approach, but that it was very difficult. Using the geographic approach involves community visioning, planning and community investment in distressed areas and where poverty is rampant, and would leverage community assets to integrate economic development in an area with housing and other spatially allocated factors to promote change for residents.

Specific techniques could promote stronger geographical areas:

- Improve local industry competitiveness through cluster development or building creative communities
  - Enterprise zones, redevelopment and other tax based incentive programs for economic development and channeling private investments
  - Inclusionary zoning, affordable housing and similar programs that place conditions on development
  - Downtown revitalization and civic improvements that increase amenities and make disadvantaged areas more attractive to stimulate employment and tax revenues
  - Infrastructure investment, including interstate highways, parks, water, waste disposal, schools and other public facilities
  - Community organizing
  - National and regional reinvestment that shifts funds from one area to another
5. The theory that poverty is caused by cumulative and cyclical interdependencies is far more complex and is related to parts of other theories. It considers both the individual and community being caught in a spiral,

whether opportunities or problems, and that whatever is dominant tends to eliminate the other. It describes how the individual and community well-being are connected and are subject to a cascade of conditions, such as how a crisis (such as closing a major employer) creates a spiral of disinvestment and decline in that area. The cycle can continue on a long downward spiral, with results of lack of employment opportunities, outmigration, deterioration of schools, poorly trained workers, etc.

In addition, the cycle of poverty (created by the lack of jobs and decreased income) often leads to “deteriorating self-confidence, weak motivation, and depression,” which are reinforced by association with others who also experience the same things. The cyclical nature of this theory of poverty suggests that, while the linkages are difficult to break, the cycle could be broken by breaking the linkages.

Helping poor people become financially stable/self-sufficient requires a variety of elements that could be most effectively provided with increasing social capital among communities of the poor (helping groups of poor people build supportive communities with shared trust and mutuality):

- Income and economic assets
- Education and skills
- Housing and surroundings (safe, attractive)
- Access to healthcare and other needed social services
- Close personal ties, as well as networks to others
- Personal resourcefulness and leadership abilities

This theory of poverty suggests that strategies must be comprehensive, use collaboration and community organization. In general, there are few, if any, comprehensive state or federal programs, although there have been experiments funded by foundations which have had some success.

This report explains the limitations of using any of the first 4 theories in isolation because each leaves out important components. Using a more comprehensive approach is more likely to have effective results. It notes that those who design and implement anti-poverty programs should identify adequate theories of poverty to guide the programs, while also ensuring that community development approaches are as comprehensive as possible.

<http://www.rupri.org/Forms/WP06-05.pdf>

## **Multiple Perspectives**

*Understanding Poverty from Multiple Social Science Perspectives* was created as a learning resource for staff at social service agencies by the School of Social Welfare at the University of California-Berkeley in 2006. This lengthy guide covers poverty theories from perspectives including economics, sociology, psychology, anthropology, political science and global poverty, while also examining theory integration. It notes that poverty is an important issue but has such complexity that it may be difficult to address.

*Understanding Poverty* noted that “Historically, it is interesting to note that poverty surfaces in the public consciousness every several decades; for example, urban poverty at the turn of the 20th century related to immigration and industrialization, urban and rural poverty in the 1930s related to the stock market crash and the depression, response of the civil rights to poverty and discrimination in the 1960s (including the War on Poverty), the economic boom of the 1990s and welfare reform, and the 21st century focus on global poverty.” It explained the importance of synthesizing and integrating knowledge from multiple perspectives to achieve a comprehensive understanding of poverty. It mentioned factors including:

- Research attention for several decades identified the importance to brain development in young children, along with the importance of adequate nutrition and nurturance on childhood development.
- The development of children and youth is significantly affected by poverty and substance abuse on the unborn child.
- Children/youth who grow up in poverty experience limited work and skill development, and are also seen as factors in the prevalence for youth violence and drug dealing.
- Poverty and its effects are pronounced in high poverty neighborhoods.

**“Steps taken to break the cycle of poverty are necessarily complex, but they are a better solution to poverty than most single factor efforts . . . the emphasis is on providing both ‘deep and wide’ supports and services for people.”**

<http://cssr.berkeley.edu/bassc/public/CompletePovertyReport082306.pdf>

Older poverty theories often suggest that either the behaviors of poor people contribute to their disadvantaged circumstances or that such behaviors result from a culture of poverty based on deviant values. A prominent example of a culture of poverty theory is that of Dr. Ruby Payne (*A Framework for Understanding Poverty*-1995, *Bridges Out of Poverty*-1999/Rev. 2006, etc.).

Dr. Payne provided a foundation for some important components:

- Role of language and story (impaired capacity in speech and grammar for those in poverty)
- Rules among classes (different income levels require different types of skills and abilities)
- Generational poverty patterns in attitudes and behavior
- Role models and emotional resources (development from dependence; requires emotional resources and stamina to trade some relationships for achievement)
- Discipline (structure and choice); advanced communication skills and learning the language of negotiation,
- Internal assets (resources, resiliency)

Dr. Payne’s work described the difference in the mind and the brain, as well as cognitive impairments that may be experienced by those who are poor. It also discussed the detrimental effect on school performance of children who were stressed because of their poverty. Newer theories emphasize more of the causal relationship, in which the stress of poverty depletes attention and cognitive processes that could otherwise be used to make better decisions.

<http://www.ahaprocess.com/who-we-are/dr-ruby-payne/>

## Poverty, Stress and Cognitive Function

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### *Stress Impairs Cognitive Function*

For decades, research demonstrated the connection between stress and cognitive function. *Stress and cognitive function* (Rockefeller University's Laboratory of Neuroendocrinology, 1995) identified how brain chemistry is affected by stress to impair cognitive function. It explains how stress affects memory, noting that more severe or prolonged stress can reduce the neurons, especially in the hippocampus. While there are individual differences and variations in mechanisms that affect the brain, the prolonged stress can impair declarative memory.

<http://www.ncbi.nlm.nih.gov/pubmed/7620309>

*Chronic stress alters synaptic terminal structure in hippocampus* (National Academy of Sciences of the United States, December 9, 1997) is one several neurobiology reports that suggested that chronic stress could cause structural changes in the hippocampus. Using animal testing, evidence suggested a reorganization of the distribution of the synaptic vesicles could occur after repeated stress, affecting brain function.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC28422/>



### **Stress**

Some years later, studies looked at how the stress specifically related to poverty can impair cognition, making a connection between psychology and eventually neuroscience and additional disciplines. In August 2000, the American Psychological Association's (APA) *Resolution on Poverty and Socioeconomic Status* discussed the prevalence of poverty and its detrimental effect on psychological well-being. It described the growing research that demonstrated the connection between income level and diagnosable mental disorders, decreased life expectancy and other negative quality of life factors.

The *Resolution* highlighted the importance for researching and understanding causes and impact of poverty, economic disparity and related issues; the importance of public policy to promote early childhood education, access to post-secondary schools and training; adequate income, access to sufficient food and affordable and safe housing for poor people and all working families; family friendly jobs with good health insurance and benefits; early interventions and prevention for vulnerable children and families and focused on the functions of family members.

<http://www.apa.org/about/policy/poverty-resolution.aspx>

Earlier studies also identified a connection, including *Mental Health and Substance Abuse Problems Among Women on Welfare* from APA (December 1998). It discussed the high prevalence of mental health problems among poor women, and referenced a National Household Survey of Drug Abuse in 1994-1995 that said 20% of welfare recipients and experienced one of four psychiatric disorders (major depression, generalized anxiety disorder, panic attack and agoraphobia), compared to 15% of nonrecipients.

<http://www.apa.org/pi/women/programs/poverty/welfare-mental-health-doc.pdf>

*The impact of poverty on the development of brain networks* (Frontiers in Human Neuroscience, August 17, 2012) includes an overview of early research to show the influence of material and social deprivation on the central nervous system, first in animals and later in humans. It indicated, "Advances in neuroimaging have made it possible to incorporate neural network analysis in studies of the influence of poverty."



*The impact of poverty* described how research can now use imaging to identify the areas of the brain that may be most influenced by poverty, which may then affect behavior. It noted that findings from behavioral studies indicate, “poverty can adversely affect cognitive processes, such as language, executive function, attention, and memory.” Studies also found that stress could create a defect in a gene in the prefrontal cortex of the brain. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3421156/#B42>

In October 2011, the APA’s *Psychology responds to poverty* noted that poverty is an outcome of inequalities to which some demographic groups are more vulnerable, which suggested that poverty be considered as a structural problem. It explained the need to study attitudes toward the poor, which tend to attribute poverty to personal failures rather than larger socioeconomic barriers. It acknowledged the complexity of the causes of poverty and the importance of better understanding the causes. <http://www.apa.org/monitor/oct01/psychresponds.aspx>

### **Stress and Attention Capacity**

*Can the Focus of Attention Accommodate Multiple, Separate Items?* (Journal of Experimental Psychology, July 18, 2011) discusses the issue of how much information can be maintained in a person’s attention (in the central part of a person’s mind at any given point). It includes a review of research findings that differ in terms of whether the brain switches among items of focus or whether there can be simultaneous processing of more than one item, explaining the importance in how working memory processes information. While it does not definitively establish the number of competing items that can be the focus of attention, there is general acceptance that “there are obvious limitations in terms of how many different stimuli a person can maintain and process for short period.” Since the focus of attention can be no more than a few items at a time, attention capacity is limited. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3197943/>

The Spring/Summer 2011 edition of *Focus*, from the University of Wisconsin-Madison’s Institute for Research on Poverty, *The psychology of poverty* describes newer research that strengthens the connection between psychology and poverty, including how deprivation can affect both attention and self-control. Research suggests that the scarcity experienced in poverty is distracting because managing tight resources requires more attention and self-control. With more of a person’s attention directed toward the problems of poverty, less attention can be directed toward other choices and decisions. As a result, the attention diverted to the poverty, lack and scarcity may impair other decisions by those who are poor.

It suggests that programs to assist those in poverty may actually create additional cognitive burdens that add even more challenges for those who need assistance. It further explains how this has important implications for public policy, particularly in programs designed to help the poor. It provided examples of failures and successes, “Simplification works because instability makes dealing with complexity particularly challenging; forms are tough for all of us, but toughest when attention is most depleted. Forward-looking actions require attention and self-control. Instability taxes both of these, and thus makes economic mobility harder.”

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**“Poverty and economic instability reduce cognitive resources such as attention and self-control. These conditions make it much harder for the poor to behave in a way that will improve their economic fortunes, and much easier for them to make decisions that impede their mobility. Public policies should be designed to offset this scarcity phenomenon.”**

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Policy responses could be designed to either create stability (such as by providing supplements of unemployment insurance to maintain a consistent salary for people whose hours or wages are involuntarily decreased) or to enhance upward mobility not susceptible to instability (a safety net card available for crises such as a sudden drop in income). It provides examples of ways that programs could take into account the newer evidence of cognitive impairment related to poverty.

<http://www.irp.wisc.edu/publications/focus/pdfs/foc281e.pdf>

### **Poverty, Scarcity and Cognitive Consequences**

*Some Consequences of Having Too Little* (SCIENCE Magazine, Vol. 338, November 2, 2012) explains that those who are poor often behave in ways that reinforce poverty (buy lottery tickets, fail to enroll in assistance programs, save too little and borrow too much). It proposes an alternative to the theories that focus only on circumstances of poverty (education, health, living conditions, demographics, etc.) or only on personality traits.

*Some Consequences* presents the hypothesis that “resource scarcity creates its own mindset, changing how people look at problems and make decisions.” It points out that when money is abundant, paying for basic expenses is easy and requires little attention. In contrast, when money is scarce, expenses are not easily met and they feel urgent. The financial problems seem bigger and they require more of our attention. As a result, having less takes greater focus. This theory is not related only to those in poverty but has a broader application to scarcity in general. It may be very relatable to daily living to note that people who are hungry or thirsty focus more on food and drink related cues; those who are busy (time scarcity) have greater focus on deadlines for the tasks at hand. People focus on where the scarcity is most prominent.

Poor individuals often engage in behaviors, such as excessive borrowing, that reinforce the conditions of poverty. Some explanations for these behaviors focus on personality traits of the poor. Others emphasize environmental factors such as housing or financial access.

We instead consider how certain behaviors stem simply from having less. We suggest that scarcity changes how people allocate attention: It leads them to engage more deeply in some problems while neglecting others. Across several experiments, we show that scarcity leads to attentional shifts that can help to explain behaviors such as overborrowing. We discuss how this mechanism might also explain other puzzles of poverty. *(Some Consequences of Having Too Little)*

*Some Consequences* suggests reasons that those in poverty (with scarcity of financial resources) make poor choices: because there is greater engagement with the problems involving the most pronounced scarcity, attentional neglect may result, so other problems are neglected. This process may also explain why low-income individuals take out short-term, high-interest loans that are contrary to their best economic interest. Scarcity creates a focus on the benefits of a loan with excessive interest, without a focus on the longer-term costs.

Not only do those with scarce financial resources borrow indiscriminately, so do those who have time scarcity. Those who are busy may face tight budgets and take extensions, focusing on urgent tasks while neglecting more important tasks that seem less pressing. Both types of borrowing are likely the result of how scarcity shifts attention.

It suggests that experiencing scarcity creates a cognitive burden, which would diminish performance. Another example is how those who are poor save differently for the future. Rather than putting their savings in a separate account, savings are accumulated for specific expenses, suggesting that the poor save in the same way they borrow. It notes “interventions that draw people’s attention to specific future needs should be particularly effective at increasing savings.”

The research suggests that additional study on general scarcity could be applicable to many contexts and could promote understanding about the psychology that results from having too little.

<https://www.sciencemag.org/content/338/6107/682>

*Poverty Impedes Cognitive Function* (SCIENCE Magazine, Vol. 341, August 30, 2013) echoes many of the findings from *Some Consequences of Having Too Little*, with an approach specifically on poverty and how it may be self-perpetuating. It explains why “the poor often behave in less capable ways, which can further perpetuate poverty.”

It explains that there is limited cognitive capacity for humans, so that preoccupation with one situation (such as financial), diminishes the cognitive processes for individuals. The research article indicates that because of the mental processes needed to manage life in poverty (inadequate or sporadic income, expenses they cannot pay and the difficult trade-offs that result), there is preoccupation with the conditions of poverty that is distracting. The distraction would not be just at the moment when the poor make specific financial decisions but would be more persistent and pervasive, thus interfering with other decisions being made.

*Poverty Impedes Cognitive Function* describes existing data that shows that poverty may have a cumulative long-term effect on cognitive ability, and that childhood poverty may impair brain development to the extent that it reduces adult cognitive capacity. It further characterizes the connection between poverty and mental function as one that may go beyond correlation and be related to causation. Attentional capture (the attention devoted to scarcity) may result in intrusive thoughts that would disturb cognitive ability. It notes that the findings “are not about poor people, but about any people who find themselves poor.”

There are significant policy implications of poverty’s impairment on cognitive function, since being poor would not only mean a shortfall of financial resources but would also mean a shortfall of cognitive resources. Policymakers should be aware of the cognitive costs of programs that are created (deciphering rules, completing lengthy forms or responding to complex incentives). In addition, policymakers should consider the cognitive capacity variation an individual would experience, depending on the relative level of scarcity. It notes that “poverty may leave less room for error so that the ‘same’ mistake can lead to worse outcomes” than for those who are not in poverty. Fewer cognitive resources are available to guide choices/actions because of preoccupation with financial worries.

*Poverty Impedes Cognitive Function* discusses previous studies that found a correlation between “poverty and counterproductive behavior,” noting that the poor may be less likely to use preventive health care, not maintain prescribed medication regimens, be tardier and less likely to keep appointments, be less productive workers, less attentive parents and ineffective managers of their financial situation.

<https://www.sciencemag.org/content/341/6149/976.abstract>

Stress can result in cognitive dysfunction, as described in *Role of Leaky Neuronal Ryanodine Receptors in Stress-Induced Cognitive Dysfunction* (Cell, August 31, 2012). It discusses the ways the brain chemistry is affected by stress and suggests that long-term, chronic stress can contribute to the development of neuropsychiatric, cardiovascular and autoimmune diseases. It suggests future treatment that could be developed to treat such stress-induced cognitive dysfunction.

[http://www.cell.com/abstract/S0092-8674\(12\)00944-0](http://www.cell.com/abstract/S0092-8674(12)00944-0)

While stress does not necessarily predict that people cannot perform well, everyone has limitations on cognitive capacity. Characterizing cognitive ability as bandwidth, it notes that most bandwidth is taken up on the poverty related issues, without enough left over for other tasks. Even if the poor perform well on decisions related to living in poverty, on other tasks they may be less effective because their cognitive capacity was used elsewhere. It is significant that the cognitive ability of people who were not poor decreased when they were placed in conditions of scarcity, demonstrating the additional burden of scarcity on whoever experiences it.

<http://www.sciencedaily.com/releases/2013/08/130829145125.htm>

*The Poor's Poor Mental Power* (SCIENCE Magazine, Vol. 341, August 30, 2013) said, "Few people wish to be poor." It explains that there are reasons that poor people may be more likely to behave in ways that are detrimental to their own long-term success, perpetuating the condition of poverty and disadvantage. It submits that the unfortunate choices poor people make can be attributed to the drain that poverty has on their cognitive ability.

In describing the limited-resource model of self-control, it notes that self-control is a limited and depletable resource for people. As people work to achieve a goal, they use self-control to exhibit behaviors that help move them closer to their desired condition. Because self-control cannot extend to all of an individual's behavior, needs and issues compete for the finite capacity for self-control. In other words, a person can have self-control over some behavior but not for every behavior.

*The Poor's Poor Mental Power* explains that self-control is particularly important because of its role in decision making. It noted that studies found that after a person uses self-control, the person is less able to use self-control and choices are more likely to be made using intuition rather than objective reasoning. Those who had already exercised self-control depleted some of their capacity for self-control and gravitated toward options with fewer trade-offs. In poverty, decisions involving trade-offs are common, resulting in successive decisions based more on intuition and less on reasoning.

It notes that regulating such urges and desires may have a depleting cumulative effect. The continuing lack and scarcity of poverty can then result in a downward spiral of diminishing self-control capacity, detrimental choices and few chances of recovery. It identifies the importance of public and private organizations recognizing that the lives of the poor "are filled with land mines of desire, trade-offs, and self-control dilemmas. Paring down the sheer volume of decisions that the poor must make – perhaps through defaults – and allowing others to share in the decision-making process could help," such as simple adjustments including:

- Scheduling interviews and appointments earlier in the day when most people have greater cognitive capacity.
- Public settings that involve the poor handling forms, rules and decisions could have day care available for children to minimize the competing demands for attention and cognitive processes.

<https://www.sciencemag.org/content/341/6149/969>

## BOOK OVERVIEW: *Scarcity – Why Having Too Little Means So Much*

*Scarcity – Why Having Too Little Means So Much* by Sendhil Mullainathan and Eldar Sharif (2013) includes and expands upon the findings reported in *Poverty Impedes Cognitive Function* (referenced above). *Scarcity* uses a powerful approach based on a combination economics and psychology (one coauthor is a professor of economics at Harvard University and the other is a professor of psychology and public affairs at Princeton University). This book shows that scarcity creates a similar psychology for people who struggle to get by with less than they need. While it clearly includes the issue of financial scarcity (poverty), it has broader application and shows “how individuals and organizations can better manage scarcity for greater satisfaction and success.”



“Scarcity captures the mind. . . Scarcity is more than just the displeasure of having very little. It changes how we think. It imposes itself on our minds.”

The poor may receive helpful advice (stop borrowing, cut spending, pay off debts as quickly as possible, etc.), which sounds reasonable. However, implementing this advice is far more difficult and requires constant vigilance about what to buy. Financial scarcity could begin with the loss of employment, so that there is too little income to pay the mortgage/rent, car payments and daily expenses of living. The focus of the mind and attention automatically become absorbed by the scarcity and unmet needs.

The way scarcity consumes our attention can alter how life events are experienced. It affects what people see, the speed at which it is perceived, and how the world is viewed. While economics is the study of how limited resources are managed and used, it does not consider the feeling of scarcity or how it changes the mind. Economics addresses the physical constraints of resources, while scarcity is a mindset that can impair functioning.

The cognitive impairment of scarcity diminishes insight, future conceptualization and control. The impairment is equivalent to going without a full night’s sleep and has consequences ranging from difficulty in following a plan, impulsive behavior and mistakes. Studying the link between scarcity with psychological, societal and behavioral occurrences is described as “a science in the making,” that can expand understanding how people are affected by living with less than they need. It notes that under some circumstances, scarcity can make people be more effective by focusing attention to make use resources more carefully. However, focusing on one thing means that the focus on other things is ignored, creating a tunnel vision that can result in neglect of other important things. This single focus (goal inhibition) makes it difficult to focus on other things that also matter.

Multitasking (checking email while listening to a conference call or emailing during dinner) may save time, but can also decrease the quality of each of the tasks involved. When time is limited, tunnel vision may promote multitasking because it saves time, despite the risk that things that need attention will be disregarded. Things outside the tunnel can be undervalued or left out. The focus on scarcity is involuntary with tunnel vision that diminishes attention to other concerns, even when we try to do something else. “Scarcity in one walk of life means we have less attention, less mind, in the rest of life.”

*Scarcity* explains that while other concerns and needs can take up the focus of the mind, scarcity makes special demands. Experiencing scarcity can be stressful (as measured in the biochemistry of generalized stress response – glucocorticoids, norepinephrine and serotonin) and chronic stress diminishes cognitive processes even more. For those who have more than needed, the extra time, money, space or whatever, “slack” gives a feeling of being well off rather than having to identify trade-offs.

Instead of spending the resource in an either-or scenario, slack provides a feeling that extra resources are available. Slack often results in an array accumulated goods (castaway items) in cabinets and closets, often items that are not needed or used. Slack also provides room to fail, since a foolish purchase does not result in forfeiture of something else the way it does with people who live in scarcity. Because of their continuing experience in scarcity, the poor develop the skill to make ends meet each day by making a dollar go further. Unfortunately, such expertise becomes detrimental as their tunnel vision on scarcity has numerous negative consequences.

When the poor need quick cash, this immediate focus often results in their use of nonstandard banking products (payday loans, rollovers, using one loan to pay for another, etc.). They may skip utility payments, resulting in high reconnection fees if their utilities are cut off. This immediate need places their focus on getting the money at that point, so that budgeting for the future is postponed or disregarded. (The works of Steven Covey distinguish between urgent and important.) Putting off an important (but not urgent) task is like borrowing time, since a cost is incurred that will have to be paid in the future.



Planning is challenging for many, but even more difficult for those who live in scarcity. Thinking ahead requires a broader perspective and additional cognitive resources, which may be limited by scarcity and tunnel vision. It becomes cyclical: scarcity causes behaviors that make people more shortsighted, so negative implications are ignored. In other words, scarcity ties attention to the present, making it difficult to benefit from looking farther toward the future.

*Scarcity* points out that many problems (why lonely people stay lonely, why diets fail, etc.) can be understood in terms of the fundamental changes that occur with the mindset of experiencing deficit. For example, research found that dieting is not only difficult, it is mentally taxing. It was found that people who were dieting had concerns related to dieting at the top of their minds, to the extent that it interfered with performance on other tasks. For people who were lonely, brain lateralization tests measured how people listened to different sounds with different ears (most people are right-ear dominant for language). Both lonely and nonlonely people did equally well when asked to track what was said in the dominant right ear. However, the lonely did significantly less well when attending to what was heard in the nondominant left ear, because they were less effective at overriding their natural urge.

“Poverty is surely the most widespread and important example of scarcity,” in the U.S. and throughout the world. Poverty does not allow one to take a vacation from the condition and is an unintentional lack of what is needed. While singular events can propel people into poverty (loss of job, birth of child, etc.), there are many nondiscretionary activities that must be juggled more in a life of scarcity that further deplete resources, time and attention.

*Scarcity* discusses ways in which the lives of those in poverty could be improved. It begins with an analysis of how analysts may not understand the behavior of the poor and may have designed programs that do not

account for the cognitive and behavioral differences caused by poverty. It noted that low-income training programs often experience absenteeism, dropouts and low participation. While participants in training programs may be told how to get and keep jobs, they may not follow through with assignments or take advantage of ways to enhance their likelihood of success, possibly due to how they have been affected by scarcity and lack.

Incorporating the new findings about scarcity into previous theories can inform more about the cause, effect, functioning and persistence of poverty. *Scarcity* suggests that social scientists can measure material dimensions of scarcity (unemployment, quarterly production, etc.), but there is little understanding about the cognitive side of economy. It encourages continued studies to learn more about individual and societal scarcity.

### **Childhood Poverty**

There is an abundance of research about how poverty is related to childhood development. While addressing adult poverty is important to prevent worsening societal ills (homelessness, crime, poverty), the effect of poverty on children is so profound that concurrent attention is essential. Without attention to both adult/family poverty and childhood poverty, it is likely that the cycle of intergenerational poverty will continue unchecked.

*Enduring influences of childhood poverty* (Focus, Vol. 26, No. 2, Fall 2009) points out that childhood poverty should be of significant concern to both researchers and policymakers because it is linked to so many undesirable outcomes (lower academic attainment, health problems, etc.). Children who grow up in poverty, especially deep and persistent poverty, are more likely to be poor as adults, perpetuating the intergenerational transmission of poverty.

The article notes that there is substantial “turnover” in the people who are poor, since events can increase (unemployment, divorce) or decrease (career gains, marriage) poverty. About 15% of children are poor for at least 5-15 years, while about 65% never experience poverty. The likelihood of chronic poverty is greater for children who are African American, born to unmarried mothers and mothers without a high school diploma.



*Enduring influences* discusses three different theoretical perspectives to explain why child poverty may affect development:

1. Family and environmental stress (high levels of stress in the everyday environment of the poor may affect development, including high levels of psychological distress, low-quality parenting with harsh, detached and unresponsive to children’s needs)
2. Resource and investment (parents have fewer resources to invest in their children, so poor children fall behind)
3. Cultural (norms and behaviors of poor children are different)

Poor children begin school with gaps in achievement, which increase each year. Without effective intervention, the gap will widen to the equivalent of one full year of school. In addition, poor children are 1/3 less likely to complete high school and far less likely to attend college. The result is that poor children have fewer employment opportunities and lower earnings throughout their lives.

*Enduring influences* points that the exact degree to which academic achievement is affected has not been determined, but that there are clear links between early childhood poverty and later achievement and attainment. This suggests that parental economic resources play a causal role to some extent. Poor children are also more likely to be identified by parents and teachers with behavior problems. Further, the behavioral problems associated with poor children are more often externalizing problem behavior (aggression) but not internalizing behavior (depression). It reiterates the negative health problems that occur in children that extend into adulthood because of economic disadvantage.

Because “poverty experienced during early childhood, deep poverty, and persistent poverty appear to be especially harmful to children’s achievement” as well as related negative influences on health and social functioning, these should be of elevated concern to policymakers. *Enduring influences* submits that meaningful improvements can be achieved in the achievement of poor children with modest financial investments.



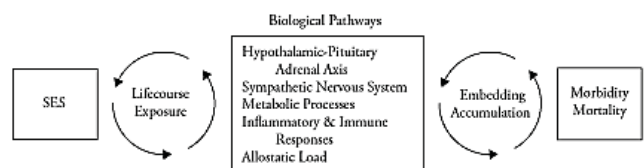
Increasingly, assistance programs are connected to workforce participation, which may increase workforce participation. On the other hand, that approach could fail to help the children who are most in need. When choosing among strategies, it is important to consider whether the funds spent on a particular program could be better directed to an alternative program or policy that would have a more significant benefit. *Enduring Influences* points out that the correlation between early poverty and impaired childhood development highlights the importance of addressing the need for additional income of families with young children (such as through an expansion of the child care tax credit).



It provides examples of programs that have already proven to be effective through enhancing educational experiences of young children, such as high-quality early childhood education programs for 3-4 year olds. To improve the quality of parenting by economically disadvantaged parents, strategically designed programs can be effective in improving cognitive development. For example, parenting programs may be of benefit, but the programs that improve cognitive development are either parent management programs for parents of young children with behavioral problems or intensive in-home nurse visitation. *Enduring Influences* concludes that “alleviating childhood poverty would almost certainly improve children’s life chances.”

<http://www.irp.wisc.edu/publications/focus/pdfs/foc262f.pdf>

As described in *The Oxford Handbook of Poverty and Child Development* (2012), research suggests that economic hardship (intergenerational poverty) is transmitted “by dynamic interplay between conditions of the family and the development of individual human and societal capital in terms of education, personality, work ethic, social networks, and the like.” Living in deprivation, particularly for the young, has links to biological disease mechanisms on a long-term basis. The graphics show how poverty can biologically affect life and death. (SES = socioeconomic status)



Since low-income families may be financially unable to provide for extracurricular activities (youth sports, Scouts, music groups, field trips, etc.), poor children often miss out on enriching activities. The lack of these



experiences may impair the level of academic achievement that these children would achieve in adulthood. The book describes many biological processes related to poverty and deprivation.

<http://global.oup.com/academic/product/the-oxford-handbook-of-poverty-and-child-development-9780199769100?cc=us&lang=en&>



The Children's Defense Fund's *The State of America's Children Handbook 2012* points out that Tennessee is one of the states with the highest child poverty rates (among the top 10 states and the District of Columbia, each with a child poverty rate over 25%). At the extreme end of poverty are those who are homeless, including one out of every 45 children in the U.S. Of the 1.6 million children who were homeless, 40% were age 5 or younger.

<http://www.childrensdefense.org/child-research-data-publications/data/soac-2012-handbook.pdf>

The Children's Defense Fund also noted that in the U. S.:

- Every 1.5 seconds during the school year, a public school student receives an out-of-school suspension
- Every 8 second during the school year, a public high school student drops out
- Every 19 seconds, a child is arrested
- Every 19 seconds, a child is born to an unmarried mother
- Every 32 seconds, a child is born into poverty
- Every 47 seconds, a child is abused or neglected
- Every 3 minutes, a child is arrested for a drug offense
- Every 20 minutes, a baby dies before his or her first birthday
- Every hour, a child dies from an accident
- Every 3 ¼ hours, a child or teen is killed by a firearm
- Every 6 hours, a child commits suicide

*Children, Families and Poverty* (from New York University's Steinhardt School of Culture, Education and Human Development; Social Policy Report, Vol. 26, No. 3, 2012) provides an inclusive overview of trends, emerging science and policy implications related to childhood poverty, identifying poverty as a major risk factor to optimal child development. It noted that poverty, as a broad range of physical-biological, cognitive-academic and social-emotional problems, can create problems that last into adulthood.

It describes how income has a clear causal effect on health and development, with a substantial difference between outcomes for poor and for those with higher incomes. Deep poverty in early childhood is especially serious, since it is associated with physical-biological, cognitive-academic and social-emotional development. During the past several years, a confluence of other circumstances have further eroded the economic stability of families: declining work rates for men, stagnant and low wages for those without advanced skills, increase in single female-headed households and pronounced gaps in educational attainment.

*Children, Families and Poverty* concluded that poverty is not a "natural state" dictated by the exigencies of labor policy and recession" and that there is room for improvement for the U. S. to address poverty. Emerging science is providing a wealth of information about how poverty affects children. While the precise pathways have not

yet been identified to show how economic investment interacts with family stress, it has been demonstrated that additional income results in “modest positive effects of income on multiple domains of children’s development.”

The report discusses theories about how income may affect outcomes for children, focusing on the family unit:

1. Economics and family sociology suggests that outcomes are affected by the investments parents make in their developmental outcome (not only material goods but also time).
2. Developmental and family sociology highlighted parental stress and how it impairs parenting practices.

In recent years, advances in neuroscience and sociology/ecological science have expanded attention to include factors beyond the family unit (internal biological processes and external environment). As previous and new information is integrated, a comprehensive interdisciplinary approach can enhance the understanding of income and poverty on children.

One of the key factors identified was in the Biological Processes in the Effects of Poverty, resulting in advances in neuroscience, pointing out:

- The stress system is considered allostasis [changing] rather than homeostasis [stability] that involves responding physiologically by adjusting from baseline in response to a stressful event
- Chronic or repeated exposure to stress will likely have long lasting consequences as the body learns to anticipate stress and setting a new baseline, affecting the cardiovascular, immune, neuroendocrine and cortical systems
- Both children and parents can be experience physiological changes as a result of poverty, with diseases possibly resulting from “higher levels of allostatic load, with concomitant disruptions in both sympathetic and parasympathetic nervous system response”
- Enhanced attention is needed for the health consequences of poverty and the coping capacity of the stress-response system
- Volatile income may disrupt the development of children by reducing the regularity of their routines
- Short recertification period policies and income limits on benefits may worsen this for families, and the availability of short-term, low-cost loans could help them across times when resources are scarce

The other key factor was Environmental Factors in Poverty Effects: Advances in Sociological/Ecological Science, related to inferior and/or toxic housing conditions and negative environments:

- Housing for low-income families with higher exposure to substandard physical characteristics (heating, sanitary conditions, environmental pollutants), higher density/crowded conditions, etc., since safety, noise and crowding are associated with greater cognitive and neuroendocrine indicators of stress and impaired child adjustment



- Disadvantaged neighborhoods provide fewer enriching amenities (parks, libraries, children’s programs) but may have greater physical and societal hazards (proximity to violence and social disorganization)
- Peer and parenting environments may have negative influences (lack of role models, less sigma for delinquency)

In discussing poverty reduction models, *Children, Families and Poverty* discussed the extremely effective Earned Income Tax Credit and Child Tax Credit programs, which are estimated to raise 7.2 million people out of poverty. It notes that because these programs encourage work, they are considered more politically acceptable benefit programs than others. It noted, however, that the programs could be increased for an even greater effect. It indicated that programs designed to advance the human capital of low-income children show promise, including improving interaction within the family and child care and educational services outside the home. It acknowledged that programs could not adequately compensate for growing up in poverty, but that specific initiatives can reduce the achievement gap. Improvements would likely be more effective if approached in a systemic and comprehensive way, rather than a patchwork system of care.



Because the youngest children spend most of their time with parents, fewer promising interventions have been identified. In-home visitation and Early Head Start have been studied, with “small positive effects on quality of parenting and school readiness for children in the infant and toddler years.” Some research efforts in recent years has “shown more modest, but still positive, short-term effects on outcomes for children” and that gains made by Head Start participation may diminish with time, without additional intervention or school reform across subsequent grades. It also noted a number of comprehensive school reform models that address the professional development of teachers and offering curriculum aligned across grade levels.

Examples of promising programs are Success for All (improving early reading skills) and programs that focus on children’s social and emotional learning (that improves academic performance, with efforts that should be sustained over multiple years for a lasting effect). It identified a few successful programs for older children that may help to reduce the cycle of intergenerational poverty (particularly schools that focus on academics, personalized attention and community relationships or the Career Academies that connect to work).

*Children, Families and Poverty* described the Conditional Cash Transfer (CCT) programs designed to reduce poverty and promote human capital development. The CCT programs have been used in Latin America, Africa and Asia, and are described as a variation of using financial incentives to change behavior. It noted a trial study of CCTs in New York City’s Social Innovation Fund and in Memphis, Tennessee.

It explained that a combination of cost-effective and publicly supportable strategies could reduce child poverty. However, additional U. S. public expenditures are needed along with a creative redesign of poverty reduction and human capital development initiatives. The alternative to moving forward with resources and creativity designed for maximum effectiveness is to do nothing more or different, resulting in continuing impairment of the nation’s economy.

*Children, Families and Poverty* explains that a cost-benefit analysis of most antipoverty programs finds they more than pay for themselves. The report supports further investigation of new scientific research and combining prevention science and developmental science can help policymakers and service providers find new

ways to enhance outcomes. It emphasized an integrated service delivery system that both targets poverty reduction and health and human capital promotion.

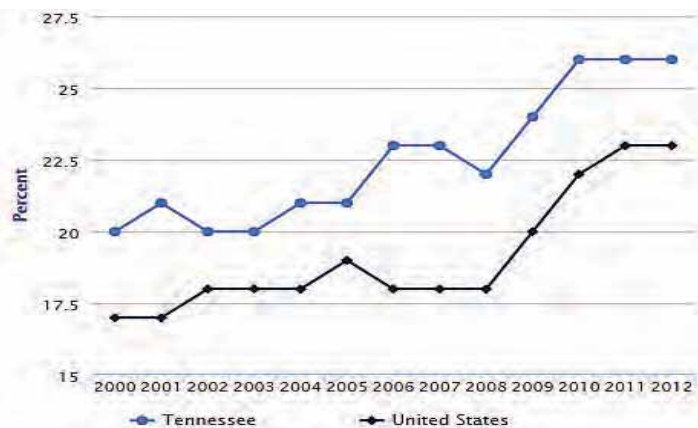
[http://steinhardt.nyu.edu/scmsAdmin/uploads/007/297/SPR\\_26%233\\_FINAL.pdf](http://steinhardt.nyu.edu/scmsAdmin/uploads/007/297/SPR_26%233_FINAL.pdf)

The Center for the Study of Social Policy focuses on various issues related to Poverty and Economic Stability (child poverty, affordable housing, workforce strategies for ex-offenders). They also study and report on the related issues of early childhood, youth, health, education, child welfare/family supports and community change.

The Center reports that poor children are more likely to have chronic health concerns, mental health problems and educational challenges, after being exposed to a disproportionate level of risk factors (inadequate nutrition, substandard housing, untreated illness). The Center promoted the creation of economic opportunity for families so they can earn adequate income and build assets so they can avoid poverty and its risk factors.

Chart P-9 shows that Tennessee’s child poverty rate was higher than for the U.S. each year from 2000 through 2012.

**Chart P-9: Percent of Children in Poverty**  
U. S., Tennessee, 2000-2012



Source: Center for the Study of Social Policy

The Center has recommended strategies for policy makers to improve financial stability for low-wage families, which can be achieved by influencing the key factors shown to contribute to family economic success:

- Increase household financial resources by encouraging employment opportunities for all who can and want to work and ensure income supports for part-time or low-wage workers and families.
- Control household costs by helping to reduce expenses associated with work (child care and transportation) and for basic necessities (such as health care and housing), and could address predatory lending practices that take advantage of families in crisis (particularly at the state level).
- Build household assets by encouraging families to increase savings and make investments in homeownership, higher education, and retirement.
- Curb household debt by addressing negative wealth-stripping practices that prey on the most vulnerable.

Some states have created bipartisan commissions to develop and implement strategies to reduce poverty, including some with specific reduction targets for indicators (Connecticut, Delaware, Illinois, Minnesota, Oregon and Vermont). These initiatives are considering and/or pursuing ways to promote higher wages, tax relief, asset building, adult education, training, and work supports (such as assistance with child care, transportation and housing).

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

In August 2008, Mary Jo Bane of the Harvard Kennedy School of Public Policy and Management prepared *Poverty Reduction Strategies for the U.S.* for the Charles Stewart Mott Foundation's project on defining poverty reduction strategies. *Poverty Reduction Strategies* provides details about how poverty can be addressed by specific strategies and how each strategy would work. Briefly, the strategies described were:

1. Construct the infrastructure for practical, well-managed poverty alleviation initiatives, including appropriate measures for assessing success and learning from experience.
2. Address food insecurity and nutrition-related health problems more effectively through the Food Stamp Program.
3. Tackle the tangle of issues connected with incarceration and its effects on communities.

*Strategies* emphasizes the complexity of poverty and the importance of a comprehensive and coordinated approach. It also incorporates the concept of evaluation of initiatives, the development of a problem-solving infrastructure and the use of evidence-based practices. Like other research, it discusses the weaknesses in the current poverty measure.

[http://www.brookings.edu/~media/events/2008/9/29%20poverty/bane\\_paper.pdf](http://www.brookings.edu/~media/events/2008/9/29%20poverty/bane_paper.pdf)

In Fall 2009, *Focus*, Professor Bane's *Poverty politics and policies* discussed the evolution in poverty-related policies, including the increased connection of benefit assistance programs with work and the significant effects of the recession that began at the end of 2007. It described the high level of conflict that has periodically occurred in public discussions of poverty and pointed out that in recent years there has been little discussion in major political races regarding poverty.

*Poverty politics* suggested possible strategies for addressing the continuing problems related to poverty:

- Changing language because of the inaccurate public perception that the word "poor" is related to unwillingness to work and dependence on government, while they are more sympathetic toward "people who can't take care of themselves." However, the mere change in language would not constitute any real change in programs or policies.
- Recognizing the importance of state, local and nongovernmental actions, because federal operations are limited because of the deficit. As a result, state and local initiatives may have the resources and flexibility to create innovative and sustainable projects to reduce poverty.
- Changing specifications of the problem and measurement by identifying specific goals and time frames, with accountability for realistic measures of progress (and evaluating and making adjustments based on what does and does not work or evidence-based practices).

- The importance of operational improvements are often overlooked by policy makers because little consideration is given to the choices that affect whether programs are seen as useful and whether interaction of participants is experienced as positive or negative. There are clear opportunities to streamline application and service delivery processes to improve the lives of the poor.

<http://www.irp.wisc.edu/publications/focus/pdfs/foc262m.pdf>

Poor children who live in areas of concentrated poverty vary by race and ethnicity. The table below shows the percent by race/ethnicity for 2006-2010. As discussed in the Economic Policy Institute’s June 2013 *The unfinished march*, living in areas of concentrated poverty is correlated with social and economic challenges, including social and behavioral problems, lower test scores, higher dropout rates, etc.

<u>Race/Ethnicity</u>	<u>% of poor children in areas of concentrated poverty</u>
White	12%
Hispanic	35%
Black	45%
Asian and Pacific Islander	21%
American Indian	39%

The report also explains that in 2009-2010, 74.1% of black children attended segregated (50-100% nonwhite) schools, compared to 76.6% in 1968-1969. Despite the continuing racial segregation, there has been a decrease in intense segregation (90-100% nonwhite) from 64.3% to 38.1% during that period.

<http://www.epi.org/publication/unfinished-march-overview/>

As noted by the Children’s Defense Fund, “Children's ability to survive, thrive and develop must not depend on the lottery of geography of birth. A child is a child and should be protected by a national floor of decency. We can and must end child poverty. It's about values. It's about priorities. It's about who we are as Americans. The greatest threat to America's national security comes from no foreign enemy but from our failure to invest in healthy and educated children.”

Based on the U. S. Census Bureau’s 2012 American Community Survey, it was noted that the poorest Americans are children, and that the poorest children are black, Hispanic and under age six.

The Fact Sheet for Children in Tennessee ranked Tennessee (with 1 being the best):

- 41st among states in percent of babies born at low birth weight.
- 49th among states in its infant mortality rate.
- 46th among states in per pupil expenditures.

<http://www.childrensdefense.org/newsroom/cdf-in-the-news/press-releases/2013/the-poorest-americans-are.html>



# Local Studies and Information

A number of organizations conduct many types of research in Davidson County. These range from scientific research from health care institutions to private research firms that conduct consumer and other surveys. Data from a few local entities is described below, particularly relating to social/human services or quality of life.

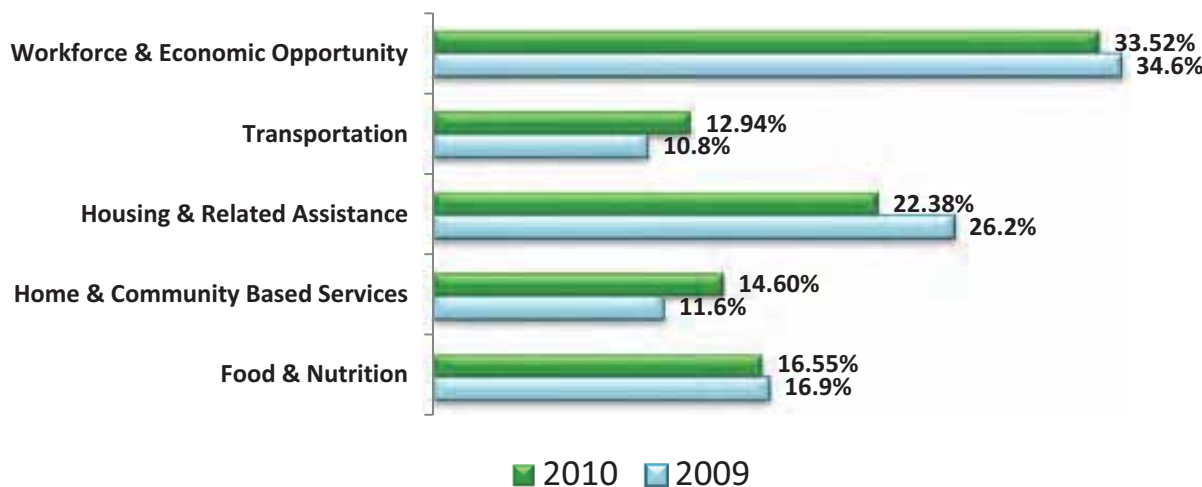
## Grassroots Community Survey

As part of each annual Community Needs Evaluation, a Grassroots Community Survey has been conducted among clients of organizations that serve those who are in need (the county office of the Tennessee Department of Human Services, Metro Social Services, Metro Action Commission, Catholic Charities, Volunteer Income Tax Assistance Program of United Way, Salvation Army and others). A series of questions asked respondents to identify the overall greatest need, as well as subcategories in each of those needs.

The surveys in 2009 and 2010 included 5 needs, while the 2011, 2012 and 2013 surveys expanded to include 8 needs. Each topical section of the Community Needs Evaluation reports on the questions specific to those sections.

In 2009 and 2010, Workforce and Economic Opportunity was the most frequently identified unmet need, as reflected in Chart 28. Within that category for both years, the top two most frequently identified needs were for Help Finding a Job/Job Placement and Job Training.

**Chart 28: Greatest Unmet Need**  
Grassroots Community Survey, 2009-2010



Source: MSS Grassroots Community Survey, 2009-2010

For the 2011, 2012 and 2013 Grassroots Community Surveys, more categories were added from which respondents were asked to identify the greatest unmet need. The chart below shows that for all three years, Housing & Related Assistance and Workforce & Economic Opportunity were frequently identified as the “largest

gap between the services now available and what is needed.” The need for Health was identified at a higher rate in 2013, possibly because of the additional attention to that issue because of the Affordable Care Act.

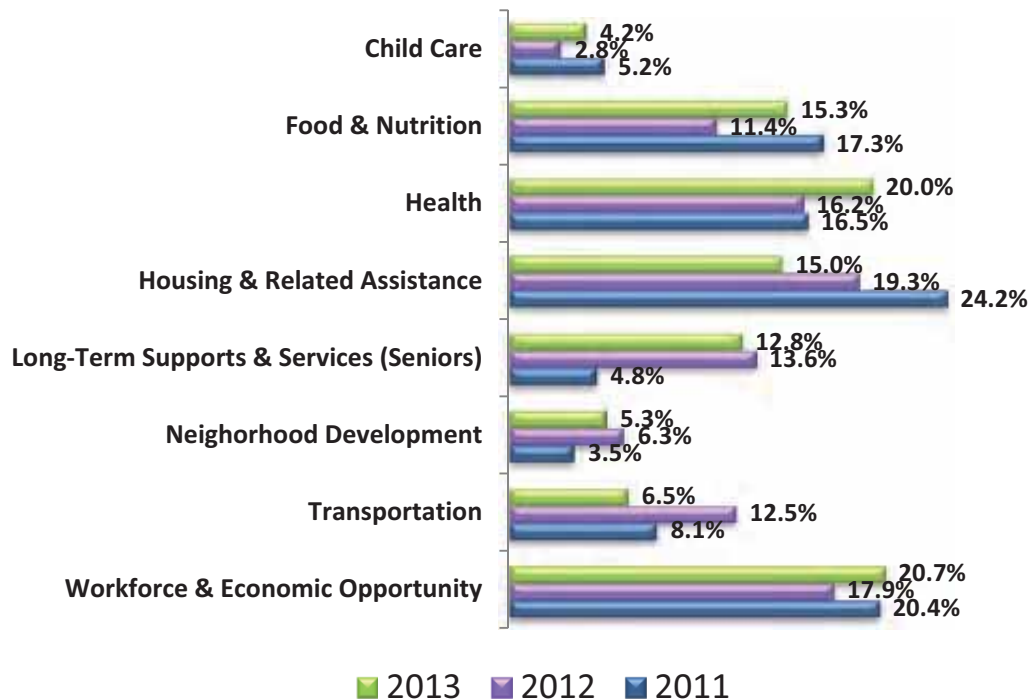
The elevated number of times Health was identified in 2013 appears to have decreased the numbers for some categories. However, Workforce & Economic Opportunity continued to be identified most frequently.

It is important to examine the responses in a comprehensive way. For example, in a separate question about Housing & Related Assistance, respondents most often identified the need for Help Paying Utility Bills and Section 8 Vouchers for rent subsidies. However, those who identified Housing & Related Assistance may also need services in the area of Workforce & Economic Opportunity. Many who are unable to pay their utility bills and rent are in that situation because they are unemployed or underemployed.

As discussed in the Community Needs Evaluations, adequate employment is the way most people achieve financial stability. As a result, it is likely that other unmet needs could be addressed through the benefit of enhancing employment for those in economic distress. In addition, less frequently identified needs may also be connected with other needs, or could serve as barriers to self-sustainability through employment. An example would be respondents who identified the lack of child care or transportation, and who might then identify Workforce & Economic Opportunity if their barriers to employment were addressed.

Because the Grassroots Community Survey was conducted beginning in 2009, there is no data to compare from before the recession began at the end of 2007. However, it is important to note the consistency with which Workforce & Economic Opportunity and Housing & Related Assistance continue to be frequently identified across the 5-year period during which surveys were conducted, as reflected in Chart 29.

**Chart 29: Greatest Gap in Services**  
Grassroots Community Survey, 2011-2013



Source: MSS  
Grassroots  
Community  
Survey, 2011-  
2013



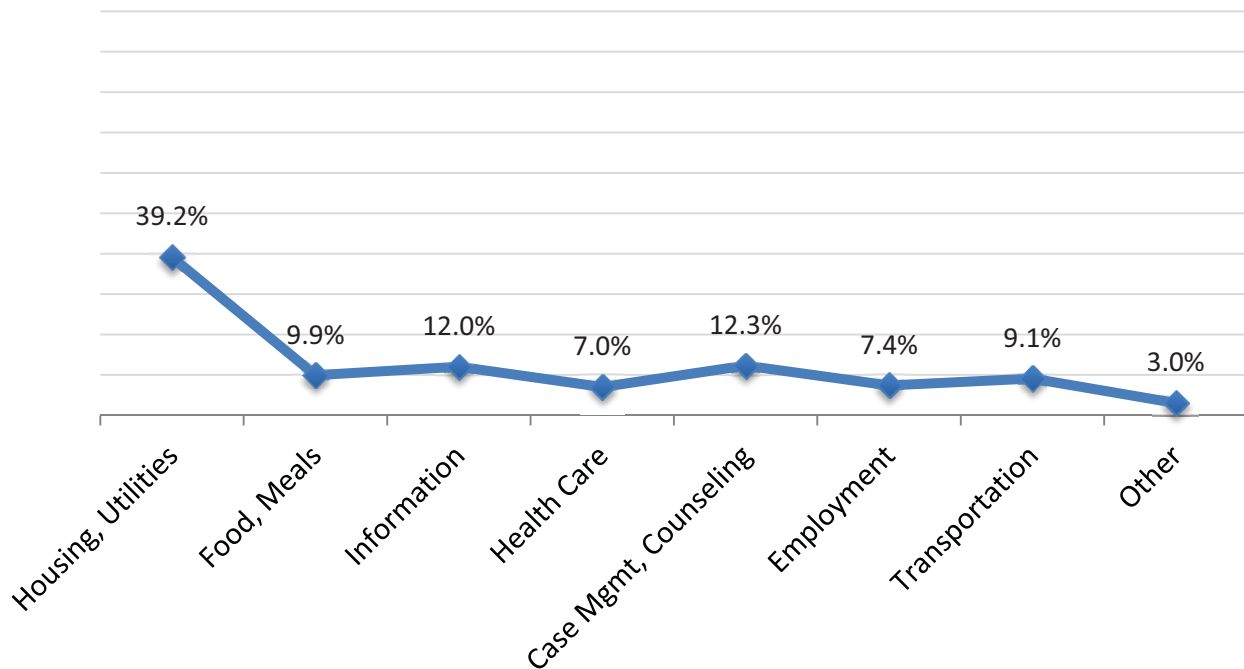
## Metropolitan Social Services - Front Desk Survey

From July through October 2013, people who visited Metropolitan Social Services to seek assistance were asked to identify their needs. The time frame for the survey was chosen for convenience. The survey was conducted in the reception area before participants talked with social workers. Participation was anonymous and voluntary.

The charts below show an elevated need for Housing & Related Assistance (discussed further in that section). It is important to note that these findings are consistent with United Way's 2-1-1 and the Grassroots Community Survey in showing the need for assistance with the expenses of maintaining housing (rent, utilities, etc.).

Chart 30 shows the percentage of the total boxes selected on all surveys, with Housing/Utilities checked the greatest percentage of the time, followed by Case Management/Counseling and Information. Other needs were identified less than 10% each.

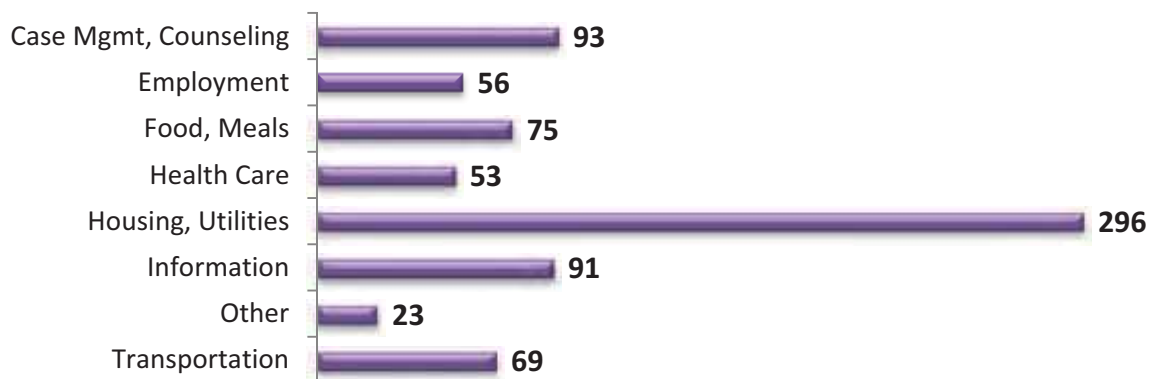
**Chart 30: Percentage of Needs Identified by Walk-In MSS Customers**  
July-October 2013



Source: MSS Front Desk Survey 2013

Among the 388 respondents, Chart 31 shows the number of times they identified needs. Some people indicated more than one need, so the total number of needs selected was greater than the number of respondents. Among the respondents, 87.5% of them identified a need for Housing/Utilities.

**Chart 31: Number of Times MSS Walk-In Customers Identified Needs**  
July-October 2013



Source: MSS Front Desk Survey 2013



### Metropolitan Social Services – Direct Services

Metropolitan Social Services (MSS) provides a range of services to help Davidson County residents who are in need. These services promote positive change for individuals and families in times of crisis and economic hardship. The activities of Metro Social Services are guided by a seven member Social Services Board of Commissioners. This independent commission is appointed by the Mayor and confirmed by the Metropolitan Council. Board members are appointed to five-year terms.

Services include Information & Referral, Counseling, Case Management, Homeless Services, Senior Nutrition, Homemaker Services, Burial Services and Planning & Coordination. Below is a data snapshot of the clients served by Metropolitan Social Services from July-December 2013.

### Senior Nutrition

During July-December 2013, the Senior Nutrition program provided 94,089 meals to elderly or adults with disabilities, at various community congregate meal sites and in home-delivered meals for those who are homebound. It provided 7,565 trips through MTA's AccessRide for those who did not have transportation. The data for the Senior Nutrition program is maintained in a separate database developed by a major funding source that is used regionally. As a result, the data for the Senior Nutrition Program is not reflected below.

### Burial Services

From July through December 2013, 66 burial services were provided (interment, cremation).

### All Other Programs - Demographics

Chart 32 below shows the age categories of clients served by Metropolitan Social Services in all other programs. The 41-50 age category included 23% of clients, followed by 31-40 at 20.8%. The older age categories would generally include Homemaker Services clients.

The clients served by Metro Social Services are somewhat older than the general population (which has the highest proportion in the age 25-34 category), in part because of the large number of older people served in the Homemaker Program. The small number of those below age 18 are Homemaker services contracted by the Tennessee Department of Children's Services to prevent children entering foster care.

**Chart 32: Metro Social Services Customers By Age Category**  
July-December, 2013

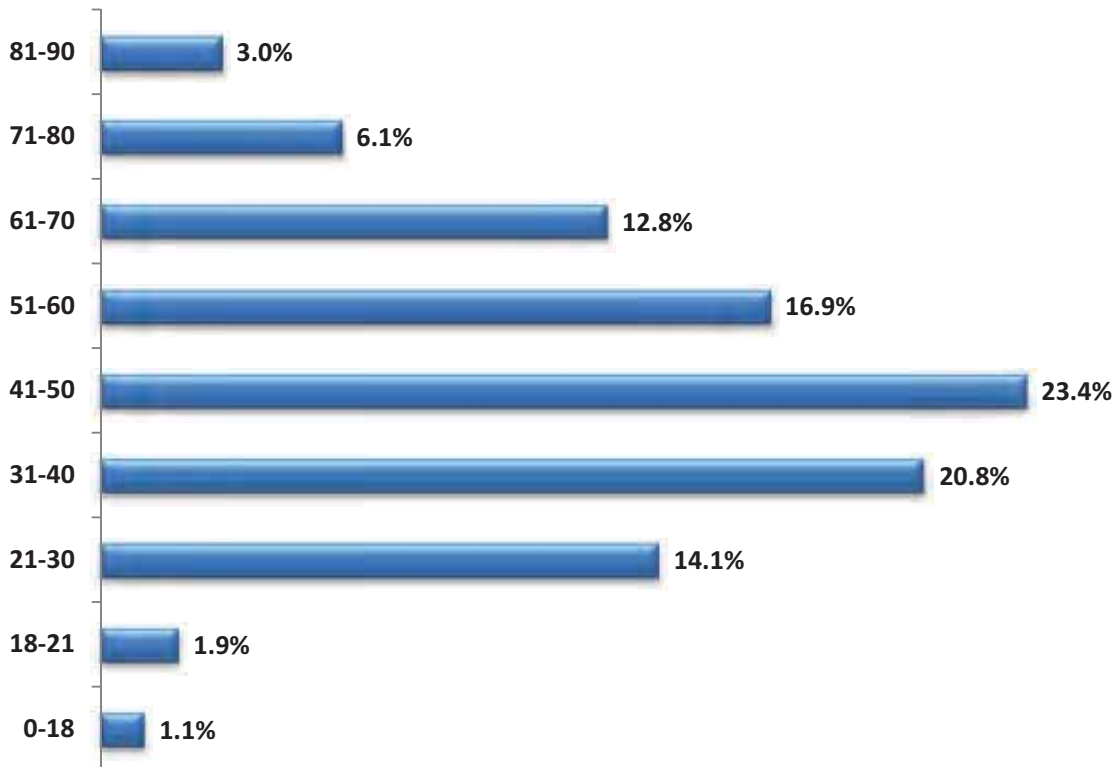
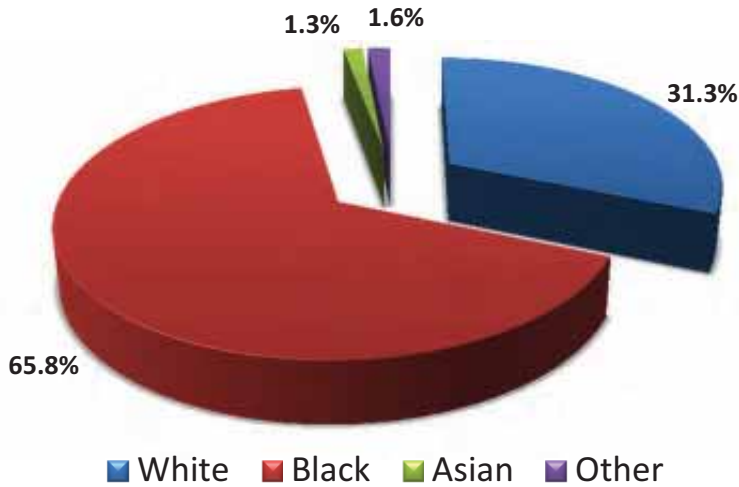


Chart 33 shows the racial categories of clients in all programs except the Senior Nutrition Program. With 65.8% of clients served being Black, this is a far higher proportion than the overall population of Davidson County of 28.0%.

**Chart 33: Metro Social Services Clients By Race**

July-December 2013



While the Davidson County population is evenly split between males and females, Metro Social Services clients are disproportionately female (74.1%), as shown in Chart 34.

**Chart 34: Metro Social Services Customers by Gender**

July-December 2013

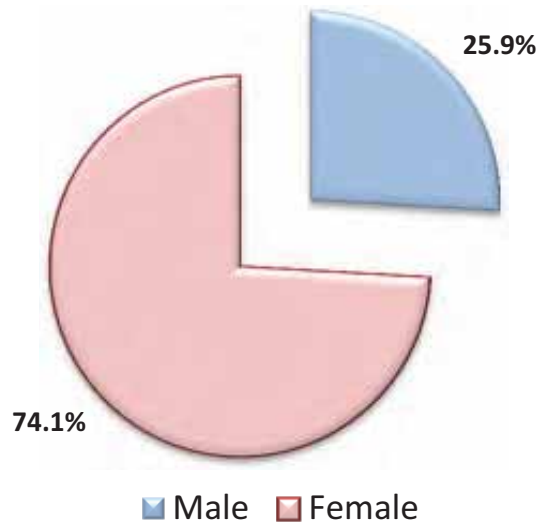
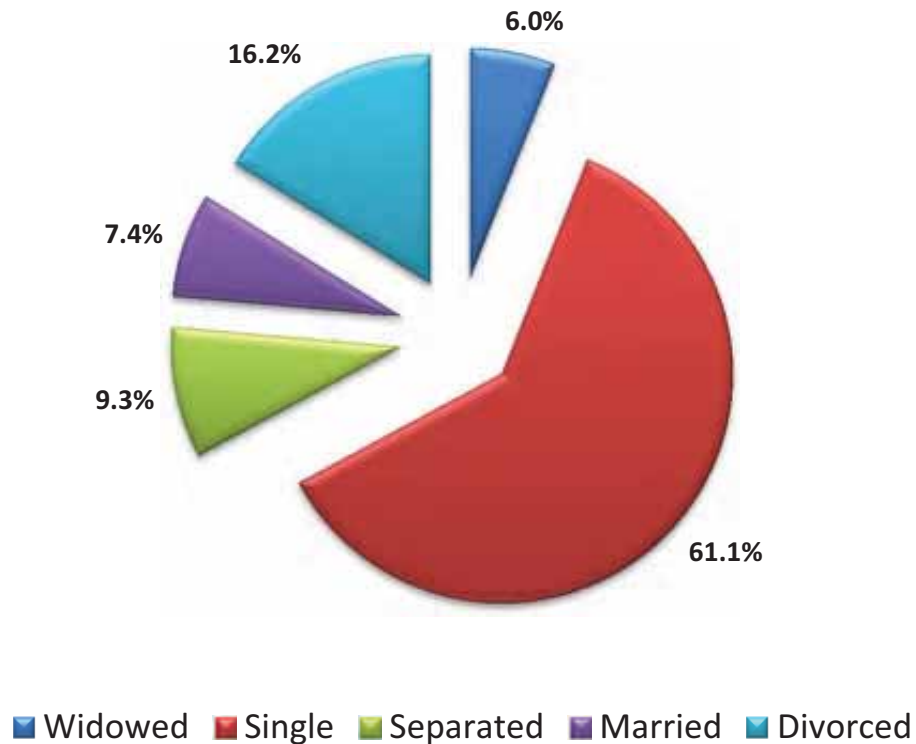


Chart 35 below shows that Metro Social Services clients were more likely to have a marital status other than married than Davidson County overall, with 7.4% of clients married compared to married Davidson County residents (36.7% males, 41.5% females).

**Chart 35: Metro Social Services Customers by Marital Status**  
July-December 2013



### **Homeless Services and Family Support Services**

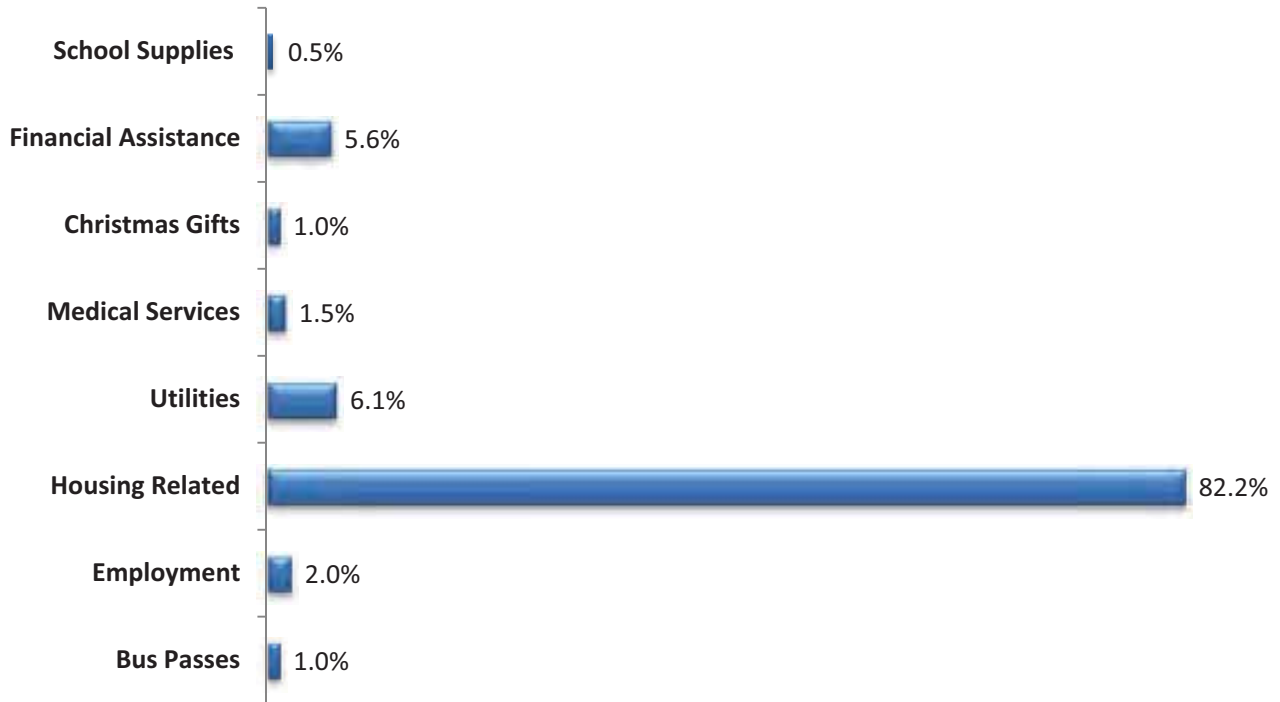
Most of the social work and/or case management at Metro Social Services is provided through the Homeless Services and Family Support Services Programs. These programs are designed to serve the most vulnerable people in Davidson County. (This does not include the Metropolitan Homelessness Commission programs, which are reported separately by the Homelessness Commission.)

For decades prior to 2005, Metro Social Services provided Financial Assistance/Home Management through which funds were provided to low-income families to help them maintain and stabilize their households. Even after those funds were discontinued, many people come to Metro Social Services because the need for financial assistance is far greater than the combined resources available in other agencies to provide services, particularly during the recession and the slow recovery that continues.

Chart 36 shows the various types of assistance requested by clients. Most identified needs related to housing (obtaining housing, maintaining housing, paying rent, etc.).

**Chart 36: Metro Social Services Clients by Assistance Requested**

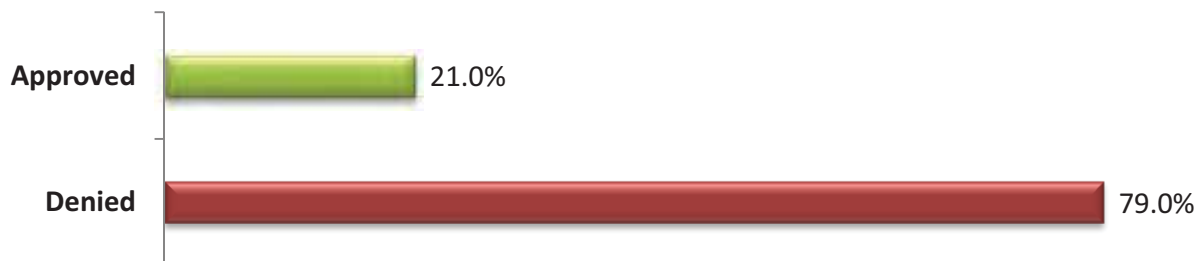
July-December 2013



One component of addressing the unmet need for financial assistance is Rooftop Foundation’s partnership with Metro Social Services. Applicants are screened and verified by Metro Social Services and for those who are eligible, Rooftop provides limited financial assistance to the extent resources are available. Similar to other providers of financial assistance, there are times when funds have been exhausted. As a result, financial assistance is often unavailable, even for those who meet the eligibility requirements, as shown in Chart 37.

**Chart 37: Requests by Metro Social Services Clients for Rooftop Financial Assistance**

July-January 2013





In 2004, United Way of Metropolitan Nashville and its partners developed United Way’s 2-1-1 Helpline. The Call Center provides information and referral for community services in Davidson County and other regional counties. It provides help 7 days a week, 24-hours a day, staffed by Family & Children’s Services, with information also available online at [www.211tn.org](http://www.211tn.org).



Davidson County has complex system of public and private service providers, for which 2-1-1 serves as a central point of information. Individuals and organizational representatives use 2-1-1 as an effective tool to identify specific resources to help meet needs.

In addition to 2-1-1’s role as a central point of data for information about Nashville’s 2,000 service providers, other organizations focus on specific populations (Aging and Disability Resource Connection, Disability Pathfinders, etc.).

For the last decade, 2-1-1 has tracked needs identified by callers and referrals made to agencies that could provide assistance. Below is a list of categories of calls with descriptions about each.

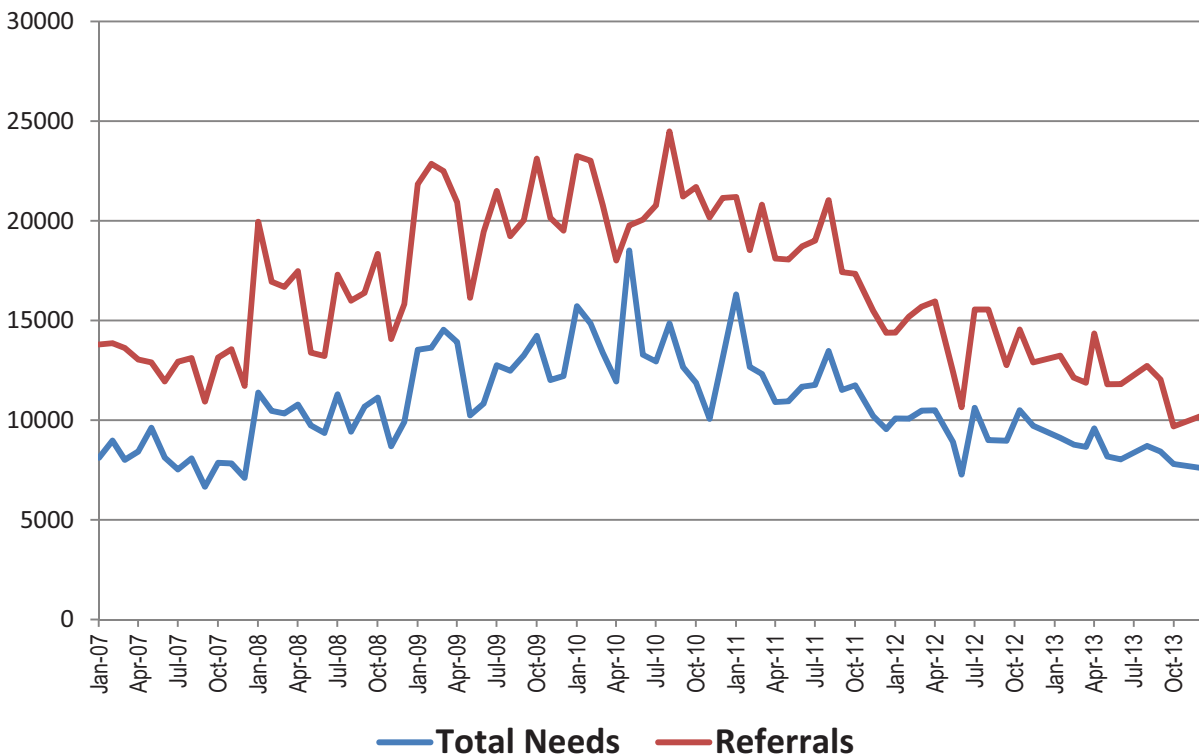
Category	Definition
<b>Arts, Culture and Recreation</b>	Camps, physical fitness, parks
<b>Clothing/Personal/Household Needs</b>	Furniture, clothing, cell phones, fans/AC, diapers, appliances
<b>Disaster Services</b>	Disaster relief/recovery organizations, FEMA, preparedness
<b>Education</b>	GED, adult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

<b>Mental Health/Addictions</b>	Crisis intervention, domestic violence hotlines, counseling, substance abuse, mental health facilities
<b>Other Government/Economic Services</b>	Waste management, streets, building safety, public works
<b>Transportation</b>	Gas money, medical appointment transportation, traveler's aid, greyhound
<b>Volunteers/Donations</b>	Donation pickups, volunteer opportunities

Chart 40 shows the number of calls to 2-1-1 by number of needs and referrals. It shows that 2-1-1 consistently receives calls requesting help more than there are agencies available to meet the needs. For example, if calls seek assistance that is not available, there would be no organizations to which calls could be referred (such as times when the resources in an organization are depleted).

In addition, more than one referral is sometimes made for each need, suggesting that a single organization may not be able to meet the need. The number of referrals for each need has increased from 1.6 in 2007 to 2 in 2012. Chart 38 below shows that during each month of operation since 2007, more needs have been identified than the number of referrals that could be made. (The peak in 2010 was related to the flood in Nashville.)

**Chart 38: Calls to 2-1-1, By Needs and Referrals**  
January 2007-October 2013

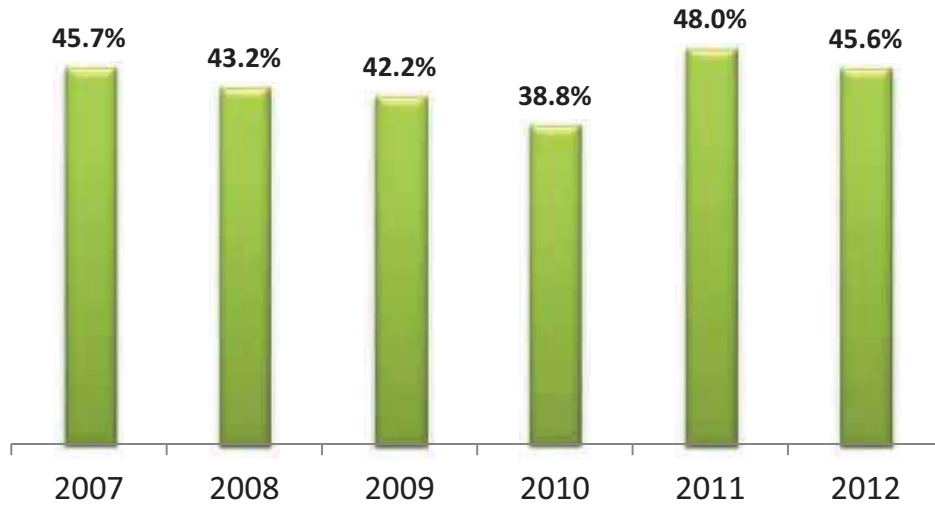


Source: United Way of Metropolitan Nashville



In 2007, United Way received more than 44,000 calls for basic needs. This number has increased to more than 50,000 each year (51,515 in 2012). Chart 39 shows the percentage of calls that were for basic needs.

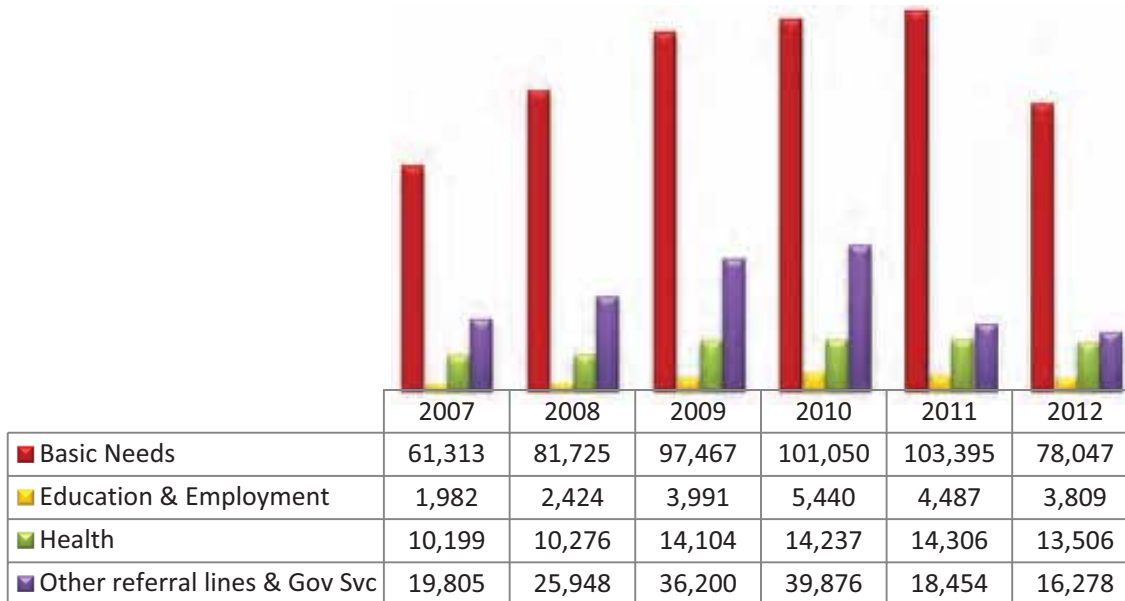
**Chart 39: Percent of 2-1-1 Calls for Basic Needs**  
2007-2012



Source: United Way of Metropolitan Nashville

Chart 40 compares categories of calls across categories, showing that most calls each year are for basic needs. (Calls related to volunteering or making donations are not shown.)

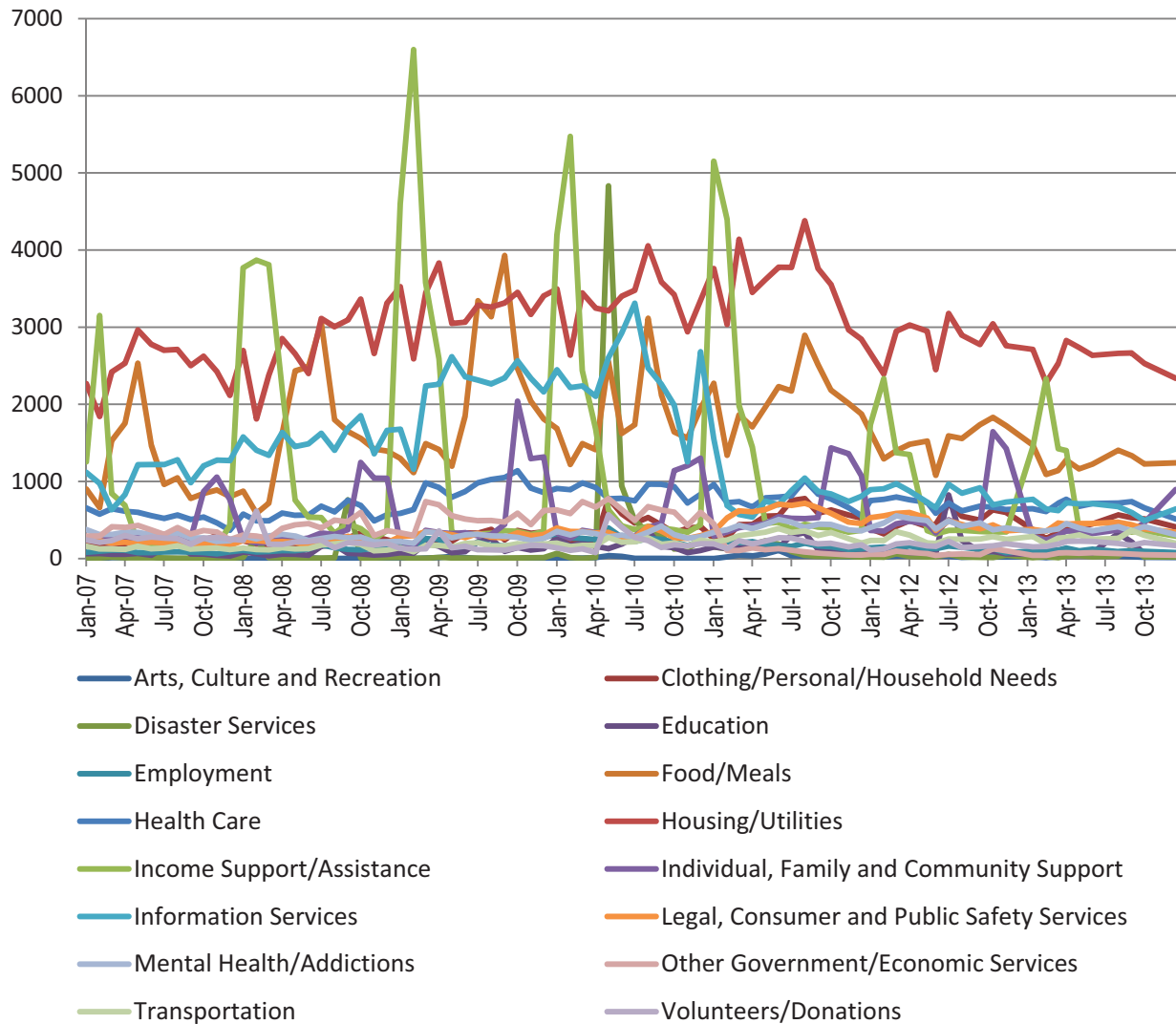
**Chart 40: Calls to 2-1-1 By Category**  
2007-2012



Source: United Way of Metropolitan Nashville

Chart 41 shows the wide variation in needs identified in calls to 2-1-1. The need for Housing/Utilities remains high consistently, with peaks in requests for Income Support/Assistance.

**Chart 41: Calls to 2-1-1 by Category**  
January 2007-November 2013



Source: United Way of Metropolitan Nashville



The NashvilleNext initiative is developing a “comprehensive, countywide plan which will address our many diverse communities.” The process includes the stages of Community Input & Speaker Series (Fall 2012-Summer-2013); Creating the Vision (Summer 2013-Fall 2013); Mapping Future Growth & Preservation (Fall 2013-Fall 2014); Making Policy Decisions (Spring 2014-Fall 2014); and Creating and Adopting the Plan (Fall 2014-Summer 2015). The initiative includes a broad array of topics related to quality of life but addresses poverty only peripherally.

<http://www.nashville.gov/Government/NashvilleNext.aspx>

A series of background reports were created on Demographics; Regionalism; Libraries; Safety; Infrastructure; Transportation; Historic Preservation; Poverty; Health, Livability and the Built Environment; Housing; Homelessness; Children and Youth; Adaptation & Sustainability; Natural Resources & Green Spaces; Education; Economic & Community Development; Arts & Culture; and Equity & Inclusion. These were created by local experts and provide valuable information about a variety of issues.

<http://www.nashville.gov/Government/NashvilleNext/Background-Reports.aspx>

In November 2012, a **Synopsis** was released about the NashvilleNext Survey, which included a telephone survey of 1,000 members of the general public (calibrated to the 2010 U. S. Census for race/ethnicity and income), as well as in-depth interviews with 100 community leaders. It provided conclusions about the positive factors identified about Nashville. It noted that there is excellent intra-community leader cohesion, with some gaps between leaders and the general public.

The report described the almost-universal feeling that K-12 education is a weakness, although there were ideas about how it could be improved. It further noted that affordability is under the radar and that small business support seems to be invisible, with multiculturalism being embraced but with a need for greater linkage and culture connectivity.

Initial recommendations addressed the need to increase college educated volunteer mentors for K-12 and support services for their parents; solve the translator problem with innovation and technology; examine a non-mandatory demonstration in willing neighborhoods of inclusionary zoning/land trust policy as a means to solve affordability, multicultural linkages and some education problems; focus on dramatically increasing young professionals, seniors, local business owners and Hispanics in the planning process; and celebrate and market small local businesses and independent business districts with more passion and sophistication.

In July 2013, **Phase 1 Results** was released and describes how Nashvillians were involved (meetings, information booths at events, online and in social media). The report described the various activities at which input was received, with photographs, graphics and narratives. Participation included 3,389 inputs, 5,851 coded comments and 2,637 up-votes, as described in the adjacent graphic.

Idea codes	All comments	Comments by question		
		Love	Improve	Future
Transit	877	5	459	374
Stronger schools	531	32	287	199
Parks, greenways, and open space	478	202	121	116
Walkable	407	21	203	164
Sense of community	385	300	8	38
Diverse Nashville	352	164	63	76
Bicycling	225	18	117	72
Entertainment opportunities	222	127	17	49
Urban living	212	46	85	74
Diverse arts & music	197	128	20	35

In October 18, 2013, the **Phase 2 Results** report was issued. It noted that that Phase 1 collected more than 8,000 ideas and surveyed 1,000 members of the general public, which were condensed by Planning staff into 37 visioning areas. Three of those were identified as “givens” because of the overwhelming support:

1. Safe communities: All of our residents are safe to go about their lives in their neighborhoods, parks, and shopping areas, because we look out for each other.
2. Strong public school: Nashville public schools give all Nashvillians the start they need to succeed in life. Our schools draw new residents to the city.
3. Efficient government: Metro government serves its people well, giving great customer service, serving as the steward of the public interest, and providing good value for the taxes we pay.

The other 34 selected by the Planning staff are listed below, with the number of times each vision issue was mentioned, listed by highest frequency to lowest.

1. Affordable living (1,833)
2. Transit (1,780)
3. Growing economy (1,406)
4. Walkable neighborhoods (1,351)
5. Strong neighborhoods (1,128)
6. Friendly culture (1,093)
7. Green living (1,025)
8. Reduce homelessness (1012)
9. Music (988)
10. Local food and agriculture (981)
11. Adequate infrastructure (977)
12. Youth opportunities (885)
13. Natural resources (865)
14. Preserve history (844)
15. Open space (772)
16. Community equity (755)
17. Local businesses (741)
18. Community diversity (711)
19. Arts and creativity (654)

20. Wellness and healthcare (652)
21. Automobiles (643)
22. Workforce training (640)
23. Housing choices (620)
24. Community support (618)
25. Family entertainment (614)
26. Active living (583)
27. Sports (580)
28. Colleges and universities (522)
29. Urban living (487)
30. Senior opportunities (456)
31. Bicycling (427)
32. Investment in older neighborhoods (366)
33. Rural preservation (344)
34. Suburban living (129)

The **Phase 2 Results** indicated the top five issues, from several specific demographic groups (gender, age category, area of residence, type of household, renters compared to homeowners, length of time in Nashville, native-born or foreign-born, educational attainment, race/ethnicity. It described results from the community meeting participants who played “Be the NEXT Mayor Nashville,” in which participants worked in groups to select five priority visioning ideas, developed 109 campaign platforms and rated the level of support among 34 campaign issues.

**Phase 2 Results** provided the information described in the Phase 2 Preliminary Results above, along with information from the Phase 1 report. The NashvilleNext Steering Committee reviewed the public input from Phases 1 and 2 and drafted the Guiding Principles that are described in detail online.

<http://www.nashville.gov/Portals/0/SiteContent/Planning/docs/NashvilleNext/next-prioritizing-FinalResults.pdf>

Steering Committee members: <http://www.nashville.gov/Portals/0/SiteContent/Planning/docs/NashvilleNext/next-steeringcommittee.pdf>

The Community Engagement Committee was composed of community leaders and was designed to ensure that all local citizens were reached, including those previously underrepresented. Committee members:

[http://www.nashville.gov/Portals/0/SiteContent/Planning/docs/NashvilleNext/next\\_CommunityEngagementCommittee.pdf](http://www.nashville.gov/Portals/0/SiteContent/Planning/docs/NashvilleNext/next_CommunityEngagementCommittee.pdf)

## Mobilizing for Action through Planning and Partnerships (MAPP)



In 2013, the Healthy Nashville Leadership Council was appointed to develop a community-wide health assessment (Mobilizing Action through Planning and Partnerships-MAPP). The Healthy Nashville Leadership Council serves as the steering committee for the MAPP process. Several committees were established to collect, assess and report on issues in Nashville (Community Themes and Strengths Assessment, Local Public Health System Assessment, Community Health Status Assessment and Forces of Change Assessment).

The Community Themes and Strengths Assessment Committee conducted an electronic Quality of Life Survey (of 1,038 participants over age 18 who resided in Davidson County), 4 Listening Sessions (primarily in low/middle income areas) and created Asset Maps based on organizations (divided into 16 different service categories) represented in United Way's 2-1-1 database. It is anticipated that the report for the MAPP process will be released later this year.

<http://www.nashville.gov/News-Media/News-Article/ID/1435/MAYOR-DEAN-ANNOUNCES-NEW-HEALTHY-NASHVILLE-LEADERSHIP-COUNCIL>

<http://www.nashville.gov/Mayors-Office/Priorities/Health/Healthy-Nashville-Leadership-Council.aspx>



Community Research Partners is an organization created by the Meharry-Vanderbilt Community Engagement and Research Core (CERC), which brings together academic and community partners to use research to improve community health and health care. Community partners include health and social service providers, faith organizations, public health and health-focused coalitions. CERC builds sustainable, mutually beneficial partnerships to improve community health, as well as providing mini-grants, training and consultation. Specific research reports and documentation is available online.

<http://communityresearchpartners.net/>

# Food & Nutrition

## Key Findings

- Tennessee ranks 6th among all states in Food Hardship.
- One in six Americans, including 16.2 million children, struggle with hunger.
- The percentage of Food Insecure households is higher in Davidson County than in Tennessee and the U.S.
- Of all states, Tennessee ranks 5<sup>th</sup> from the bottom of Seniors facing the threat of hunger.
- SNAP funding cuts have further eroded the food budgets of low-income persons.
- Supplemental Nutrition Assistance Program (formerly food stamps) participation has remained high both nationally and locally.
- Unemployment, lack of affordable housing, substance abuse and low-paying jobs are primary causes of food insecurity for households.

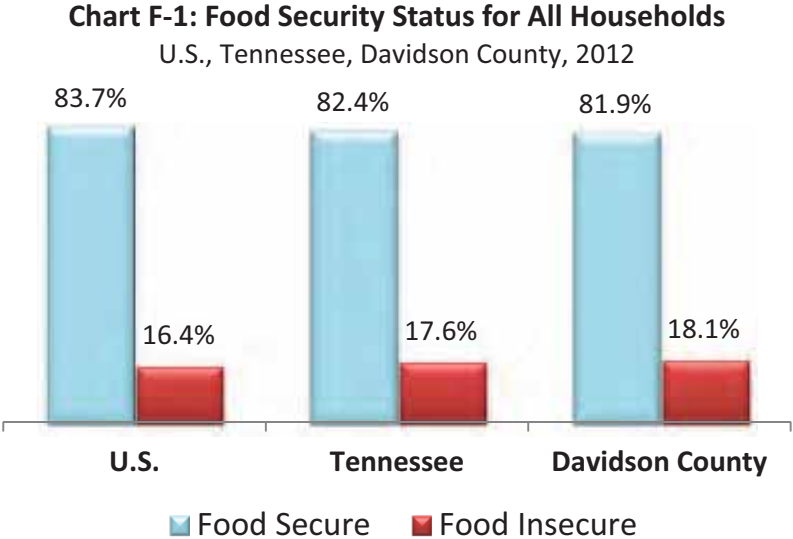
## Food Security

United States Department of Agriculture determines food security in ranges. High food security indicates there are no problems with food access or limitations, and low food security is associated with disrupted eating patterns and reduced food intake. Food insecurity has been linked to detrimental physical and mental health effects for persons who do not receive enough nutritious foods. In addition, food insecurity can have negative consequences for pregnant women and overall child well-being.

<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>  
<http://feedingamerica.org/hunger-in-america/impact-of-hunger/physical-and-mental-health.aspx>  
<http://www.ers.usda.gov/publications/err-economic-research-report/err155.aspx>

Chart F-1 shows that Food Insecurity for Davidson County households is higher than Tennessee and the United States in 2012. Households that are food insecure are concerned about having enough money to pay for food during the month and in some cases are not sure where their next meal will come from.

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



According to the United States Department of Agriculture’s 2012 Economic Research Service Report on Household Food Security in the United States:

- 16.4% of U.S. Households were food insecure.
- 22.4% of U.S. Households with children were food insecure.
- 59% of food insecure households reported using a Federal Food Assistance Nutrition Programs such as food stamps, WIC, free or reduced price school lunch or summer food program.

<http://www.ers.usda.gov/publications/err-economic-research-report/err155.aspx>

### Child Food Insecurity

Nearly one in five children in the United States is considered food insecure. Food insecurity rates are much higher among households with children, so child food insecurity rates are considerably higher than the overall food insecurity rates. According to Feeding America’s *Hunger in America* study in 2012, the overall food insecurity rate for the United States was 16.4%, lower than the child food insecurity rate for the nation of 22.4%. In Tennessee, the rate was 17.6% for the total population and 25.1% for children under age 18. Tennessee ranked in the top 20 of states with the highest food insecurity rates overall and for children.

The primary causes of child food insecurity rates are high unemployment and below median household incomes. Unemployment rates for children who live in food insecure households was 13% while the national average was 9.6% and median household income for food insecure households with children was \$36,597, much lower than the national average of \$58,035 median household income. Several studies have demonstrated the negative impact of hunger and food insecurity on cognitive, social and physical development skills of young people.

Federal nutrition programs targeting households with children include the National School Lunch Program, School Breakfast Program, Summer Food Service Program, Women Infants and Children Program and the Child and Adult Care Food Program. In addition, 45% of Supplemental Nutrition Assistance Program formerly called the food stamp program participants are children under age 18.

<http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~media/Files/a-map-2011/2011-mm-g-exec-summary.ashx>

**Chart F-2: Food Security Status for Households with Children**

U.S., Tennessee, Davidson County, 2012

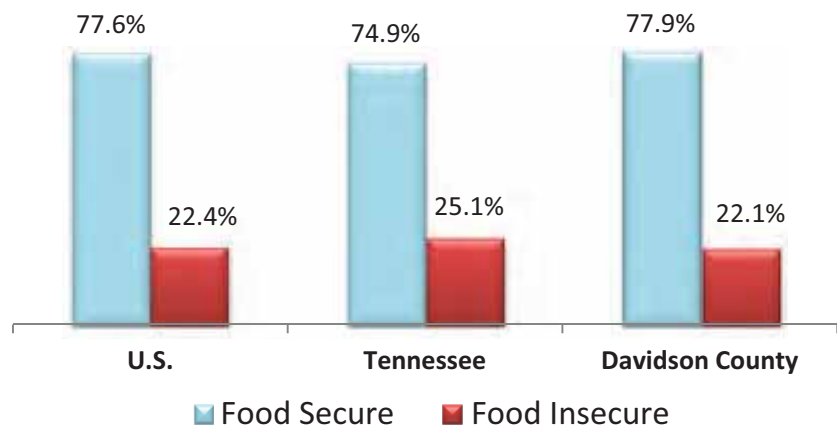


Chart F-2 shows the percentage of households in the U.S., Tennessee and Davidson County with children that were either food secure or food insecure in 2012.

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



According to the United States Department of Agriculture's *Household Food Security in the United States 2011* report, enrollment in the three major federal nutrition programs (Women Infant and Children, Free or Reduced Price School Lunch and Supplemental Nutrition Assistance Program) continues to increase.

### Hunger in Davidson County

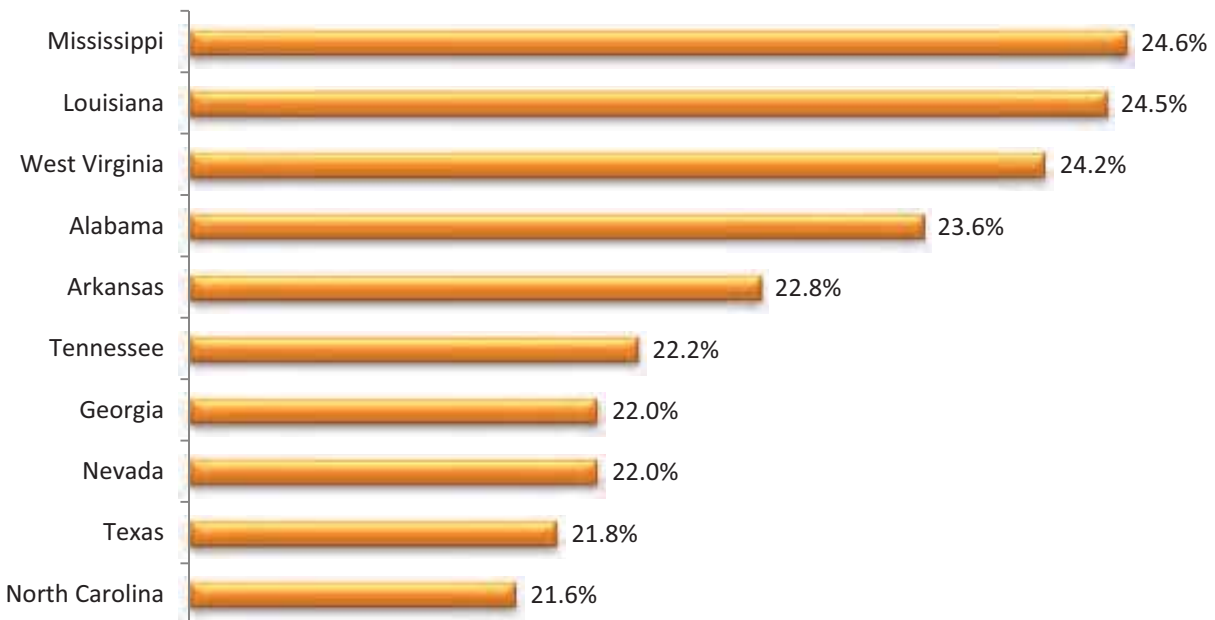
The U.S. Conference of Mayors *2012 Status Report on Hunger and Homelessness* indicates that in Nashville, there is an effort by some agencies to increase the quality of food but other agencies have begun to cut back the number of food bags persons may receive. The report indicates that 30% of the requests for emergency food assistance went unmet in Nashville Davidson County. The report identified the primary causes for hunger in individuals and households with children are unemployment, lack of affordable housing, substance abuse and low-paying jobs.

<http://www.usmayors.org/pressreleases/uploads/2012/1219-report-HH.pdf>

### Food Hardship in Tennessee

The Food Research and Action Center's *Food Hardship in America 2012*, ranked Tennessee as 6th among the top ten states in which residents struggled to afford needed food items. In 2011 Tennessee ranked 8<sup>th</sup> among the top ten states. As indicated in Chart F-3, in Tennessee, one-in-five persons are without enough money to afford adequate food.

**Chart F-3: Percent of Residents Without Enough Money for Food**  
Among Top 10 Food Hardship States, 2012



Source: Food Research Action Center

[http://frac.org/pdf/food\\_hardship\\_2012.pdf](http://frac.org/pdf/food_hardship_2012.pdf)

**Second Harvest Food Bank of Middle Tennessee**

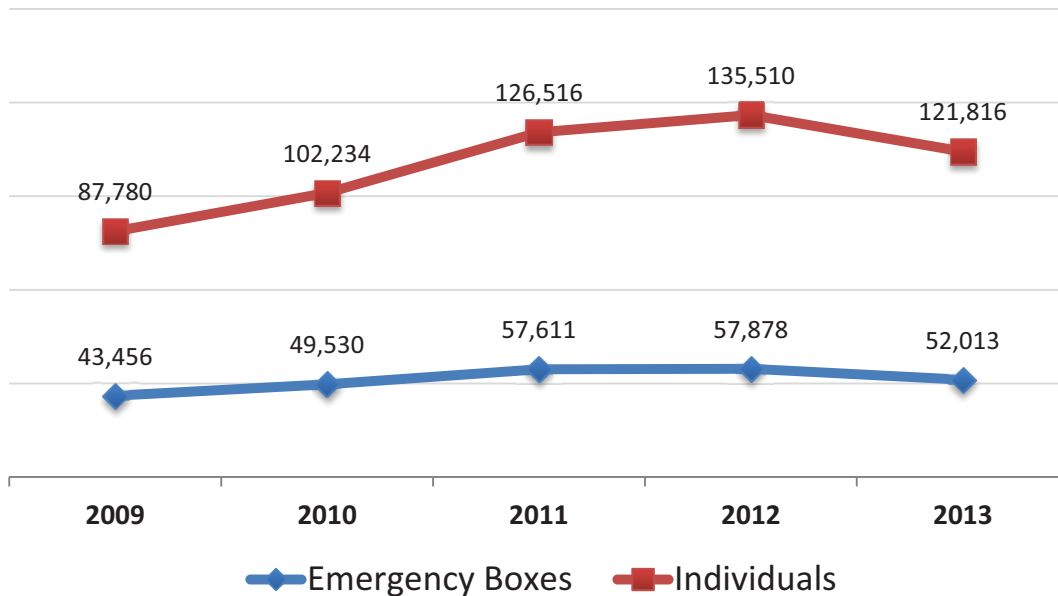
Second Harvest Food Bank of Middle Tennessee (SHFBMT) is the largest emergency food distributor in the 46-county Middle Tennessee area. Second Harvest uses a network of growers, manufacturers, wholesalers, grocery stores and individuals to donate food to their food pantries or partner organizations. Chart F-4 shows a drop in the number of boxes and individuals served during the past year. Two sites were closed during a five-week period before reopening at new locations.

SHFBMT increased its distribution of perishable food items in Davidson County by partnering with Loaves and Fishes, Our Lady of Guadalupe, Una Church of Christ and Provisions Ministries. Through this partnership, approximately 13,000 pounds of fresh produce, dairy, and bread were delivered to approximately 100 families each week.

As a result, SHFBMT has put approximately 625,000 lbs. of fresh healthy food into the county in addition to what was distributed at Emergency Food Box sites.



**Chart F-4: Emergency Food Distribution**  
Second Harvest Food Bank, 2009-2013



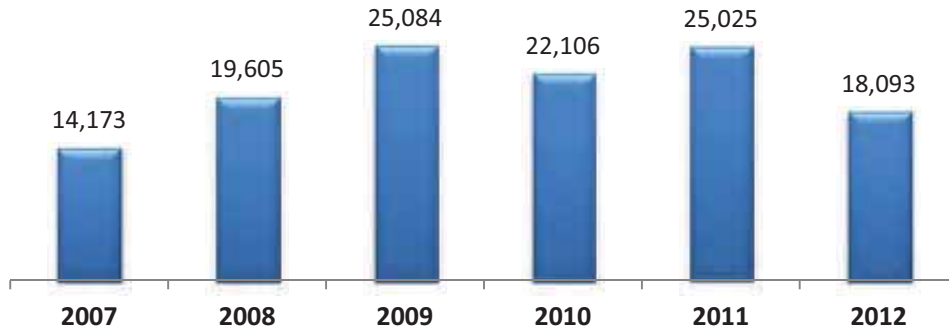
Source: Second Harvest Food Bank of Middle Tennessee

**United Way’s 2-1-1 Call Center**

As described earlier in this document, the 2-1-1 Call Center provides information about social and human service needs. From 2007 through 2012, housing and utility assistance consistently ranked highest in the number of requests to the 2-1-1 call center. Requests for Food/Meals ranked second highest in number of requests. Food request are referred to food pantries, SNAP, Meals on Wheels, Women Infant and Children (WIC) Program and others.

Chart F-5 shows the number of calls to United Way’s 2-1-1 Call Center for food/meals from 2007-2012.

**Chart F-5: 2-1-1 Calls for Food/Meals  
2007-2012**

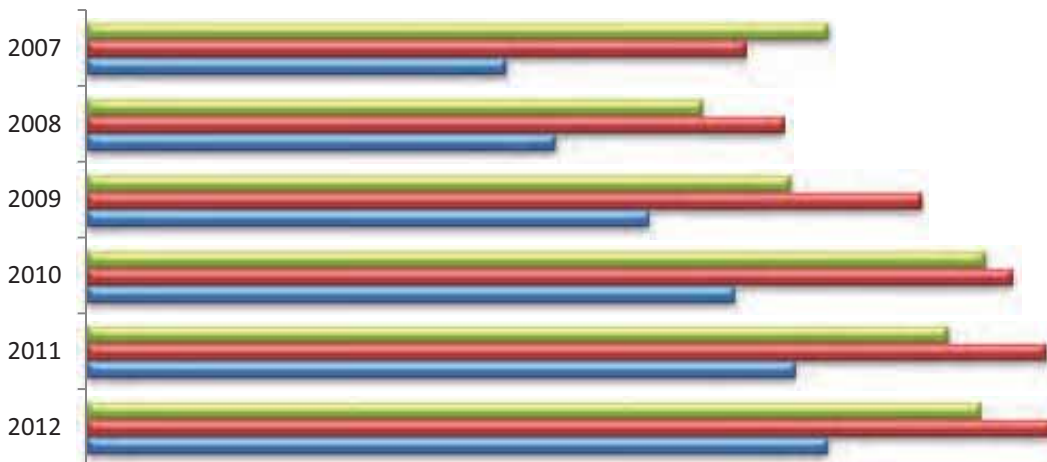


Source: United Way of Metropolitan Nashville 2-1-1 Call Center

**Supplemental Nutrition Assistance Program (SNAP)**

As shown in Chart F-6, the percentage of persons receiving SNAP benefits in the past 12 months doubled in Davidson County between 2007 and 2012 from 8.7% to 16.4%. Statewide the percentage increased by 5.6% during the same period. Nationwide the percentage increased by 5.9%. These figures indicate that Davidson County percentage of SNAP benefit users outpaced the state and national averages.

**Chart F-6: Percentage with SNAP Benefits in Past 12 Months  
U.S., Tennessee, Davidson County 2007-2012**



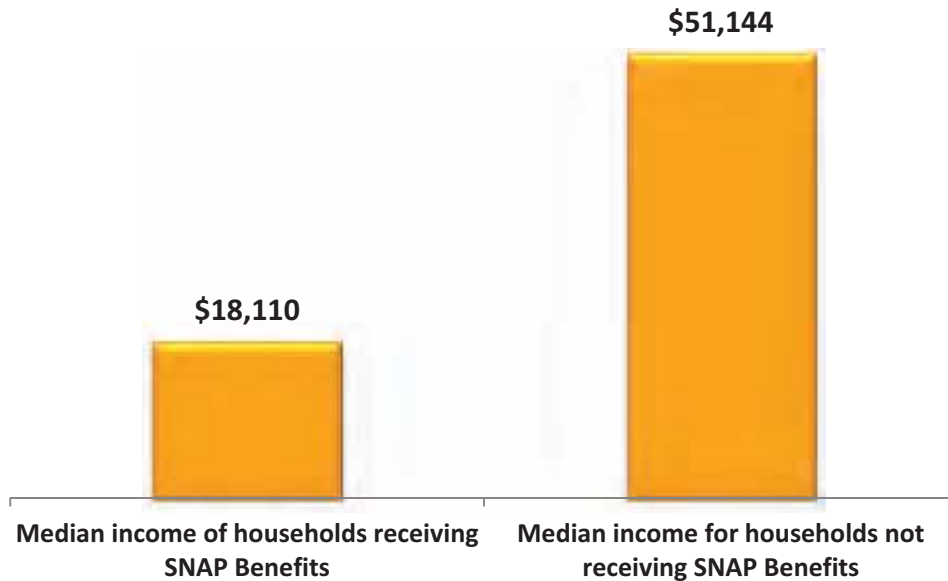
	2012	2011	2010	2009	2008	2007
Davidson County	16.4%	15.8%	16.5%	12.9%	11.3%	13.6%
Tennessee	17.7%	17.6%	17.0%	15.3%	12.8%	12.1%
United States	13.6%	13.0%	11.9%	10.3%	8.6%	7.7%

Source: American Community Survey, 2007-2012

### SNAP Benefits and Poverty

Households in poverty are far more likely to use SNAP benefits than others. As shown in Chart F-7, the median income for households that use SNAP benefits is \$18,110 compared to the median income of \$51,144 for households not using SNAP benefits. SNAP benefits are essential to not only persons below the poverty level but data shows that 9.1% of households not in poverty received SNAP benefits due to their incomes being barely above the official poverty measure.

**Chart F-7: Median Income for households Receiving and not Receiving SNAP benefits**  
Davidson County 2012



Source: 2012 American Community Survey

### SNAP Utilization Projections

The Congressional Budget Office predicts that SNAP participation will decline over the next ten years, as the economy improves and more people become employed. The report indicates that the decline may begin as early as 2014.

SNAP participation and spending reached an all-time high in 2011 with one-in-seven people participating and federal spending at \$78 billion dollars. The report also highlights policy changes that could affect eligibility for future SNAP beneficiaries, such as changing the eligibility requirements so that fewer people would be eligible for benefits by adjusting the income/asset requirements.

<http://www.cbo.gov/sites/default/files/cbofiles/attachments/04-19-SNAP.pdf>

### SNAP Reductions

SNAP benefits will decrease beginning in November 2013 for all families because of the discontinuation of federal stimulus funds that were in place from 2009. As shown in Chart F-8, depending upon household size, SNAP benefits will be reduced by \$11-\$36 effective November 2013 with possible future reductions planned.

In Tennessee, the average SNAP allotment per person in 2012 was \$132.20. With the end of the stimulus funding enacted in 2009 that temporarily increased SNAP allotments, cuts averaging 5.4% will reduce per person allotments to \$125.

[http://www.fns.usda.gov/pd/18SNAPavg\\$PP.htm](http://www.fns.usda.gov/pd/18SNAPavg$PP.htm)

**Chart F-8: SNAP Allotment Reduction**  
Tennessee, October 2013, November 2013



Source: United States Department of Agriculture

[http://www.fns.usda.gov/snap/rules/Memo/2013/FY\\_2014\\_COLA\\_memo.pdf](http://www.fns.usda.gov/snap/rules/Memo/2013/FY_2014_COLA_memo.pdf)

**Special Populations**

Women, Infants and Children Supplemental Food Program (WIC) – WIC is a supplemental nutrition program that provides nutrition education, promotes breastfeeding, and provides food vouchers that program participants can use in area stores. The Metropolitan Public Health Department makes the WIC program available to pregnant, post-partum women, infants and children up to age five who meet income guidelines.

As shown in Chart F-9, the WIC program participation rate did not change significantly between 2008 and 2012. With the opening of a WIC clinic in the Southeastern section of the county, eligible participants now have greater access to their services. A partnership with United Neighborhood Health Services continues to expand nutrition education classes for WIC eligible participants.

**Chart F-9: Number of WIC Participants**  
Davidson County, 2008-2012



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

### Free or Reduced Price Lunch for Public School Students

Free or Reduced Cost lunches continue to provide nearly three-fourths of public school students with nutritious meals. With 81,134 students enrolled in metro Nashville Davidson County Schools during the 2012-2013 school year, a significant number of students rely on the federally funded school lunch program to meet their nutritional needs.

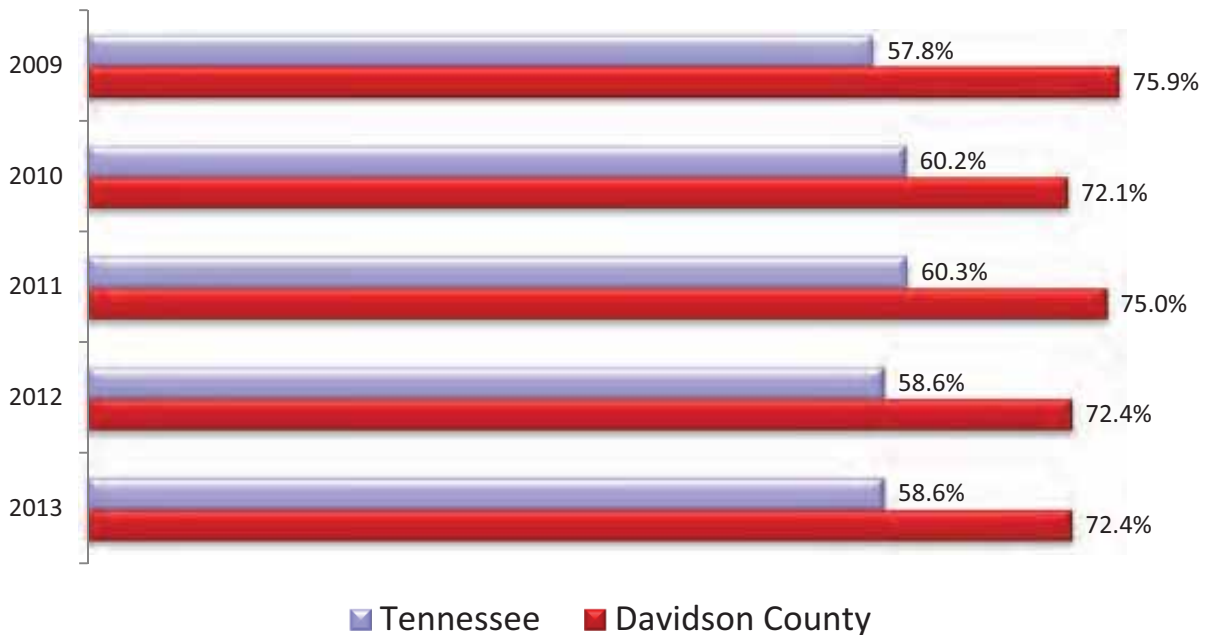


As shown in Chart F-10 there was no change in the percentage of economically disadvantaged students who received Free or Reduced Price lunch between 2012 and 2013 either at the state level or for Metro Schools after reaching a high of 75% in 2010.

Recent efforts through community organizations, such as Alignment Nashville’s School Food Committee, Nashville Food Policy Council, Healthy Nashville Leadership Council, Community Food Advocates and Second Harvest Food Bank focused on including fresh fruits, vegetables and whole grain products as part of school lunch offerings.

**Chart F-10: Percentage of Public School Students Receiving Free or Reduced Price Lunch**

Tennessee, Davidson County 2009-2013



Source: Tennessee Department of Education  
<http://edu.reportcard.state.tn.us/pls/apex/f?p=200:1:3686069659519226::NO>  
<https://www.tn.gov/education/reportcard/2013.shtml>

### Summer Food Service Program (SFSP)

There is an increasing need to provide nutritious meals to school age children during the summer months. Students who receive free or reduced price lunches during the school year are also eligible for the Summer Food Service Program (SFSP). However, participation rates drop significantly when schools are out.

According to the United States Department of Agriculture (USDA) 2012 Summer Food Report, nationwide 21 million children participate in school lunch programs while only 3 million children participate in the Summer Food Service Program.

In Tennessee the Food Research and Action Center reports that in 2011, 444,956 children participated in the School lunch program but only 29,813 students participated in the SFSP. In Davidson County Metro Action Commission serves on average 5,000 students in the SFSP out of approximately 60,000 free or reduced price lunch eligible students. In addition, Second Harvest Food Bank of Middle Tennessee operates a smaller Summer Food Service Program.

<http://www.fns.usda.gov/sites/default/files/2012SFCReporttoCongress.pdf>  
[http://frac.org/pdf/2012\\_summer\\_nutrition\\_report.pdf](http://frac.org/pdf/2012_summer_nutrition_report.pdf)



### Senior Hunger

In 1965, Congress passed the original Older Americans Act legislation establishing a Senior Nutrition Program. Senior Nutrition Programs typically include both congregate and home delivered meal components. The goals of the program are to reduce hunger and food insecurity, promote socialization of older individuals and promote health and well-being and delay adverse health conditions for older individuals. Senior Nutrition Programs operate in all states in partnership with State Units on Aging which then contract with Area Agencies on Aging and meal providers.

[http://www.aoa.gov/AoA\\_programs/HCLTC/Nutrition\\_Services/index.aspx](http://www.aoa.gov/AoA_programs/HCLTC/Nutrition_Services/index.aspx)

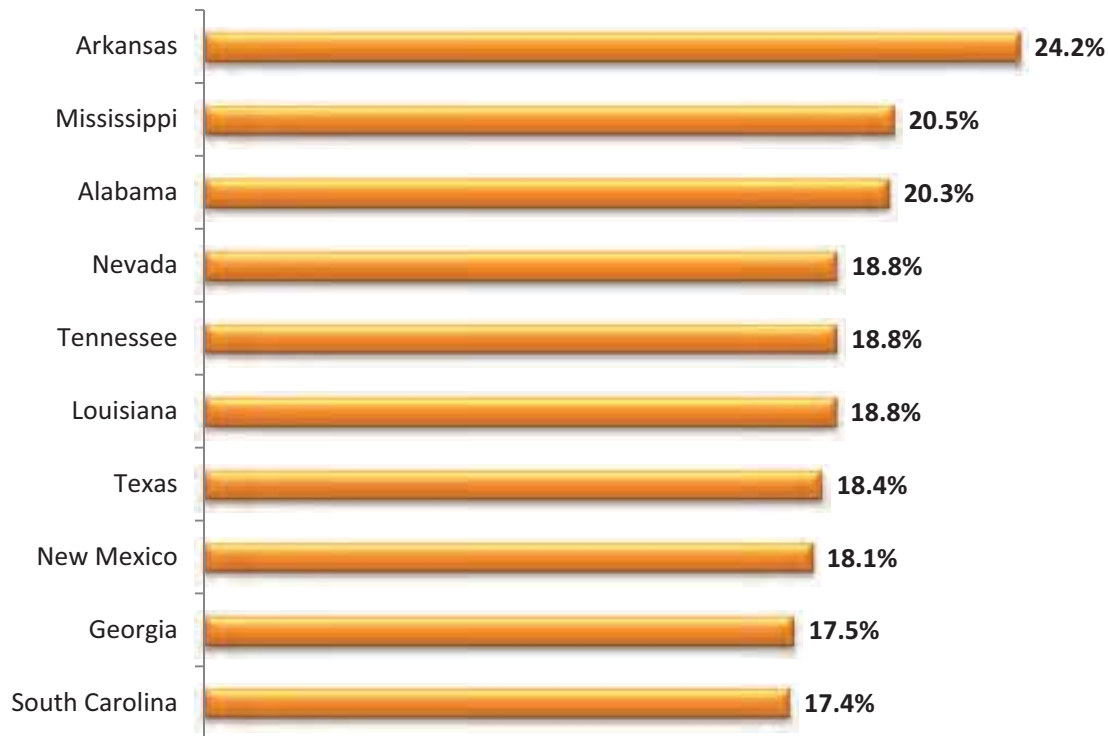


According to *The State of Senior Hunger in America 2011 Annual Report* prepared for the National Foundation to End Senior Hunger, one-in-seven seniors faced the threat of hunger, up from one-in-nine in 2005.

Race, ethnicity and income were contributing factors for seniors facing the threat of hunger. In 44 states, the threat of senior hunger increased. Tennessee continues to be among in the top ten states with the highest rates of hunger risk among seniors.

Chart F-11 shows the states with the highest percentage of seniors facing hunger in 2011, most in the southeast and southwestern part of the U.S.

**Chart F-11: Percentage of Senior's Facing Threat of Hunger**  
Top Ten States, 2011



Source: State of Senior Hunger in America

<http://www.nfesh.org/wp-content/uploads/2013/03/State-of-Senior-Hunger-in-America-2011.pdf>



Feeding America a network of food banks across the country and the National Foundation to End Senior Hunger published *Spotlight on Senior Hunger* that indicates nearly one out of every 12 seniors above the age of 60 was food insecure and the number of food insecure seniors has doubled since 2001. With approximately 10,000 seniors turning 65 each month for the next several years, the number of food insecure seniors is expected to continue to rise. The report also highlighted those seniors living in a household where a grandchild is present were more likely to be food insecure.

<http://www.nfesh.org/wp-content/uploads/2013/05/Senior-Hunger-Research.pdf>

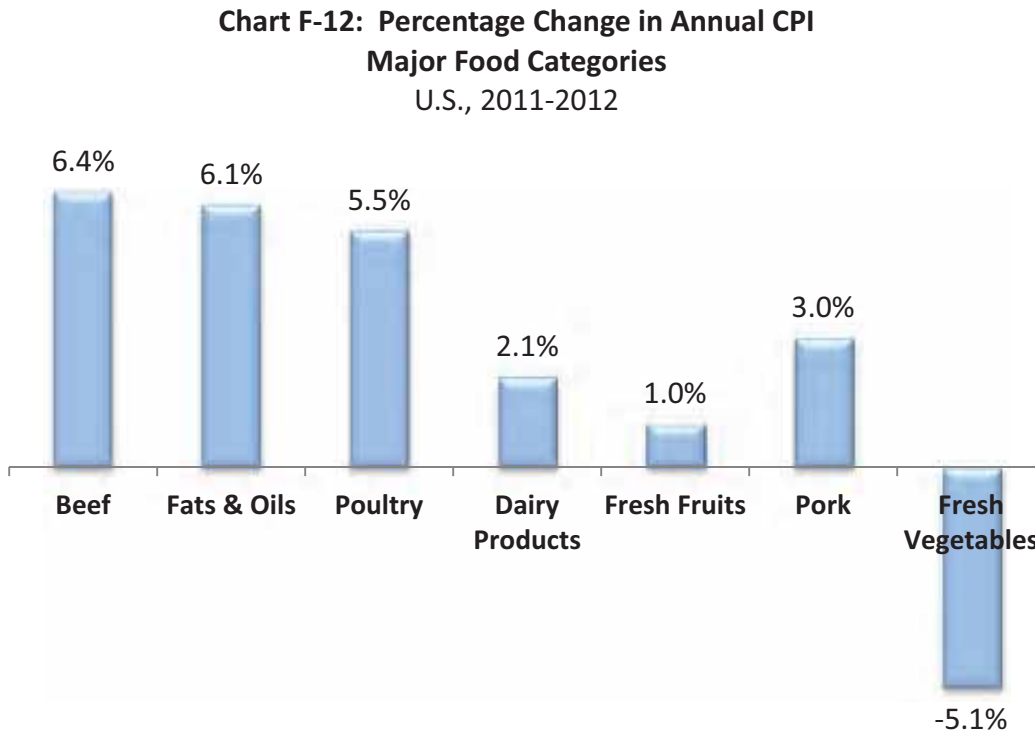
### Food Costs

The U. S. Bureau of Labor Statistics Consumer Price Index Report reported that inflation cost varied considerably by different food categories for 2011-2012. Consumer Price Index measures the average change in cost of a basket of consumer goods and services.





Overall food cost increased by 1.2% from 2011 to 2012 but as shown in Chart F-12 fresh fruits was below that rate with fresh vegetables showing a cost decrease.



Source: United States Department of Agriculture, Economic Research Service  
[http://www.ers.usda.gov/media/1079934/majorfood\\_d.html](http://www.ers.usda.gov/media/1079934/majorfood_d.html)

### Food Deserts

Much discussion has taken place over the past several years related to food deserts (as defined by limited access to nutritious food primarily in low-income areas) and their impact on adequate nutrition. While this discussion has focused on improved availability of nutritious food for low-income communities, studies have shown that improved access should be combined with nutrition education. Consumers in food deserts have access to corner markets that sell processed foods that contain high quantities of sugar and fats that contribute to obesity and chronic diseases. The U.S. Conference of Mayors in the report cited earlier has highlighted the need to make nutritious food available to low-income families, coupled with improvements in community wide nutrition education programs.

Local efforts to provide nutrition education have increased in recent years, but there is still an unmet need in food desert communities. The local housing authority identified nutrition education in food deserts as a priority in their five-year consolidated plan. To address this identified need a request for proposal to expand nutrition education was released in the fall of 2013 soliciting non-profits to explore creative ways to address lack of access to healthy foods and the benefits of eating healthy.

The Nashville Food Policy Council has collaborated with Alignment Nashville's School food committee in an initiative to encourage nutrition education as an ongoing part of the school curriculum in a few selected schools.

Research has been conducted on healthier standards for school food in conjunction with increasing nutrition education. The research identified some barriers to these efforts such as fear of reduced revenue from foods sold in vending machines.

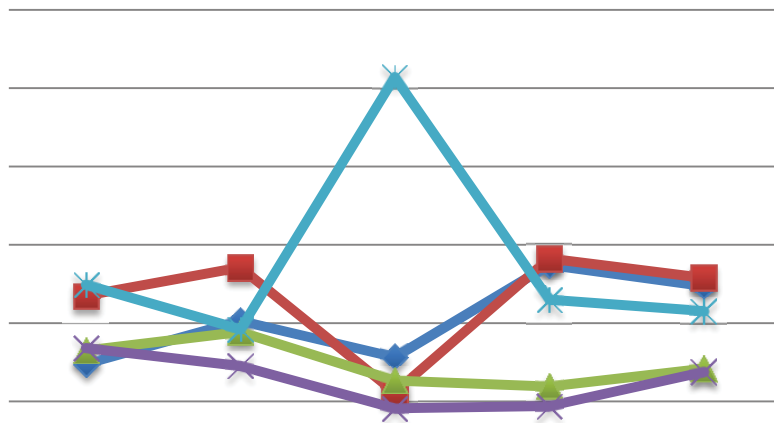
<http://www.yaleruddcenter.org/resources/upload/docs/what/reports/RuddSchoolRevenueFactSheet09.pdf>

### Grassroots Community Survey

When asked to identify the greatest need in Food and Nutrition, 25.8% of the respondents to the 2013 Grassroots Community Survey identified Food for Elderly or Disabled Persons as the most frequent need. This identified need was the same as 2012, as shown in Chart F-13, followed closely by the need for food boxes/food pantries as the greatest need identified by respondents.

In 2011, the greatest need in food and nutrition was food stamps by more than half of the respondents 51.4%.

**Chart F-13: Greatest Need in Food and Nutrition**  
Grassroots Community Survey, 2009-2013



	2009	2010	2011	2012	2013
◆ Food Boxes/Food Pantries	14.8%	20.3%	15.64%	27.4%	24.7%
■ Food for Elderly or Disabled Persons	23.5%	27.1%	11.17%	28.3%	25.8%
▲ Food for Infants and Young Children	16.5%	18.9%	12.66%	11.9%	14.2%
✕ Food for School Children	16.8%	14.5%	9.12%	9.4%	13.8%
✦ Food Stamps	24.9%	19.2%	51.40%	23.0%	21.5%

Source: 2013 Grassroots Community Needs Survey

# Health & Human Development

## Key Findings

- As many as 2,764,651 non-elderly Tennesseans, under age 65 have some type of pre-existing health condition, including 352,794 children.
- In 2012 according to the U.S. Census Bureau, more than 48 million Americans did not have health insurance during all of 2012, a slight decrease from 48.6 million in 2011.
- There were 72 suicide deaths in Davidson County in 2012 according to the State and Metro Health Departments, a decrease from 74 in 2011.
- Assault was the leading cause for firearm deaths of youth ages 15-19 in Tennessee in 2011, according to the most current data from the Tennessee Department of Health.
- 39.5% of deaths of Davidson County children younger than 18 years of age were caused by unintentional injuries or accidents, which was the leading causes of preventable deaths of children.
- If obesity trends in the U.S. persist, the total healthcare costs related to obesity could reach \$957 billion by 2030, which would account for 16% to 18% of the U.S. health care cost, according to the American Heart Association.
- Each year in Davidson County, more than 2,000 families apply for Pre-K for their children. In 2012, Metro Nashville Public Schools received nearly 4,000 applications for 2,478 openings in the county.
- Every \$1 invested in high quality early childhood education produces a 7%-10% annual return on investment, according to Nobel Prize-winning economist James Heckman.

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## Health

The National Research Council and the Institute of Medicine with The National Institutes of Health (NIH) studied why the U.S. health fared worse than other high-income countries such as Canada, Australia and those in Western Europe. In January 2013, *U.S. Health in International Perspective: Shorter Lives, Poorer Health* described the findings. It reported that for many years, Americans have been dying at younger ages than people in other high-income countries.

*U.S. Health in International Perspective* stated that although the U. S. is one of the wealthiest nations in the world, the health in the U.S. has become progressively worse over the past 30 years, especially among women. Not only are lives shorter, but consistent and pervasive patterns of poor health among many Americans have affected outcomes from birth to adulthood. The health of Americans fared worse in 9 specific areas:

- Infant mortality and low birth weight
- Injuries and homicides
- Adolescent pregnancy and sexually transmitted infections

- HIV and AIDS
- Drug-related deaths
- Obesity and diabetes
- Heart disease
- Chronic lung disease
- Disability

[http://www.iom.edu/~media/Files/Report%20Files/2013/US-Health-International-Perspective/USHealth\\_Intl\\_PerspectiveRB.pdf](http://www.iom.edu/~media/Files/Report%20Files/2013/US-Health-International-Perspective/USHealth_Intl_PerspectiveRB.pdf)

### Davidson County’s 2013 County Health Rankings

Published by the University of Wisconsin’s Population Health Institute and the Robert Wood Johnson Foundation, the *County Health Rankings and Roadmaps* are designed to help counties understand the influences that affect the health and life expectancy of residents. In each of the 50 states, counties were ranked according to the summaries of multiple health measures.

In 2012 Davidson County was ranked 14<sup>th</sup> out of the 95 counties in Tennessee for Health Outcomes, and 26<sup>th</sup> in Health Factors (with 1<sup>st</sup> being the healthiest). In 2013 Davidson County improved and ranked 13<sup>th</sup> in health outcomes. In Health Factors the county’s ranking decreased to 28<sup>th</sup> (with 95<sup>th</sup> being the most unhealthy).

*County Health Rankings and Roadmaps* was designed to also analyze multiple measures that affect health, such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births.

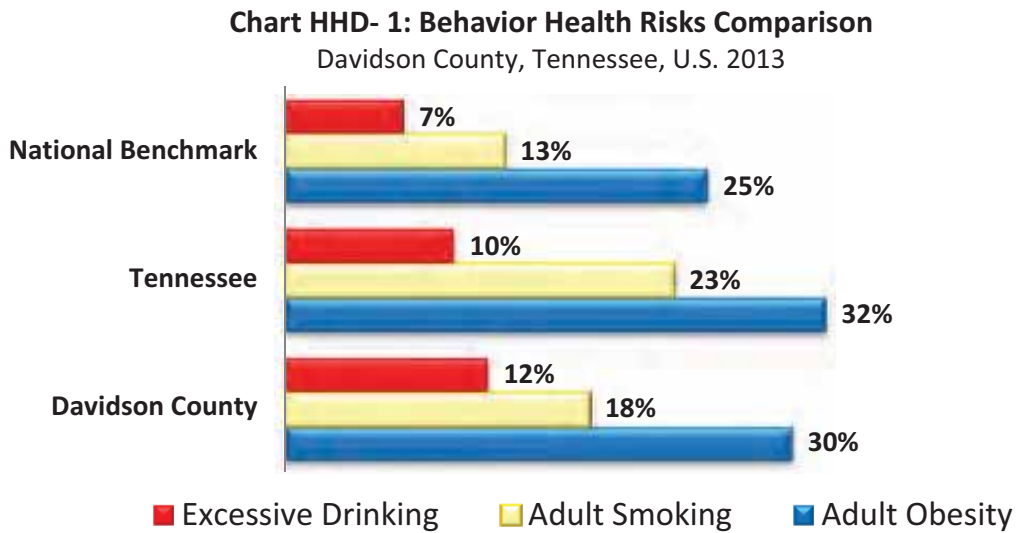
According to the *County Health Rankings and Roadmaps*, the health factors were ranked by the elements that affect how well a county is doing. Health factors are determined by the impact that specific elements have on the health of county residents. There are potential health risks caused by specific elements that can negatively affect health outcomes.

The following table shows the 4 categories of County health factors, health behaviors, clinical care, social and economic factors, and the physical environment, in addition to specific elements of each category that influence health outcomes.

Health Behaviors	Clinical Care	Social and Economic Factors	Physical Environment
<ul style="list-style-type: none"> <li>• Tobacco Use</li> <li>• Diet and Exercise</li> <li>• Alcohol Use</li> <li>• Sexual Activity</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Care</li> <li>• Quality of Care</li> </ul>	<ul style="list-style-type: none"> <li>• Education</li> <li>• Employment</li> <li>• Income</li> <li>• Family and Social Support</li> <li>• Community Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental Quality</li> <li>• Built Environment</li> </ul>

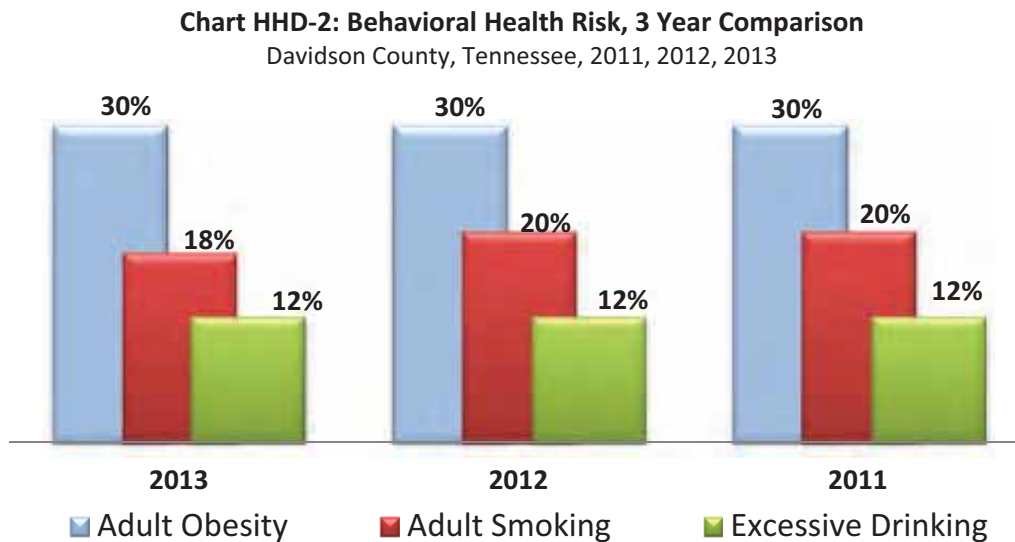
Source: County Health Rankings and Roadmaps

Chart HHD-1 shows Tennessee’s 2013 ranking in the areas of adult smoking, adult obesity and excessive drinking, which were worse than the national target. The indicator of adult obesity in Davidson County notes that 30% of Davidson County adults are obese, slightly higher than Tennessee’s 32%, and both Davidson County and Tennessee higher than the national target. Davidson County’s alcohol consumption at 12% was higher than both the state’s 10% and the national benchmark of 7%.



Source: 2013 County Health Rankings, Robert Woods Johnson Foundation

Chart HHD-2 shows a comparison across a 3-year period for the Behavioral Health Risks of adult obesity, adult smoking and excessive drinking in Davidson County, which indicated a slight decrease in adult smoking for that period, down to 18% in 2013. Adult obesity percentage remained at 30% and excessive drinking at 12% for 2011-2013.



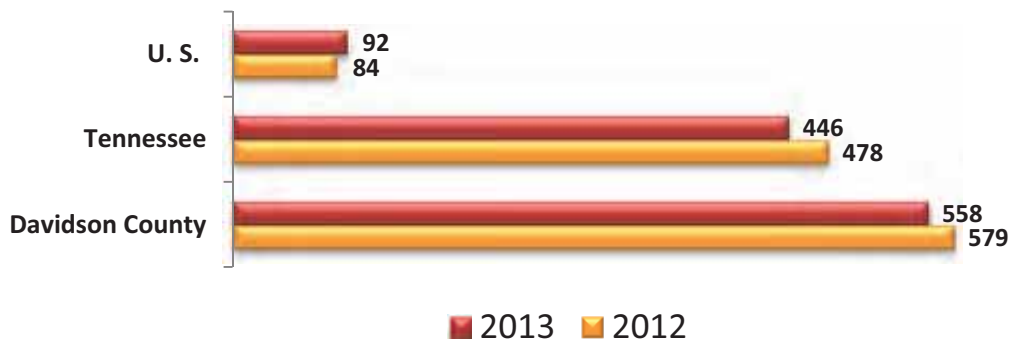
Source: 2013, 2012, 2013 County Health Rankings, Robert Woods Johnson Foundation

Another risk behavior that negatively influenced Davidson County’s 2013 health ranking was the number of new cases reported of sexually transmitted infections (per 100,000 people). The County Health Rankings analyzed the level of risky sexual behavior in the county, compared it to other counties in the state, and used the measurement of teen births and the rate of sexually transmitted infections (STI) as indicators.

Chart HHD-3 shows that Davidson County’s had a slight improvement in the rate of STI’s, reflecting a decrease from 579 new cases in 2012 to 558 in 2013, although it continues to be higher rate than either the state or the national benchmark. Also shown is Tennessee’s improvement from 478 new cases in 2012 to 446 in 2013. Some of the strategies that have attributed to the decrease of county and state STI’s have been education and counseling services; verification of diagnosis, treatment and referral services according to the Tennessee Department of Health.

**Chart HHD-3: Sexually Transmitted Infections Per 100,000**

Davidson County, Tennessee, U.S., 2012-2013



Source: 2012- 2013 County Health Rankings, Robert Woods Johnson Foundation

**Overall Health in Tennessee**

Health is affected by many factors, including what people do, living conditions, environment, income, education and genetic makeup. According to the U.S Department of Health and Human Services’ *Healthy People 2020*, some of the leading indicators that affect individual health are physical activity, obesity, tobacco and substance use, mental health, environmental quality, and immunizations.

[http://www.healthypeople.gov/2020/TopicsObjectives2020/pdfs/HP2020\\_brochure\\_with\\_LHI\\_508.pdf](http://www.healthypeople.gov/2020/TopicsObjectives2020/pdfs/HP2020_brochure_with_LHI_508.pdf)

In 2012 Tennessee was ranked as the 39th healthiest state out of the 50 states, an improvement from the 2011 ranking of 41, according to *America’s Health Rankings*, an annual report by the United Health Foundation. The report notes that Tennessee’s overall health had improved in comparison, possibly because of Tennessee’s focus on improving negative trends. The negative factors of high rates of diabetes, obesity and violent crimes have presented many challenges.

<http://www.americashealthrankings.org/TN/2012-2011>

According to the Tennessee Department of Health’s *2012 Update to the Tennessee State Health Plan*, despite improvements, Tennessee’s ranking at 39<sup>th</sup> shows that for quality of life and life expectancy Tennessee residents do not compare well to the rest of the nation. The state goals are to identify the outcomes and determinants that have a negative impact on the health of Tennesseans. The report also indicated that many factors contributed to the health status of Tennesseans, including individual behaviors, culture, environment, economic and social determinants, and genetics.

<http://tennessee.gov/hsga//pdfs/State%20Health%20Plan%202012%20May%2023%202013%20FINAL.pdf>

Tennessee’s women’s health overall has shown some improvement and received a grade of “C” (fair) according to the 2013 *Tennessee Women’s Health Report Card*. The Report Card is a collaborative report from the Vanderbilt Institute for Medicine and Public Health, Meharry Medical College, East Tennessee State University, University of Tennessee Health Science Center and the Tennessee Department of Health. In 2013, there was a 25% decrease in the state’s infant mortality rate. The report card also noted that women’s health could improve by focusing on preventive behaviors, such as exercising, not smoking, nutritious eating, decreasing alcohol use, and preventive care. The report pointed out continuing health concerns for women:

- Smoking during pregnancy
- Sexually transmitted infections
- Breast and cervical cancer deaths (especially in African-American women)
- Heart disease deaths and stroke deaths

<http://www.tnwomenshealthreportcard.com/2013whrc.pdf>

The 2013 *Tennessee’s Women Health Report Card* reports that the leading causes of deaths for women were heart disease, stroke and lung cancer. Tennessee has the 6<sup>th</sup> highest cancer death rate of both women and men in the nation. About half of the cancer deaths could be prevented through healthy lifestyle changes and early detection.

<http://www.tnwomenshealthreportcard.com/2013whrc.pdf>

According to the 2012 *Tennessee Men’s Health Report Card*, heart disease continues to be the leading cause of death for Tennessee’s men age 65 and over. Heart disease is often attributed to obesity, lack of exercise, smoking, high blood pressure, high cholesterol, diabetes, and poor nutrition. It also stated that the percentage of men in Tennessee who smoked cigarettes declined, but there is still a need for improvement. About 6,000 men in Tennessee die each year from smoking.

[http://medicineandpublichealth.vanderbilt.edu/TNmenshealthreportcard\\_2012.pdf](http://medicineandpublichealth.vanderbilt.edu/TNmenshealthreportcard_2012.pdf)

The leading causes of death in both the men and women of Tennessee accounted for 45,404 deaths of the total 60,104 in 2011, based on the latest data released by the Tennessee Department of Health in January 2013, *Tennessee Deaths 2011* report. The following table shows the leading causes of death with the number of deaths per 100,000 population in Tennessee for 2011:



Diseases of heart	14,154
Malignant neoplasms (tumor)	13,461
Chronic lower respiratory diseases	3,647
Accidents (including motor vehicles)	3,400
Cerebrovascular diseases (conditions that affect the circulation of blood to the brain, causing limited or no blood flow to areas of the brain)	3,206
Alzheimer’s diseases	2,578
Diabetes Mellitus	1,737
Influenza and pneumonia	1,469
Intentional self-harm (suicide)	938
Nephritis, nephrotic syndrome and nephrosis (related to kidney disease)	814

<http://health.state.tn.us/statistics/PdfFiles/TnDeaths11.pdf>

Tennesseans experience a disproportionately higher rate of cancer diagnoses when compared to the U.S. as a whole. *Cancer in Tennessee 2005-2009*, released in February 2013 by the Tennessee Department of Health, reports that Tennessee has the 16<sup>th</sup> highest rate of cancer incidence and the 6<sup>th</sup> highest cancer mortality rate, in the nation. Among blacks or African Americans, Tennessee has the 17<sup>th</sup> highest cancer incidence and the 4<sup>th</sup> highest cancer mortality rate in the nation. New diagnoses of cancer and the death rates of cancer were significantly higher in males compared to females and were generally higher in blacks compared to whites. The report also stated that about two-thirds of all cancer cases could potentially be prevented with better lifestyle choices that included increasing physical activity, better nutrition, not using tobacco products (or smoking), and early detection.

[http://health.state.tn.us/statistics/Legislative\\_Reports\\_PDF/Cancer\\_Tennessee\\_2005-2009.pdf](http://health.state.tn.us/statistics/Legislative_Reports_PDF/Cancer_Tennessee_2005-2009.pdf)

### **Children and Health in Tennessee**

The Annie E. Casey Foundation defined children's health as the foundation of their overall development. It stressed the importance of ensuring that children receive adequate health care and opportunities for healthy physical and cognitive development, especially in disadvantaged children. Poverty, poor nutrition, lack of preventive health care, substance abuse, maternal depression and family violence are important health risks to children and can negatively affect the outcomes of their lives.

<http://datacenter.kidscount.org/data#USA/2/27,28,29,30,31,32,33,34>

Children in the U.S., especially those living in poverty, face many serious risks for poor health. The results of poor health can limit the ability of children to achieve their full potential, according to *Early Childhood Education: Pathways to Better Health* from the National Institute for Early Education Research (April 2013). It described how early childhood education programs can have lifelong effects on the health of participants. It was noted that preschool participants are more likely to visit doctors, receive screenings/immunizations and dental care, while learning about health and nutrition.

*Early Childhood Education* provided a broad definition of good health as, “cognitive ability, with a low likelihood of engaging in risky behaviors, mental stability, and positive social-emotional development in addition to a lack of illness.” It further noted that such health benefits are often omitted from cost-benefit analyses and policy debates about public investments in early childhood development. As a result, a more comprehensive analysis could show more positive benefits (both short and long-term) related to investment in young children.

<http://nieer.org/sites/nieer/files/health%20brief.pdf>

Children born with low birth weights (approximately 5 lbs., 8 oz. or less) are more likely to have special health care needs, requiring regular medications and additional health services, according to the Urban Child Institute’s *Prematurity and Low Birth Weight* report (October 2012). It explained that the consequences of low birth weight could affect the infant’s health from childhood into adulthood.

<http://www.urbanchildinstitute.org/articles/policy-briefs/prematurity-and-low-birth-weight>



The Report of *Tennessee Births 2012*, released in November 2013 by the Tennessee Department of Health noted that the total birth rates in Tennessee have gradually declined since the record high in the late 1940s. Of the 80,202 total live births in Tennessee, 7,359 (9.2%) were low birth weight babies, an increase of 2.2% over 2011.

<https://health.state.tn.us/statistics/PdfFiles/TNBirths12.pdf>

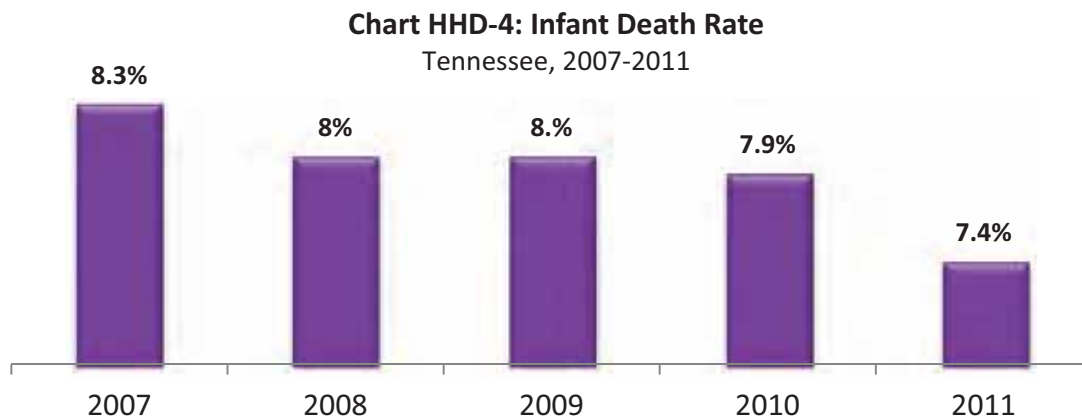


The Metro Public Health Department’s Maternal Child Health Initiatives are involved with improving the health of family, youth and infants. The initiatives of Project Blossom, HUGS, Federal Healthy Start, and the Fetal Infant Mortality Review are focused on improving birth outcomes, the health of infants and the reduction of infant mortality rates. (Infant mortality is the death of a child before the 1st birthday).

<http://www.nashville.gov/Health-Department/Family-Youth-and-Infant-Health/Maternal-Child-Health-Initiatives.aspx>  
<http://www.nashville.gov/Health-Department/Family-Youth-and-Infant-Health.aspx>

The Tennessee Commission on Children and Youth’s *Infant Mortality* report (September 2012) showed that for the period of 2007-2011 the state’s infant death rates decreased. In Chart HHD-4, the rates of infant deaths in Tennessee over the five years had decreased from 8.3% in 2007 to 7.4% in 2011. Infant death reductions have continued to be a high priority for state and local health professionals. Prevention and improved health care have helped to decrease the risk of premature births, low birth weights and infant deaths according to the *Infant Mortality* report.

<http://www.tn.gov/tccy/adv1208.pdf>



Source: Tennessee Department of Health, Tennessee Deaths 2011

In Davidson County, there are efforts to improve birth outcomes and prevent infant deaths. The Maternal Child Health Initiatives of the Metropolitan Public Health Department (MPHD) consists of health programs and projects that focus on the health of children, infants and improvement of birth outcomes. The goals have been to make Nashville a healthy city for children, reduce infant mortality rates, and eliminate perinatal (childbirth) health disparities.

<http://www.nashville.gov/Health-Department/Family-Youth-and-Infant-Health/Maternal-Child-Health-Initiatives.aspx>

Extensive research has shown that infants who are breast-fed by their mothers experience multiple benefits that contribute to healthy development, according to the American Academy of Pediatrics. In *Breastfeeding and the Use of Human Milk* from the American Academy of Pediatrics (March, 2012), the risk of an infant being hospitalized for lower respiratory tract infections in the first year of life is reduced 72% if the infant is breastfed more than 4 months. Serious colds, ear, and throat infections are reduced by 63% in infants who are exclusively breastfed for 6 months.

<http://www2.aap.org/breastfeeding/files/pdf/Breastfeeding2012ExecSum.pdf>

The Women, Infants and Children (WIC) program for low-income women, infants and children is a federally funded program that has been involved in the education on the benefits of breast-feeding. According to the Tennessee Department of Health, the benefits of breast-feeding will contribute to the improvement of health

outcomes for babies. According to the Tennessee Department of Health Breastfeeding provides a protective effect for infants against:

- Respiratory illnesses
- Ear infections
- Gastrointestinal diseases
- Allergies including asthma, eczema and atopic dermatitis
- Sudden infant death syndrome (SIDS)
- Obesity

<http://breastfeeding.tn.gov/index.shtml#1>

According to the MPH, a major goal of the WIC program is to improve the nutrition and health of mothers, as well as to educate pregnant women on the benefits of breastfeeding (unless the mother is medically advised not to breastfeed). The MPH indicated that all staff members of the WIC program are required to complete a standard competency-based curriculum, Loving Support to Glow in WIC. The curriculum provides staff members with the skills to promote breastfeeding for WIC mothers, and the Davidson County WIC offices support and encourage women in the program to breastfeed their infants if possible. According to the 2013 *Tennessee Women's Health Report Card*, there has been a 25% decrease in the state's infant mortality rate, with African American infants disproportionately affected.

*Child Health USA 2012* explained that the health of children not only reflects the overall health of the nation but also has implications for the nation's future, as the children become adults. The report explained that good health begins before birth, with prenatal care, since babies born prematurely have higher risk for immediate and long-term complications and mortality. The physical, mental, and emotional health of an individual affects every facet of life. Health habits that are established during childhood often continue throughout the lifespan and good health practices can prevent many health problems with positive influences throughout life.

<http://mchb.hrsa.gov/chusa12/more/introduction.html>

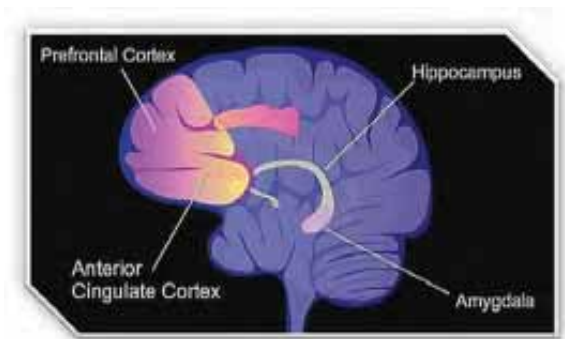
## Mental Health

Research continues to establish the connection between physical health and mental health. For example, as described in Healthy People 2020's *Mental Health and Mental Disorders*, mental health and physical health are interrelated. The ability to maintain good physical health is related to mental health stability. It also reported that physical health problems, such as chronic diseases, could significantly impair mental health and decrease an individual's capacity to effectively participate in treatment and recovery.

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28>

Research on the prevention of mental disorders has progressed over the past 20 years, as noted by the Healthy People 2020 Initiative. There has been increased research to understand how the brain functions under normal conditions, how it responds to stress, as well as increased knowledge of brain development. It explains that the relationship between mental health disorders and physical health is complicated but that connection has been established.

<http://www.healthypeople.gov/2020/LHI/mentalHealth.aspx>



In April 2009, the Wisconsin Department of Health Services released *Linking Mental and Physical Health*, which described an analysis of the connection between mental health conditions and chronic disease risks, functioning and quality of life. It described the importance of increased efforts to integrate mental health care with primary care. It noted research findings that suggested the connection between psychological distress and asthma, diabetes, arthritis, cardiovascular disease, cancer and other conditions, but pointed out that there were multiple interrelated reasons as well. *Linking Mental and Physical Health* suggested that an adequate model of human health would encompass both physical and mental health.

<http://www.dhs.wisconsin.gov/stats/pdf/brfsmphreport2009.pdf>

The strong link between mental health conditions and chronic physical diseases, functional impairment and overall quality of life indicates that mental health warrants attention as a "primary" health issue. *Linking Mental and Physical Health*

*The Case for Integrated Care* from the U. S. Department of Veterans Affairs (VA) described the critical connection between mental and physical health, noting, "It has long been recognized that mental health and physical health problems are interrelated components of overall health and are best treated in a coordinated care system." Dr. Andrew Pomeranz described the attention to more integrated care of mental health care by integrating it into the rest of health care. Because of being so closely related, health conditions may not clearly fall into "physical" or "mental" health categories. As a result, general health conditions would likely improve if the psychological and behavioral needs were also addressed. In order to improve the quality of care, the VA promoted greater integration of care "to elevate mental health care to the same level of urgency and intervention as other health conditions." The VA provides the expertise to assure that mental disorders are effectively treated."

<http://www.va.gov/health/NewsFeatures/20120430a.asp>

Mental illness is a major public health issue in the U.S. It is a primary cause of disability and substantial financial cost. Information on the prevalence of mental illness is critically needed to direct the provision of effective treatment and prevention programs according to the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA stressed need for effective treatment and prevention in order to restore lives and reduce the economic loss to individuals and the society.

<http://www.samhsa.gov/data/2k12/NSDUH110/sr110-adult-mental-illness.htm>

Approximately 61.5 million Americans (1 out of 4 adults) experience mental illness in any given year. Approximately 13.6 million American adults (1 out of 17) live with a serious mental illness of schizophrenia, bipolar disorder or major depression.

[http://www.nami.org/factsheets/mentalillness\\_factsheet.pdf](http://www.nami.org/factsheets/mentalillness_factsheet.pdf)

Major depression is the psychiatric diagnosis most commonly associated with suicide. The Tennessee Department of Mental Health Services stated that in Tennessee an estimated 850 men, women, and adolescents die from suicide each year, which is more than the number of people who die from homicide, AIDS or drunk driving.

[http://www.tn.gov/mental/mentalhealthservices/sp\\_child\\_suicide.html](http://www.tn.gov/mental/mentalhealthservices/sp_child_suicide.html)

<http://tspn.org/the-facts-about-suicide>



For children with mental disorders, according to the National Alliance on Mental Illness, only 20% are diagnosed and treated for mental health issues in any given year. Early treatment of mental disorders in children and adolescents are more effective and very important.

[http://www.nami.org/Template.cfm?Section=federal\\_and\\_state\\_policy\\_legislation&template=/ContentManagement/ContentDisplay.cfm&ContentID=43804](http://www.nami.org/Template.cfm?Section=federal_and_state_policy_legislation&template=/ContentManagement/ContentDisplay.cfm&ContentID=43804)

Mental disorders are among the most common causes of disability, according to Healthy People 2020. According to the National Institute of Mental Health, in any given year, there are approximately 13 million American adults (almost 1 in 17) with a seriously debilitating mental illness.

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28>

## Disabilities

As noted by the CDC, disabilities should not prevent people from leading long and healthy lives and overall mental health and well-being is essential. The CDC stated that for people with disabilities to be healthy requires comprehensive health care, in addition to care for their disability. The CDC also stressed that individuals with disabilities should have the tools and information needed in order to make healthy choices. Also having access to ensure the equal use of public facilities and services are critical for people with disabilities because of the various limitations.

<http://www.cdc.gov/ncbddd/disabilityandhealth/healthyliving.html>



There are federal laws to protect the rights of people with disabilities. The Americans with Disabilities Act (ADA), ensures accessible public transportation, access to public services including telephones for individuals with hearing and/or speech impairments and prohibits discrimination in the workplace. The Fair Housing Act makes it illegal to deny housing to a renter or buyer because of a disability. The Individuals with Disabilities Education Act requires a free public education for children and youth with disabilities. The Rehabilitation Act helps people with disabilities become employed and independent.

<http://www.ada.gov/cguide.htm>

<http://www.womenshealth.gov/mental-health/your-rights/americans-disability-act.html#what>

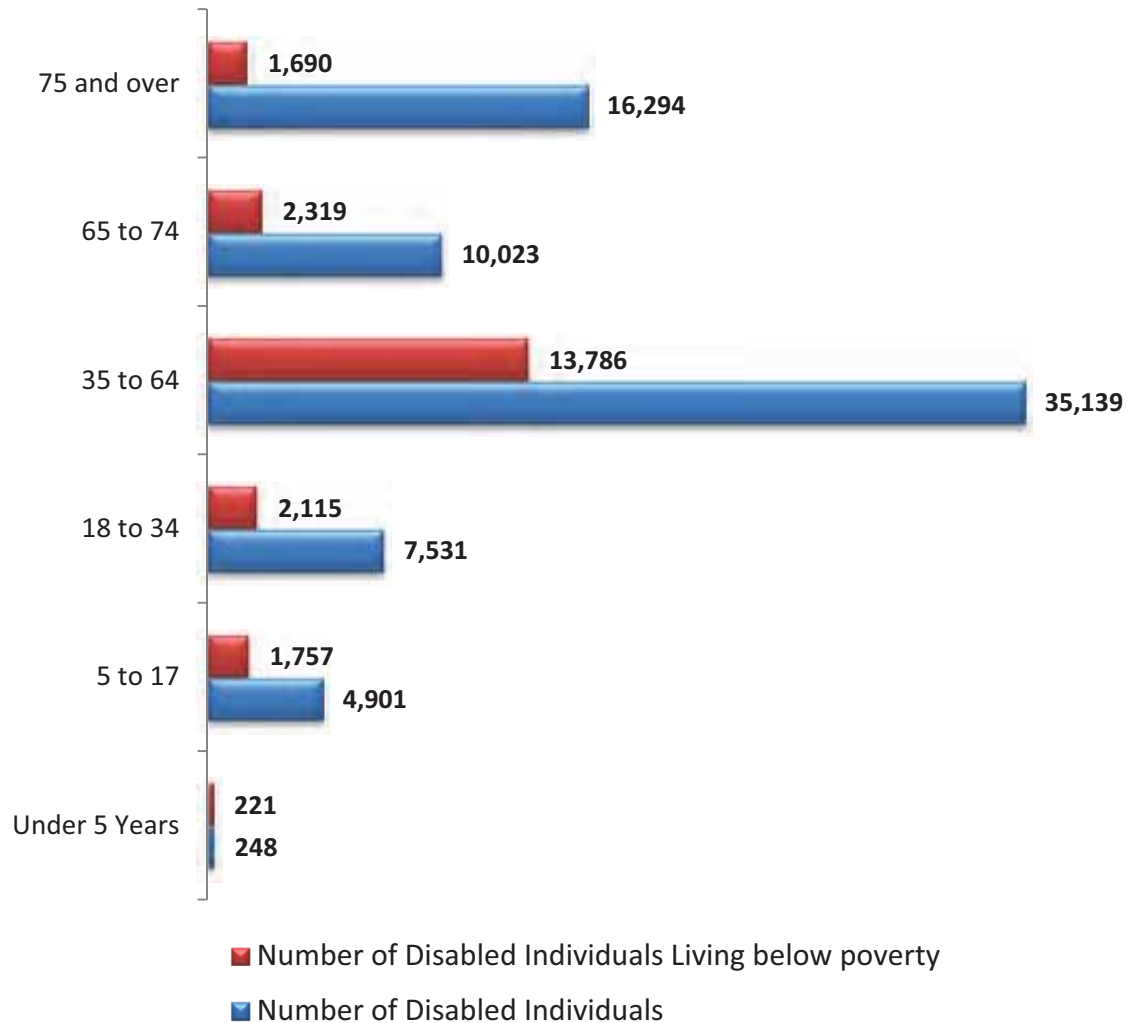
According to the 2012 ACS, 1 Year Estimates, of the 648,295 residents of Davidson County there were 74,718 with a disability; 5,119 were children ages of 5-17; 43,034 were adults ages 18- 64 and 26,317 were older adults ages 65 and over.

In January 2013, the Social Security Disability Insurance program provided benefits to 10.9 million people. More than 80 percent of them, or 8.8 million people, were categorized as disabled worker beneficiaries; about 17% (1.9 million) were children of those workers; and fewer than 2% (160,000) were spouses of those workers. This was information according to the testimony of the Social Security Disability Insurance Program on March 14, 2013 before the U.S. Congressional Budget Office. The 8.8 million disabled worker beneficiaries increased from 1.5 million in 1970.

[http://www.cbo.gov/sites/default/files/cbofiles/attachments/43995\\_DI-testimony\\_one-column.pdf](http://www.cbo.gov/sites/default/files/cbofiles/attachments/43995_DI-testimony_one-column.pdf)

Chart HHD-5 shows the total number of disabled individuals in Davidson County grouped according to their age and of those totals the number living below the poverty level. The age group of 35- 64 represented potential wage earners (35,139) who were disabled and 13,786 lived below the poverty level in Davidson County.

**Chart HHD-5: Number of Persons With a Disability and in Poverty by Age**  
Davidson County, 2012



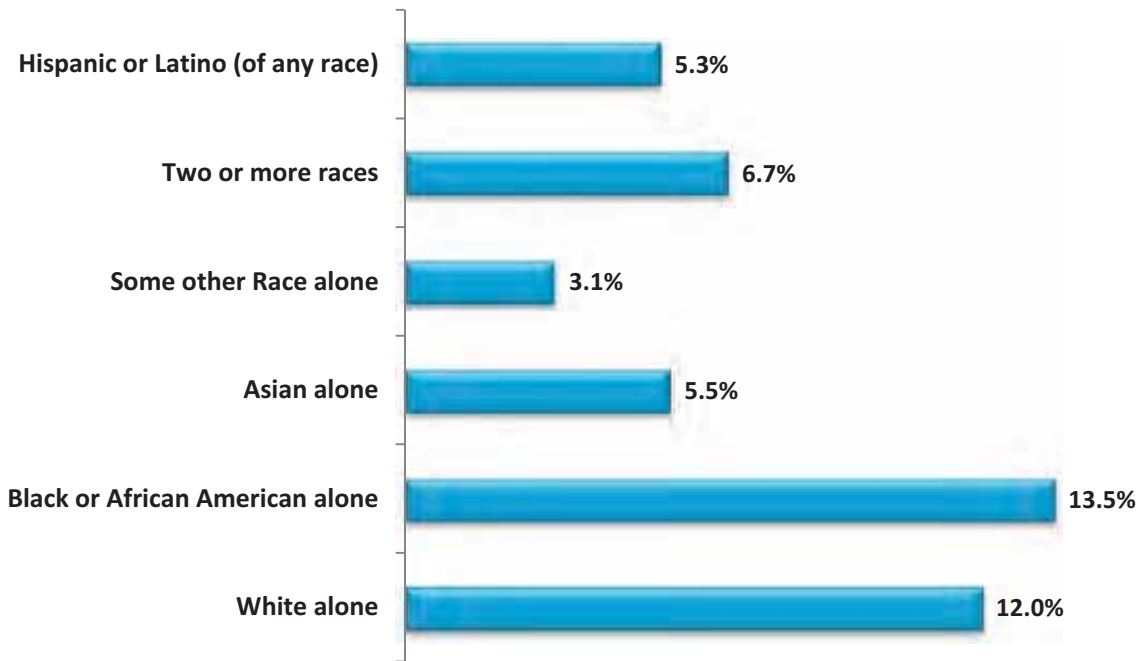
Source: 2012 ACS, 1 Year Estimates

The Council for Disability Awareness (CDA) a national organization that provides public education on the risks and outcomes of disabilities stated that certain behavioral and other health risks could affect wage earners and increase the likelihood of disability.

CDA identified the risks for disabilities as excess body weight, tobacco use, frequent alcohol consumption substance abuse, and other high-risk behaviors, as well as chronic health conditions such as diabetes, high blood pressure, back pain, anxiety or depression. [http://www.disabilitycanhappen.org/chances\\_disability/disability\\_stats.asp](http://www.disabilitycanhappen.org/chances_disability/disability_stats.asp)

The percentage of disabled residents of Davidson County differed according to race and ethnicity as shown in Chart HHD-6. In 2012, the highest percentage was among Blacks at 13.5% with a disability, followed by 12% of Whites alone. The likelihood of disability increases with increasing age, as described in another section of this report.

**Chart HHD-6: Percentage of Residents with a Disability by Race and Ethnicity**  
Davidson County, 2012



Source: 2012 ACS- 1 Yr. Estimate (S1810)

### Health Access and Insurance

The CDC’s National Center for Health Statistics (NCHS) is the nation’s principal health statistics agency, providing data to identify and address health issues, which released estimates of health insurance coverage for non-institutionalized U.S. residents. NCHS describes health insurance coverage as an important determinant of access to health care and health status.

Findings from the 2013 National Health Interview Survey for the U.S. indicated that during the first 3 months of 2013, 46 million people of all ages (14.8%) were uninsured at the time of interview; about 57.4 million (18.5%) had been uninsured for at least part of the year; and 34.5 million (11.1%) had been uninsured for more than 1 year.

<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201309.pdf>

Children and adults under age 65 who are uninsured are less likely to have reliable sources of health care or a recent health care visit than others who have health insurance. The main source of health insurance coverage for workers under 65 years of age was their employer-sponsored group health insurance. Private health

insurance could be purchased on an individual basis, but because of the expense and usually less coverage than group insurance, it was usually not an affordable option, according to the NCHS.

## **Obesity**

According to the CDC, obesity has dramatically increased in the U.S. over the past 20 years. It also noted that approximately 17% (12.5 million) children and adolescents aged 2-19 years are obese, with more than one-third (35.7%) obese adults. It noted that obesity rates vary by race and ethnicity, with non-Hispanic blacks at 49%, Mexican Americans at 40.4%, all Hispanics at 39.1% and non-Hispanic whites at 34.3%.

The CDC noted that higher income women are less likely to be obese than women with lower incomes. While no significant difference was found between obesity and education in men, it did note that women with college degrees were less likely to be obese than other women.

<http://www.cdc.gov/obesity/data/facts.html>

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and the development of related diseases, according to the CDC. Obesity related health problems and diseases according to the Mayo Clinic include high blood pressure, heart disease, stroke, cancer, sleep apnea (a potentially serious sleep disorder), depression and osteoarthritis.

<http://www.mayoclinic.com/health/obesity/DS00314/DSECTION=complications>

The CDC's release of the *2012 School Health Policies and Practices* showed that schools nationwide have made improvements in measures that address nutrition and physical education that helps to decrease the risk of childhood obesity. Some key findings on schools were:

- The percentage of school districts that allowed soft drink companies to advertise/sell their carbonated beverages on school grounds decreased from 46.6% in 2006 to 33.5% in 2012.
- Between 2006 and 2012, the percentage of districts that required schools to ban junk food in vending machines increased from 29.8% to 43.4%.

<http://www.cdc.gov/media/releases/2013/p0826-school-health.html>

According to the Harvard School of Public Health, to address obesity primarily through prevention is a gradual process that must involve governments, schools, businesses and communities to create environments that have healthy choices. It also noted that evidence has shown that obesity prevention policy and environmental change efforts should focus on facilitating key behaviors of: having healthy food choices available, limiting unhealthy foods, increasing physical activity, limiting time sitting, increasing or improving sleep hours, and reducing stressful events.

<http://www.hsph.harvard.edu/obesity-prevention-source/obesity-prevention/>

## **Substance Abuse**

According to SAMHSA, substance use disorders are among the leading conditions related to disease, expenses for families, employers, and publicly funded health systems. Excessive alcohol use and illicit drug use are linked directly to increased problems associated with chronic disease, diabetes, and heart problems.

<http://store.samhsa.gov/shin/content//SMA11-4629/03-Prevention.pdf>

SAMHSA's National Survey on Drug Use and Health (NSDUH) annually collects information in nine categories of illicit drug use: use of marijuana, cocaine, heroin, hallucinogens, and inhalants, as well as the nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives. The four categories of prescription-

type drugs (pain relievers, tranquilizers, stimulants, and sedatives) cover several medications that are currently or have been available by prescription. Also included were drugs within these categories that originally were prescription medications but have been manufactured and distributed illegally. Drugs such as methamphetamine are included as stimulants. In 2012, an estimated 23.9 million Americans aged 12 or older were currently (based on the past month) illicit drug users, which represented 9.2% of the population age 12 and over.

<http://samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm#ch2>

About 11% of youth ages 13- 18 were likely to become lifetime alcohol abusers or have illicit drug use disorders, according to *Behavioral Health, United States 2012*, from SAMHSA. It also reported that in 2012, approximately 24% of U.S. eighth graders and 64% of twelfth graders used alcohol in the past year.

<http://www.samhsa.gov/data/2012BehavioralHealthUS/2012-BHUS.pdf>

In SAMHSA's strategic initiative to prevent substance abuse and mental illness the following key findings were recognized:

- Each year, approximately 5,000 youth under the age of 21 die as a result of underage drinking
- The annual total estimated societal cost of substance abuse in the United States is \$510.8 billion
- Among persons aged 12 and above who used prescription pain relievers (not for medical purposes) in the past 12 months, 55.9 % got them from a friend or relative



SAMHSA's prevention initiative, *Prevention Prepared Communities* (PPC) focuses on emotional health and prevention. The primary purpose of PPC is to promote the emotional health of children and youth, and to provide them with skills that will help them to overcome risks and other life experiences in adolescence and young adulthood. The interventions of PPC are created and implemented through collaborations with other federal, state and local governments, and the communities.

<http://store.samhsa.gov/shin/content//SMA11-4629/03-Prevention.pdf>

## **Injuries and Violence**

Injuries are the leading cause of death for people age 1- 44 in the U.S. Almost 170,000 deaths are caused by injuries each year in the U.S. Injuries that include falls, motor vehicle crashes, violence of intimate partners (spouses, partners, etc.) and child abuse – all are considered as major public health problems.

<http://www.ncsl.org/research/health/injury-and-violence-prevention.aspx>



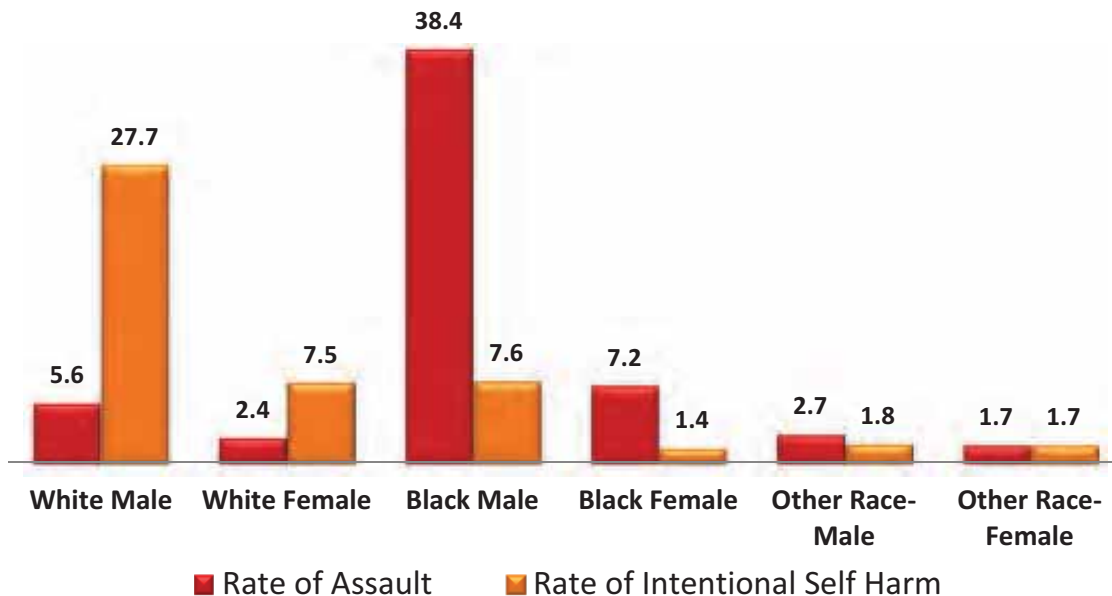
The state of Tennessee has retained data on violent death rates in the state, with a primary focus on assaults (homicide) and intentional self-harm (suicide) deaths. In January 2013, the Tennessee Department of Health released the latest data from 2011. Some of the data on violent deaths in Tennessee included:

- During 2011, there were 442 assault deaths among residents of Tennessee, 6.9% per 100,000 population
- In 2011, 237 or 53.6 % of the total assault deaths occurred among blacks
- Of the total 2011 assault deaths, 76.5% were men and 44.3% of the total were black men

<http://health.state.tn.us/statistics/PdfFiles/TnDeaths11.pdf>

Chart HHD-7 shows the rate of the disparity among black males that died from assaults at the rate of 38.4 (per 100,000 population) which is a significantly higher rate in comparison with other races and genders. White males deaths by intentional self-harm at 27.7 was disproportionately higher in comparison to other races and genders. As for females, black females at 7.2 died from assaults at a higher rate than white females at 2.4, or other race females at 1.7.

**Chart HHD-7: Assault and Intentional Self-Harm Death Rate, by Race and Gender**  
(Per 100,000 population)  
Tennessee, 2011



Source: Tennessee Department of Health, *Tennessee Deaths 2011*, released January 2013  
<http://health.state.tn.us/statistics/PdfFiles/TnDeaths11.pdf>

According to Healthy People 2020 injury and violence is preventable through strategic interventions that focus on:

- Changing social norms that violence is acceptable
- Improving problem-solving skills (parenting, conflict resolution, coping, etc.)
- Changing policies to address social and economic disadvantages that tend to contribute to violence

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=24>

The World Health Organization asserts that violence can be prevented through implementation of the following strategies:

- Developing safe, stable and nurturing relationships between children, parents, and caregivers
- Developing life skills in children and adolescents
- Reducing the availability and harmful use of alcoholic beverages (regulated by restricting the hours or days it can be sold and by reducing the number of alcohol retail outlets)
- Reducing access to guns, knives and pesticides (370 000 suicides are caused by ingestion of pesticides every year)
- Promoting gender equality to prevent violence against women (address stereotypes and cultural norms of power and control over women)
- Changing cultural and social norms that tolerate violence (interventions that address dating violence and sexual abuse among teenagers and young adults)
- Providing care and support programs for victims

[http://whqlibdoc.who.int/publications/2009/9789241598507\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241598507_eng.pdf)

## Smoking

The U.S. Surgeon General's report in 2012, *Preventing Tobacco Use among Youth and Young Adults*, triggered nationwide attention and efforts to prevent tobacco use. It reported that cigarette smoking costs the nation \$96 billion in direct medical costs and \$97 billion in lost productivity annually. In addition to the billions in medical costs and lost productivity, tobacco is devastating to the health of youth and young adults. In the U.S. tobacco has been the leading cause of preventable and premature death, killing an estimated 443,000 Americans each year.

<http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/exec-summary.pdf>

According to the National Cancer Institute, tobacco use has been linked with lung cancer, and other diseases of stroke, head and neck cancer, bladder cancer, heart disease and blood vessel disease. Reducing tobacco use, according to the National Cancer Institute could have a substantial impact in reducing the death rates among men and women.



The *2012 Tennessee Men's Health Report Card* noted that the state had decreased in the number of men that smoke cigarettes but the rate of tobacco use was higher than the national goals of Healthy People 2020 (HP2020). In addition, the death rates from smoking related cancers (lung, head and neck) were two times higher among men in Tennessee than the recommended goals of HP2020.

Smoking is the leading cause of premature preventable deaths in Tennessee, according to the MPHD's Health Promotion Division. It initiated a comprehensive effort to reduce tobacco use by youth and to increase the number of smoke-free public places and work places in Nashville. It worked with the Smoke-Free Nashville Coalition, conducting surveys to determine tobacco use by youth and by implementing public education campaigns to discourage tobacco use.

[http://medicineandpublichealth.vanderbilt.edu/TNmenshealthreportcard\\_2012.pdf](http://medicineandpublichealth.vanderbilt.edu/TNmenshealthreportcard_2012.pdf)

<http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41>

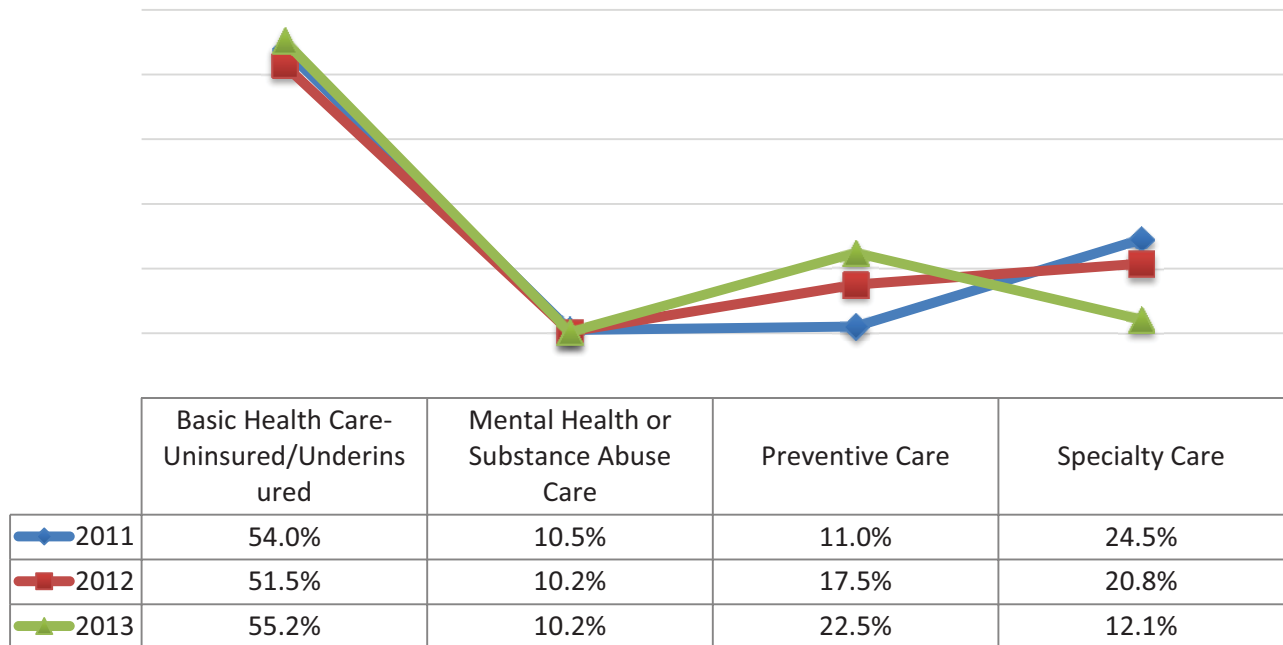
### Grassroots Community Surveys

The Grassroots Community Surveys, conducted annually since 2009 asked respondents to identify their greatest unmet needs. The question on unmet needs in the category of health was added for 2011. In 2013, survey results showed that 55.2% of respondents identified unmet needs related to being uninsured or having limited health insurance. The second highest unmet health need in 2013 was for preventive care at 22.5%, a 5% increase from 2012, as shown in Chart HHD-8.

Chart HHD-8 also shows that during the period of 2011-2013, the need for basic health care for uninsured individuals and individuals with limited health insurance consistently ranked as the greatest need.

During the 3-year period, the respondents revealed minor variations in mental health and substance abuse needs, with specialty care needs having decreased more than 8%, and the need for preventive care increased each year. The trends of the surveys in preventive care and specialty care seemed to indicate improvements that could be attributed to improved access to specialty care possibly related to the Affordable Care Act (ACA). The ACA has focused on prevention as a deterrent of poor health and there have been public health campaigns to encourage healthy lifestyles, and identify harmful health hazards that can be controlled by individual lifestyle and/or behavioral changes.

**Chart HHD-8 Greatest Unmet Need in Health**  
Grassroots Community Survey, 2011-2013



Source: 2011-2013 Grassroots Community Surveys

## Human Development

The foundation of a healthy and productive life is established in early childhood, according to Harvard University’s Center on the Developing Child. *The Foundations of Lifelong Health Are Built in Early Childhood*, which is from the Center on the Developing Child explained that child development is a critical component of human development and begins with the mother’s health before pregnancy. Sound health practices are essential to the development of the child’s brain and a broad array of abilities, including the capacity to learn. [http://developingchild.harvard.edu/index.php/download\\_file/-/view/701/](http://developingchild.harvard.edu/index.php/download_file/-/view/701/)

This Human Development section focuses on child development as the foundation for a productive and sustainable future through healthy human development. The World Health Organization stated that the future of human society is dependent on children being able to achieve optimal physical growth and psychological development.

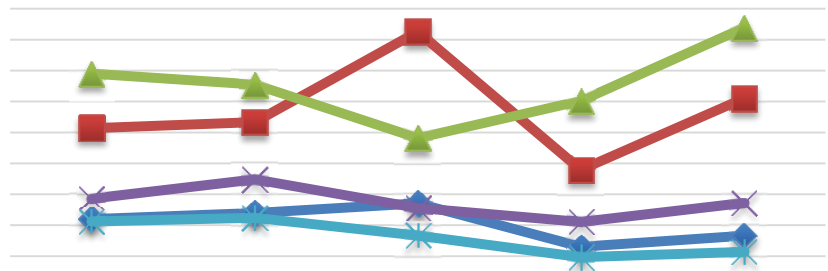
[http://www.who.int/maternal\\_child\\_adolescent/topics/child/development/en/](http://www.who.int/maternal_child_adolescent/topics/child/development/en/)

### Grassroots Community Surveys

The Grassroots Community Survey also asks respondents to identify their greatest need in the category of Home and Community Based Services, which includes various services for dependent persons (either children or elderly people with disabilities). In 2011, the most frequently identified need was Help Paying for Child Care, but in all other years, that was the second most frequently identified need. As shows in Chart HHD-9, during those four years, the most frequently identified need was Homemaker Services for Elderly or Disabled People.

**Chart HHD-9: Greatest Need in Home and Community Based Services  
(Seniors, Child Care)**

Grassroots Community Survey, 2009-2013



	2009	2010	2011	2012	2013
◆ Child Care Closer to My Home	11.0%	12.0%	13.5%	6.5%	8.3%
■ Help Paying for Child Care	25.7%	26.7%	41.3%	19.0%	30.5%
▲ Homemaker Services for Elderly or Disabled People	34.5%	32.8%	24.1%	30.1%	41.9%
✕ Homemaker Services for Relative Caregivers (raising the children of relatives)	14.3%	17.4%	12.8%	10.5%	13.6%
✦ More Infant Child Care	10.6%	11.2%	8.3%	4.8%	5.7%

Source: Grassroots Community Survey, 2009-2013

## Early Child Development

The early years of a child's life are critical to a child's health and development. The healthy development of all children, including those with special health care needs, provides opportunities for children to grow up with social, emotional and educational stability. Just as proper nutrition, exercise, and rest are essential to health so is having a safe and loving home, spending time with family, playing, reading, and socialization, which are additional components of healthy child development.

The CDC recommended that parents, health professionals, educators, and others work collaboratively to help children grow up to be healthy to have the ability to realize their full potential for success.

<http://www.cdc.gov/ncbddd/childdevelopment/facts.html>  
<http://www.cdc.gov/ncbddd/childdevelopment/index.html>



The National Institute for Early Education Research (NIEER) of Rutgers University, reported in *Early Childhood Education: Pathways to Better Health* (April, 2013) that poverty, abuse, stress associated with neglect or abuse, poor prenatal care, and malnutrition are factors that tend to compromise healthy development of children.

<http://nieer.org/sites/nieer/files/health%20brief.pdf>

Children who live in persistent poverty or low-income families are more likely to be poor between the ages of 25 and 30, give birth as teens out of wedlock, have difficulty with maintaining stable employment and have poor overall health, according to *The First Eight Years*, Policy Report from the Annie E. Casey Foundation, released in November 2013.

<http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

The negative effects of poverty on children can be prevented according to the Children's Defense Fund, with high quality early childhood development and learning interventions that provide for the child's future success and lifetime benefits. It stated that high quality early childhood programs are beneficial to all children, and the children from those programs are more likely to graduate from high school, hold a job, make more money and be less likely to commit a crime than their peers who did not participate.

<http://www.childrensdefense.org/child-research-data-publications/data/strong-start-for-children-act.pdf>

According to the Harvard University Center on the Developing Child report, *The Foundations of Lifelong Health Are Built in Early Childhood*, scientific advances in research have suggested that:

- Significant adversity can undermine the body's stress response systems and causes detrimental effects on the brain, immune and cardiovascular systems, and the metabolism
- The physiological disruptions caused by adversity can persist and could lead to a lifetime of physical and mental health impairments
- Early experiences in a child's life are manifested in the child's body

[http://developingchild.harvard.edu/index.php/resources/reports\\_and\\_working\\_papers/foundations-of-lifelong-health/](http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/foundations-of-lifelong-health/)

For early childhood programs to have the capacity to produce positive and life-long effects on children, the programs should meet the highest standards of quality, according to the National Association for the Education of Young Children. It also stated that the highest standards of quality would require a vision of excellence and a commitment from a partnership between government, business, other private entities and the public.

<http://www.naeyc.org/policy/excellence>

## Early Childhood Education

Early childhood education programs can profoundly impact the health of participants beginning in early childhood and through adulthood, according to *Early Childhood Education: Pathways to Better Health* (April, 2013). For example, children who attend high quality early education programs make cognitive and social emotional gains that are linked to improved adult health.

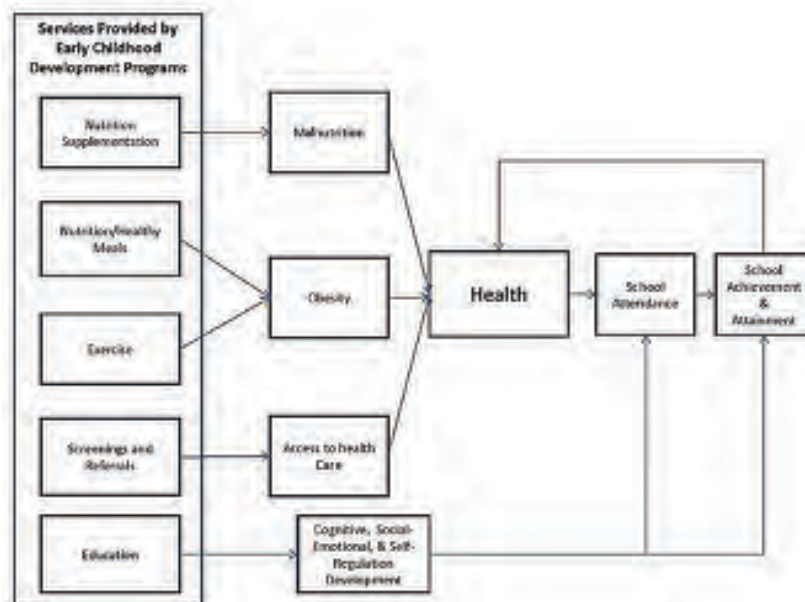
Preschool participants in high quality early education programs are also more likely to receive appropriate health screenings and immunizations, as well as medical care and receive dental care that produces an early foundation for better health. The report also stated that early childhood education programs can lead to improvement in the child's health, health related behaviors and access to health care.

<http://nieer.org/sites/nieer/files/health%20brief.pdf>



The benefits of early childhood education programs to health is presented in Figure 1, which is from *The Direct Effects of Early Childhood Education Programs on Health*, a policy brief from NIEER (April 2013). As shown in Figure 1, specific interventions can improve specific health outcomes. For example, services provided in early childhood development programs that address nutrition, healthy meals and exercise will decrease the likelihood of the child being obese, enhance the overall health of the child and decrease the risk of being absent from school due to illness. Ultimately, the child's school achievement would benefit because of regular school attendance, and the child would more likely graduate from high school, and ultimately increase the likelihood of subsequent achievements.

**Figure 1: Direct Effects of Early Childhood Education Programs on Health**



Source: National Institute for Early Education Research, *Early Childhood Education: Pathways to Better Health*, April 2013

<http://nieer.org/sites/nieer/files/health%20brief.pdf>

<http://nieer.org/publications/policy-matters-policy-briefs/early-childhood-education-pathways-better-health>

According to *Early Childhood Education as an Essential Component of Economic Development* (January, 2013) by Arthur MacEwan of the Political Economy Research Institute of the University of Massachusetts, early childhood education creates economic impact savings for the government. It stated that investing in quality early childhood education is associated with lower incidences of grade retention, special education, increased high school graduation and college attendance rates, reduced reliance on social support programs, and decreased encounters with the criminal justice system.

[http://www.peri.umass.edu/fileadmin/pdf/published\\_study/ECE\\_MacEwan\\_PERI\\_Jan8.pdf](http://www.peri.umass.edu/fileadmin/pdf/published_study/ECE_MacEwan_PERI_Jan8.pdf)

The Annie Casey Foundation acknowledged the advantages of investments in early childhood education. High-quality early education and care are very important in preparing children for success and benefits that lead to greater educational attainment, career advancement, and higher incomes, based on the Annie Casey Foundations report, *The First Eight Years: Giving Kids a Foundation for Lifetime Success*.

*The First Eight Years* stated that children who attend high-quality preschools have higher test scores, less behavior problems and lower rates of grade repetition. The children also have higher rates of high school graduation, improved employment opportunities, and lower rates of drug abuse and depression.

<http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

According to Tennessee Head Start, there are 27 Head Start programs in the state that serve more than 20,000 children and their families annually with comprehensive educational, social and health programs. Head Start has 350 classrooms that are operated by government, private, faith-based, and charitable organizations in nearly every county in Tennessee.

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

Photo: Metro Action Commission,  
Head Start Program



The Metropolitan Action Commission's Head Start Program of Nashville and Davidson County provides free pre-school education for income-eligible children ages 3-5 years old. There are 7 Head Start Centers with 3 partner sites in Davidson County. According to the *Head Start/ Early Head Start Annual Report* (July 1, 2011-June 30, 2012) 1,712 children were served by their Head Start program.

<http://www.nashville.gov/Metro-Action-Commission/Head-Start.aspx>

<http://www.nashville.gov/Portals/0/SiteContent/MAC/docs/MAC%20Head%20Start%20Annual%20Report%202011-12.pdf>

*"The State of Preschool 2012,"* an annual report released from NIEER, specified that state funding across the U.S. for Pre-K decreased by \$500 million for the 2011-2012 school year. It also indicated that only 28% of 4-year-olds in the U.S. were enrolled in a state-funded preschool program that school year.

<http://nieer.org/sites/nieer/files/yearbook2012.pdf>

In Tennessee, 22% of the state's 4 year olds were enrolled in Pre-K in 2012. Tennessee's preschool, also known as the Tennessee Voluntary Pre-K or VPK program was enacted through the Voluntary Pre-K for Tennessee Act of 2005. The quality of the VPK program is monitored annually by the Tennessee Department of Education and consultants through on-site visits, review of reports, classroom quality assessments and the program outcomes demonstrating continuous improvement.

[http://nieer.org/sites/nieer/files/Tennessee\\_0.pdf](http://nieer.org/sites/nieer/files/Tennessee_0.pdf)

Based on the *2013-14 Tennessee Voluntary Pre-Kindergarten Fact Sheet*, from the Tennessee Department of Education, Tennessee’s Voluntary Pre-K (TN VPK) program is recognized as one of the national leaders in pre-K quality and served 18,621 children during the 2012- 2013 school year. Tennessee also achieved 9 out of 10 quality benchmarks standards by NIEER in 2012.

[http://www.state.tn.us/education/earlylearning/prek/doc/Pre-K\\_Fact\\_Sheet.pdf](http://www.state.tn.us/education/earlylearning/prek/doc/Pre-K_Fact_Sheet.pdf)

The 2012 Quality Benchmark Standards from *the State of Preschool 2012* are shown in the following diagram for the State of Tennessee:

POLICY	BENCHMARK	DOES REQUIREMENT MEET BENCHMARK
Early Learning standards	Comprehensive	✓
Teacher degree	BA Degree	✓
Teacher specialized training	Specializing in pre-K	✓
Assistant teacher degree	Child Development Associate degree (CDA) or equivalent	
Teacher in-service	At least 15 hours/year	✓
Maximum class size	20 or less	✓
Staff-child ratio	1:10 or better	✓
Screening/referral & minimum of 1 support service	Vision, hearing, health; and a minimum of 1 support service	✓
Meals	Minimum of 1 per day	✓
Monitoring	Site visits at least every five years	✓

The standard not met in Tennessee was the requirement that all assistant teachers should have a Child Development Associate degree (CDA) or the equivalent.

[http://nieer.org/sites/nieer/files/Tennessee\\_0.pdf](http://nieer.org/sites/nieer/files/Tennessee_0.pdf)

According to the *State of Preschool 2012*, Tennessee’s VPK had depended on funding from multiple sources since inception that included general education revenue, lottery revenue and federal TANF funds. It stated that during the 2011-2012 school year, the VPK program received a \$950,000 increase over the previous year. It also stated that, “The additional funds were allocated to the existing classrooms to support increases for teachers’ retirement and health care costs.”

[http://nieer.org/sites/nieer/files/Tennessee\\_0.pdf](http://nieer.org/sites/nieer/files/Tennessee_0.pdf)

Enrollment for Tennessee’s VPK is based on a 3-tier priority rating system:

- Tier 1 (the first priority) consists of 4-year-olds whose family’s income qualifies them to receive free or reduced-priced lunch, as well as those who are homeless or in foster care.
- Tier 2 consists of 4-year olds who are disabled (requiring special education supports and services), children with a history of abuse or neglect, English Language Learners, and children who are in state custody.
- Tier 3 consists of children considered to be at risk based on factors that include teen parents, low parent education level, a parent serving in active military duty, or single-parent families.

[http://nieer.org/sites/nieer/files/Tennessee\\_0.pdf](http://nieer.org/sites/nieer/files/Tennessee_0.pdf)



According to the September 2013 release of *Child Poverty in America 2012* by the Children’s Defense Fund, approximately 10 million poor children lived in single-parent families, most in single-mother households. As described in the Center for Law and Social Policy’s *Child Poverty in the U.S.* (September 2013), even when single mother householders work, the women tend to earn less than men and their children are at greater risk of poverty.

<http://www.childrensdefense.org/child-research-data-publications/data/child-poverty-in-america-2012.pdf>  
[http://www.clasp.org/admin/site/publications/files/9.18.13-CensusPovertyData\\_FactSheet.pdf](http://www.clasp.org/admin/site/publications/files/9.18.13-CensusPovertyData_FactSheet.pdf)

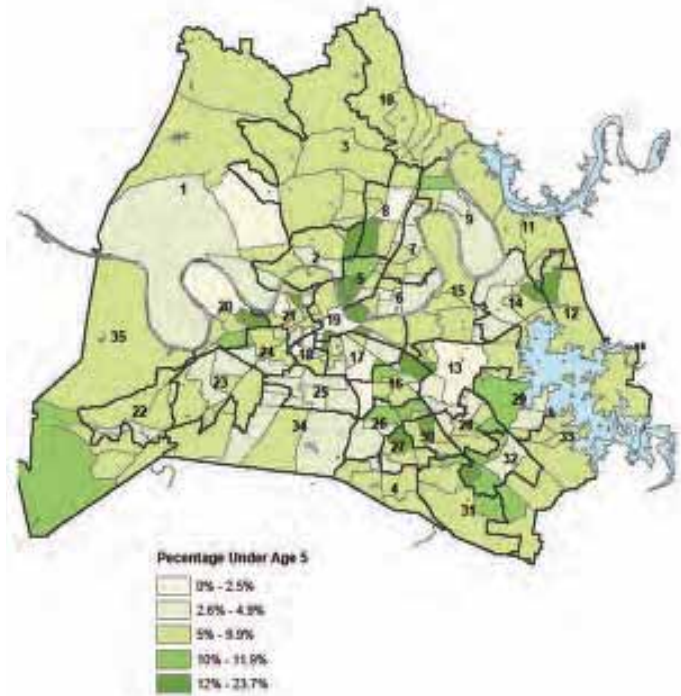
In 2012 Davidson County single female householders with children under age 5 were more likely to have lived in poverty, followed by single female householders with children under age 18, according to the 2012 ACS. Chart HHD-10 shows that in 2012 there were 42.7% of Davidson County single female householders living below the poverty level with children under age 5, and 39.3% with children under 18.

**Chart HHD-10: Single Female Head of Household with Children in Poverty**  
 Davidson County, 2012



Source: 2012 ACS, 1- Year Estimates (DP03)

Percentage Under Age 5 by Census Tracts with Metro Council Districts  
 Davidson County, Tennessee, 2008-2012  
Data from U. S. Census Bureau; Shapfiles by Metropolitan Planning Department  
 Maps by Metropolitan Social Services-Planning & Coordination-Social Data Analysis



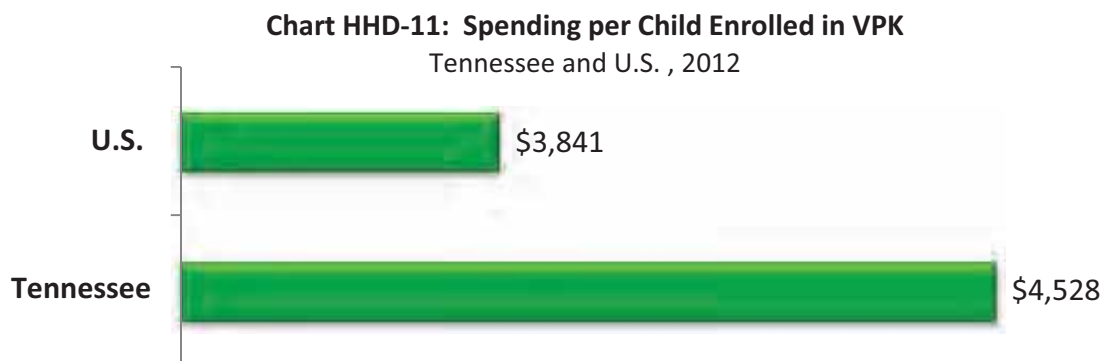
The adjacent map shows that the greatest percentage of Davidson County children under age 5 from 2008-2012 lived in the southern portion of the county, which is based on Census Tract data from the U.S. Census Bureau. Metro Council District Boundaries are also shown.

The *2012 State of Preschool Yearbook* indicated that federal funding for states decreased for pre-K for the school year 2011-2012 by over half a billion dollars (adjusted for inflation). It was the largest decrease ever in one year. The level of the budget cuts was attributed to the prolonged effects of the recession on state budgets with \$127 million in American Recovery and Reinvestment Act (ARRA) funds spent during the prior year. It also stated that Tennessee was one of 17 states in the nation that managed to increase the enrollment of pre-K in 2012.

<http://nieer.org/sites/nieer/files/yearbook2012.pdf>

Based on *The State of Preschool 2012*, Tennessee's state funding for VPK in 2012 exceeded the national average for money spent per child enrolled in the program. Tennessee spent \$4,528 per child compared to the national average of \$3,841, which is shown in Chart HHD-11. The commitment to Tennessee's Pre-K has been strengthened by the ongoing research and evidence provided by the Peabody Research Institute at Vanderbilt University and from administrative oversight by the Tennessee Department of Education's Office of Early Learning.

<http://nieer.org/sites/nieer/files/yearbook2012.pdf>



Source: National Institute for Early Education Research, *State of Preschool 2012*

High quality child care is essential for working parents and it increases their capacity to maintain employment, according to the U.S. Department of Health and Human Services (HHS). It also described the high cost of child care as a deterrent for many low-income families who cannot afford to pay for child care without financial assistance.

<http://www.hhs.gov/secretary/about/priorities/strategicplan2010-2015.pdf>

Child care financial subsidies are provided through the Tennessee Department of Human Services (DHS) Tennessee's Child Care Certificate Program (CCCP), with funding from the Child Care Development Block Grant (CCDBG) and the federal Temporary Assistance for Needy Families (TANF) Block Grant. In 2012 according to the Tennessee Department of Human Services (DHS), there were 35,101 children enrolled in child care facilities in which child care costs were subsidized.

<http://www.tn.gov/humanserv/pubs/DHS-AR11-12.pdf>

The DHS CCCP is intended to provide child care certificates for:

- Families in the Families First Program who need help paying for child care
- Parents that are no longer eligible for Families First but need assistance to pay for child care during the transition from welfare to work
- Teen parents
- Children at risk as determined by the Tennessee Department of Children Services (DCS)

[http://www.tn.gov/humanserv/adfam/cc\\_olm/2.1EligibleChildren.htm](http://www.tn.gov/humanserv/adfam/cc_olm/2.1EligibleChildren.htm)

The DHS licensing process for child care providers was developed to ensure the health and safety of children. DHS is responsible for licensing child care centers with 13 or more children. DHS maintains the 3-star quality rating systems as the standards for the licensing process to demonstrate program quality. Not all programs have achieved the quality standards required in the 3-star quality rating system.

[http://www.tn.gov/humanserv/adfam/cc\\_main.html](http://www.tn.gov/humanserv/adfam/cc_main.html)

The Star-Quality Child Care Program (also known as the 3-star quality rating system) is voluntary for child care programs. It supports the increase of quality child care providers throughout the state, as well as offers additional training and improvement.

<http://www.kidcentraltn.com/article/child-care-star-rating>

### **Challenges to the Educational Development of Children and Youth**

*America's Children: Key National Indicators of Well-Being, 2013* described many differences in the performance of students of various racial and ethnic backgrounds and noted that, Asian and White, non-Hispanic kindergartners usually had higher scores than their peers. In addition, reading, mathematics, and science scores were lower for kindergartners in households with incomes below the federal poverty level and for children from 100% to 199% of the federal poverty level than for children in households with incomes at or above 200% of the federal poverty level.

[http://childstats.gov/pdf/ac2013/ac\\_13.pdf](http://childstats.gov/pdf/ac2013/ac_13.pdf)

According to the Brookings Institute's *Starting School at a Disadvantage: The School Readiness of Poor Children* (March 2012), in the U.S. children who are poor start to school at a disadvantage because of inadequate educational skills and health development. It reported that by age five, only about 48% of poor children are ready for school compared to 75% of children from families with moderate to high incomes.

*Starting School at a Disadvantage* also reported that in addition to poverty, a child's school readiness was influenced by preschool attendance, the parents' education, maternal depression, prenatal exposure to tobacco, and low birth weight. The probability of being school ready is 9% higher for children who attend preschool. Also being ready for school was 10% lower for children whose mothers smoked during pregnancy and 10% lower for children whose mothers were not supportive and nurturing during parent-child interactions.

[http://www.brookings.edu/~media/research/files/papers/2012/3/19%20school%20disadvantage%20isaacs/0319\\_school\\_disadvantage\\_isaacs.pdf](http://www.brookings.edu/~media/research/files/papers/2012/3/19%20school%20disadvantage%20isaacs/0319_school_disadvantage_isaacs.pdf)

The Metro Nashville Public Schools (MNPS) showed academic improvements as well as areas that were in need of improvement. Based on the *Metro Nashville Public Schools (MNPS) Achievement data and Tennessee's 2012-2013 Report Card*, MNPS earned recognition from the State Department of Education's accountability framework, for overall improvements in all grade levels tested in math, with high schools showing the highest improvement.

Metro Schools' reading/language arts scores showed a decline from the previous school year in grades 3-8 and English II:

- The MNPS reading scores across grades 3-8 fell slightly from 40.6% to 39.9%.
- The MNPS English II scores declined by 1.2% from 48.7% to 47.5%

In addition to having a literacy plan, Metro Schools continued to address the achievement gap for subgroups of students, indicating two areas of improvement:

- The gap between Davidson County students with disabilities and their peers without disabilities was less than half of the statewide gap for grades 3-8 in both reading and math.
- The gap in grades 3-8 in both reading and math among Black/Hispanic/Native American subgroups and all students was approximately half of the statewide gap.

<http://www.mnps.org/Page63162.aspx>

<http://www.tn.gov/education/reportcard/2013.shtml>

The *2013 Education Report Card* is an annual report card of MNPS from the Nashville Area Chamber of Commerce, with an in-depth assessment of the school system's performance and progress. According to the *2013 Education Report Card*, MNPS had shown improvement in the Tennessee Comprehensive Assessment Program (TCAP) math scores during the past 4 years. For the percentage of students who earned a minimum score of 21 on the ACT, the scores indicated a decrease from 29% in 2012 to 28% in 2013. The graduation rate (which only counts students who graduate within four years and one summer) decreased from 78.4% in 2012 to 76.6% in 2013.

<http://www.nashvillechamber.com/docs/default-source/education-reports-and-publications/2013-education-report-card.pdf?sfvrsn=8>

The nonprofit organization Alignment Nashville supports the progress and initiatives of MNPS. It is acknowledged by MNPS as a key partner in developing and implementing systematic approaches to support the school system's vision and students. Alignment Nashville aligns community organizations and resources for coordinated support of youth that will have a positive impact on public school success, children's health, and the success of the Nashville community. In 2012, the board of Alignment Nashville identified the following goals:

- Increase of high school graduation rates
- Increase of students being college ready
- Increase of students being ready for careers
- Children's Health and Wellness
- Community Prosperity



[http://www.alignmentnashville.org/file\\_download/1162](http://www.alignmentnashville.org/file_download/1162)

## Homeless Students

The stress of homelessness negatively affects the growth and development of children, as described in *The Cost of Homelessness* from the Campaign to End Child Homelessness of The National Center on Family Homelessness (December 2012). It stated that from a young age, children who are homeless demonstrate significant delays in gross and fine motor skills, social skills as well as the instability of having to move from place to place can negatively impact education, especially for older children. *The Cost of Homelessness* stated that within a single year, 97% of children who are homeless move up to 3 times and 40% attend 2 different schools, with about 1/3 having to repeat a grade after failing the first time. It indicated that children experiencing homelessness are more likely than their peers to suffer from serious and chronic illnesses.

<http://www.homelesschildrenamerica.org/media/266.pdf>

According to *Education for Homeless Children and Youths Program Data Collection Summary* from the National Center for Homeless Education (October 2013), there were approximately 1.2 million homeless public school students during the 2011-2012 academic year, the largest number ever recorded. Their data indicated a 10%

increase from the previous year and a 72% increase since the start of the recession. It reported that during the 2009-2010 school year, the number of homeless children was less than 1 million (935,831); during the 2010-2011 academic year it was 1,062,928, and reached 1,166,436 during the 2011-2012 year. The data also showed that in Tennessee the reported number of homeless students enrolled in public schools increased to 14,586 during the 2011-2012 school year, up from 11,458 in 2009-2010; and 13,958 in 2011-2012.

<http://center.serve.org/nche/downloads/data-comp-0910-1112.pdf>

The federal McKinney-Vento Homeless Assistance Act ensures educational rights and protections for children and youth experiencing homelessness. The term homeless has been defined by the McKinney-Vento Act's Education for Homeless Children and Youth Program as "a lack of permanent housing resulting from extreme poverty, or, in the case of an unaccompanied youth, the lack of a safe and stable living environment."

[http://center.serve.org/nche/downloads/mv\\_full\\_text.pdf](http://center.serve.org/nche/downloads/mv_full_text.pdf)

The MNPS Homeless Education Resources Outreach (H.E.R.O.) provides resources and services needed to help homeless children and youth to be successful in school. It reports that during the 2012-2013 school year, there were a total of 2,750 homeless students enrolled in Metro Schools or a 12% increase from the previous school year. As of January 3, 2014, there were already 2,831 students enrolled in the H.E.R.O. program, and yet the school year had not ended. The program reported a significant increase in the number of requests for clothing, food and housing assistance. Some schools have food and clothing pantries onsite and work with other organizations to address needs. The program's services are offered to children and families in transition, including the following as well as other services:

- Assistance with school enrollment process and paperwork
- Help with school issues, questions or concerns
- Housing and community resource information
- Obtaining birth certificates, immunization records and school records
- Parent education sessions and workshops
- Referrals for dental, medical and mental health services
- School supplies
- Standard school attire
- Special distribution events (food boxes, hygiene products, holiday toys, etc.)
- Transportation to school and school related events/activities
- Tutoring services



<http://www.mnps.org/Page63876.aspx>

# Housing & Neighborhoods

## Key Findings

- The number of cost-burdened renters and owners has declined slightly, but well over one-third of Davidson County residents continue to pay more than 30% of household income for housing and related expenses.
- Housing-related assistance continues to be one of the top needs cited by respondents in the Metro Social Services Grassroots community surveys.
- Calls about Housing and Utilities were almost 30% of all calls to United Way's 2-1-1 Call Center.
- More than 80% of people seeking help at Metro Social Services identified a need for housing-related assistance and some identified other needs as well.
- Median home values in Davidson County declined from 2008-2013, while median gross rent increased.
- People working full-time in several occupations necessary to the community cannot afford to buy a home or rent an apartment without being cost-burdened.
- Owning a home may no longer be a significant part of The American Dream for many people – home ownership in America has declined significantly in the last 20 years.
- Local home ownership is slowly rebounding from the housing crisis. The number of building permits for both single-family and multi-family structures rose in 2012 from 2011. Home sales also increased from 2011. Home starts rose in the second quarter of 2013.
- The number of foreclosures in Davidson County in 2012 was about the same as 2011, down from the annual numbers for 2008 through 2010.
- Davidson County appears to be doing better at housing people who are chronically homeless and homeless veterans, but not as well at housing families.

**We shape our dwellings, and afterwards our dwellings shape us.**

Winston Churchill

## Introduction

Much of the technical and popular writing in the fall of 2013 indicates that the housing market has changed in many ways due to changes in population demographics, residual effects of the Great Recession such as unemployment, the housing market downturn, changes in housing preferences, and changes in housing-lending-related financial laws and rules. These factors will lead to smaller homes, smaller lot sizes with more attached units per lot, more people per housing unit, more renters, and increasing demand for residence in urban neighborhoods with jobs and amenities within walking distance.

A quote from *America's Rental Housing: Evolving Markets and Needs* by the Harvard University Center for Joint Housing Studies sums up how housing in America has changed in the recent past.

“Rental housing has always provided a broad choice of homes for people at all phases of life. The recent economic turmoil underscored the many advantages of renting and raised the barriers to homeownership, sparking a surge in demand that has buoyed rental markets across the country. However, significant erosion in renter incomes over the past decade has pushed the number of households paying excessive shares of income for housing to record levels. Assistance efforts have failed to keep pace with this escalating need, undermining the nation’s longstanding goal of ensuring decent and affordable housing for all.”

<http://www.jchs.harvard.edu/research/publications/americas-rental-housing-evolving-markets-and-needs>

Mixed-use (combined residential and commercial use in the same neighborhood), mixed-income communities are becoming more popular. Observations about Nashville from presentations at the 2013 Tennessee Governor’s Housing Summit indicate that the county’s housing market is slowly recovering, but with differences from prior to the downturn. Homebuyers are more diverse and have more uncertainty about buying because of the economy and unemployment. There is a need for more reasonably-priced property on which to build as well as a larger trained labor force. Materials costs continue to rise. These and other factors are leading to the trends listed above, and to more vertical building with more density. Smaller unit sizes and even micro housing are becoming more popular. Observations for NashvilleNext by Dr. Arthur Nelson, Executive Director of the Metropolitan Research Center at the University of Utah included three “new housing market realities” for the Nashville region:

1. Smaller homes, possibly with more people per unit
2. Smaller lots with more attached units
3. More renters, including doubled-up households

Sources: 2013 Tennessee Governor’s Housing Summit, Housing Trends, October 7, 2013; Arthur C. Nelson, Greater Nashville Trends & Opportunities 2010-2040, October 2013.

<http://www.nashville.gov/Portals/0/SiteContent/Planning/docs/NashvilleNext/2003%2009%2019%20Nashville%20Trends%20Opportunities%202025-2040.pdf>

In a September 2013 article *Suburbs in Transition*, the authors cite some trends as influences leading to reduced home ownership, smaller home sizes and more units on lots, and more infill and redevelopment of existing properties into developments with greater density:

- Energy costs continue to rise, including the price of gasoline needed for car transportation from suburbs to jobs and amenities
- Slow employment recovery, partially caused by the mismatch of knowledge needed for available jobs and the lack of preparedness (education) of people in the available workforce.
- Growing wealth inequality and more people in poverty or near-poverty, with the result that fewer people can afford to buy homes because they cannot accumulate assets.
- Changes in financing laws and rules, making home loans harder to get due to increased underwriting requirements of lending institutions such as higher credit scores, higher employment income and stability, and higher down payments.
- Changing preferences of people toward urban living and walkable neighborhoods.

<http://dx.doi.org/10.1080/14649357.2013.808833>

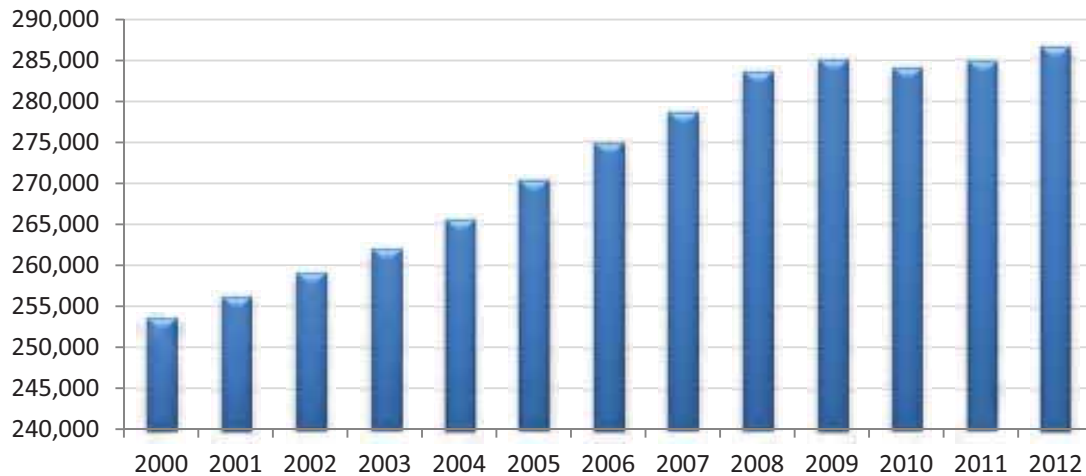
An Urban Land Institute publication, *Emerging Trends in Real Estate 2014*<sup>®</sup>, reports the result of a 2013 survey of over 1,000 industry experts such as investors, fund managers, developers, lenders, brokers, and others. In it is a list entitled *Top U. S. Markets to Watch: Overall Real Estate Prospects*, which ranks 51 city real estate markets. Nashville is ranked 14<sup>th</sup> for investment, 11<sup>th</sup> for development and 15<sup>th</sup> for homebuilding.

<http://www.uli.org/wp-content/uploads/ULI-Documents/Emerging-Trends-in-Real-Estate-Americas-2014.pdf>

### Housing Demographics

Chart H-1 shows the trend in the total number of existing housing units in Davidson County by year – The American Community Survey 1-year estimate of total housing units for 2012 is 286,745.

**Chart H-1: Number of Housing Units**  
Davidson County, 2000-2012



Source: U. S. Census Bureau, 2012 American Community Survey 1-Year Estimates, Table CP04

The definition of a housing unit used by the U. S. Census Bureau is a house, apartment, mobile home, group of rooms or single room that is occupied or intended for occupancy as separate living quarters. Table H-1 shows the percentage of housing units in Davidson County by type of units for 2011 and 2012.

**Table H-1: Housing by Size/Type**  
Davidson County, 2011 & 2012

	2011	2012
<b>1-unit, detached</b>	51.7%	53.0%
<b>* 1-unit, attached</b>	9.0%	7.5%
<b>2 units</b>	5.3%	5.1%
<b>3 or 4 units</b>	3.4%	3.9%
<b>5 to 9 units</b>	6.7%	7.7%
<b>10 to 19 units</b>	9.4%	10.3%
<b>* 20 or more units</b>	12.8%	10.8%
<b>Mobile home</b>	1.7%	1.5%
<b>Boat, RV, van, etc.</b>	0.0%	0.1%

\*Indicates 2011-2012 ACS statistical significance

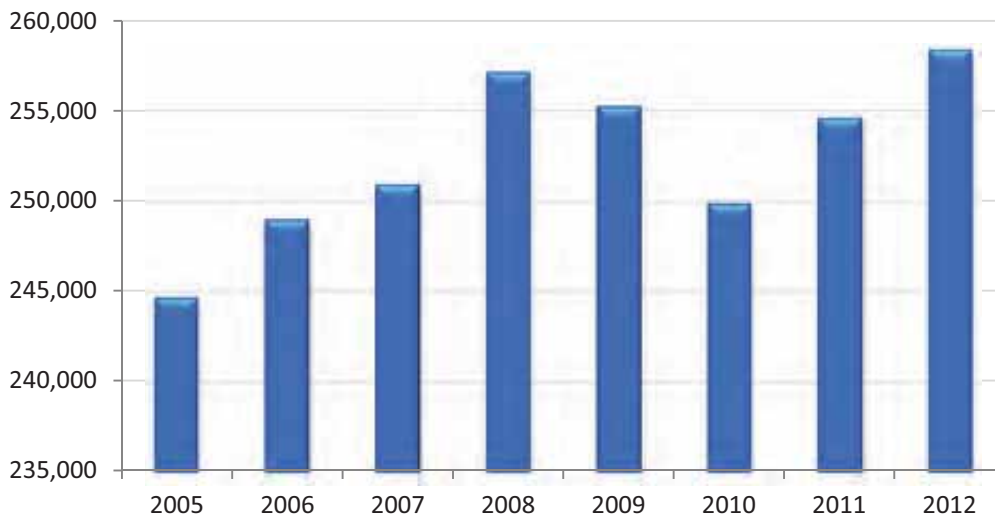
Source: U. S. Census Bureau, 2012 American Community Survey 1-Year Estimates, Table CP04



According to the 2012 American Community Survey, of the 286,745 total housing units in Davidson County, 90.1% were occupied, compared to 89.3% of 285,027 units in 2011. Of the 258,465 occupied housing units in Davidson County, 52.1% were owner-occupied and 47.9% were renter-occupied, compared to 2011 with 254,655 units that were 53.9% owner-occupied and 46.1% renter-occupied. There were 3,810 more occupied units in 2012: comprised of 3, 4, & 5+ bedroom units. There were fewer 0, 1, and 2 bedroom occupied units in 2012 than in 2011.

The ACS 1-year estimates of the total number of households in Davidson County show an increase from 2005-2008, a drop in 2009 and 2010, and decrease from 2008 to 2010 and increases in the years following. Note that as explained in the methodology section above, Census numbers are estimates with margins of error, which may be found in the cited ACS table for each chart.

**Chart H-2: Number of Households**  
Davidson County, 2005-2012



Source: U. S. Census Bureau, 2012 American Community Survey 1-Year Estimates, Table S1101

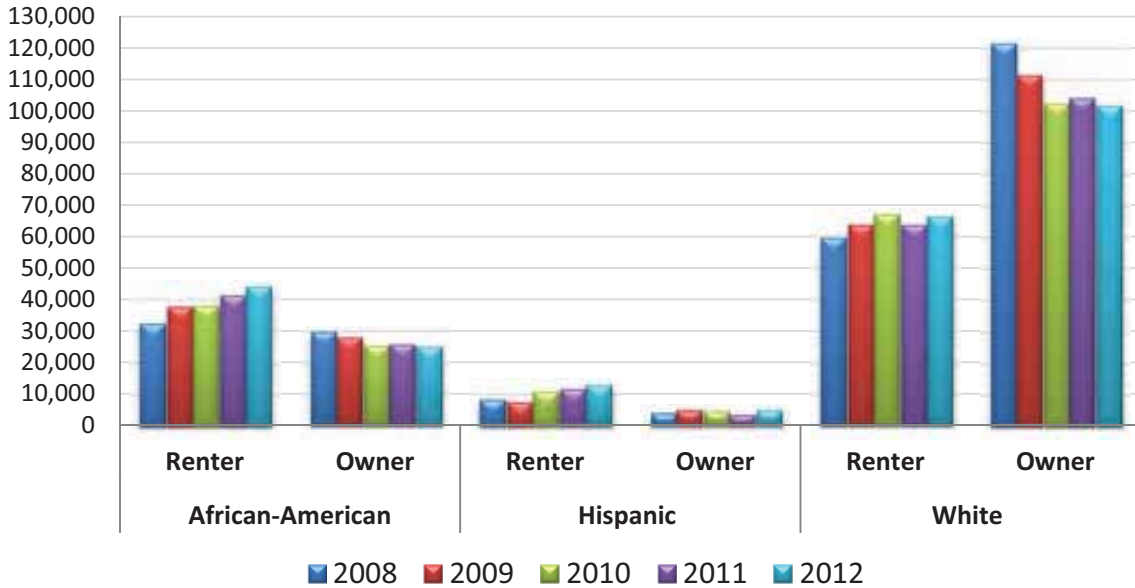
There are several traditional benefits to home ownership, including an opportunity to build equity and assets and a greater level of stability, which could have social benefits such as civic engagement and social alliances. In recent years, the housing crisis and the recession cast doubt upon the perceived financial benefits for some people.

Many young people want the flexibility of renting, and those who want to buy a home often cannot meet new underwriting criteria or afford a down payment because of student loan debt and high unemployment. Even with the current trend toward urban renting, owning a home is still sought by some, and the financial advantages seem to be coming back as the economy recovers.

The Census Bureau defines Household as all the people who occupy a housing unit as their usual place of residence. In contrast, family refers to a group of two or more people who reside together and who are related by birth, marriage, or adoption. Householder refers to the person in whose name the housing unit is owned or rented. The Census “reference person” is the Householder, to whom the relationship of all other household members is reported in the American Community Survey. The Census has a Glossary with detailed explanations of these and other terms: [http://factfinder2.census.gov/help/en/american\\_factfinder\\_help.htm#glossary/glossary.htm](http://factfinder2.census.gov/help/en/american_factfinder_help.htm#glossary/glossary.htm)

As shown in Chart H-3, the trend of more renters and fewer owners continued through 2012, greatly influenced by the economy and unemployment.

**Chart H-3: Trends in Ownership and Rentals by Race and Ethnicity**  
Davidson County, 2008-2012

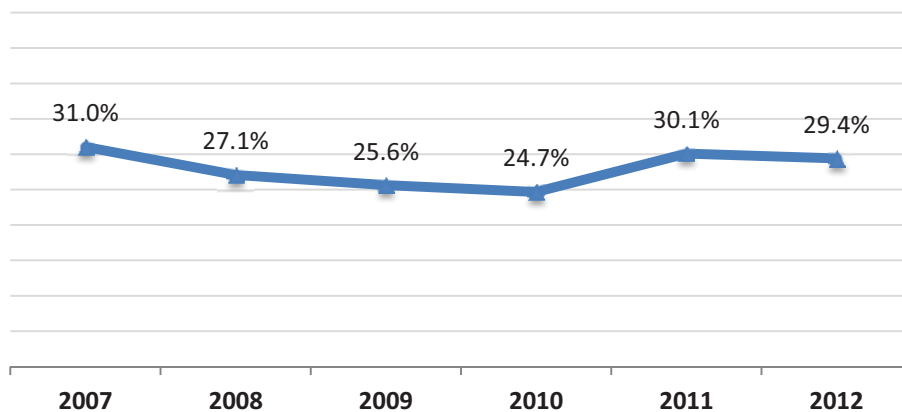


Source: U. S. Census Bureau, 2012 American Community Survey 1-Year Estimates, Tables B25003a, b, & l

### Housing Need

Chart H-4 shows average percentages of calls about housing/utilities from 2007 – 2012. The percentage of calls has remained generally consistent with a slight dip in years 2008-2010. It appears that slightly fewer people were asking 2-1-1 for housing-related assistance referral during the recession than before or after it. During the housing recession, some homeowners may have given up on receiving enough help to save their homes.

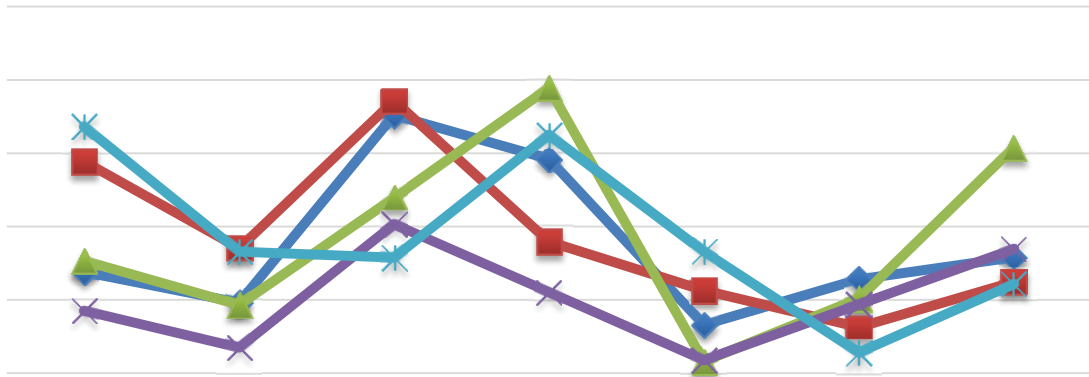
**Chart H-4: Average Annual Percent of All Calls to 2-1-1 for Housing/Utilities**  
Davidson County 2007-2012



Source: 211, United Way of Metropolitan Nashville

Chart H-5 shows ratings from the MSS Grassroots Survey by community respondents for 2009-2013. In 2013, Emergency Shelter emerged as a top need, essentially tied with Help with Rent Payments. The survey respondents were clients at Volunteers in Service to America (VITA) tax preparation sites, and presumably had incomes and housing, so the selection of shelter as the top need warrants further speculation. Tied for second greatest need were Help Paying Mortgage Payments and Homeowner Education and Training that is more understandable for this population.

**Chart H-5: Grassroots Surveys - Greatest Need in Housing**  
Davidson County 2009-2013



	Emergency Shelter	Help Paying Mortgage Payments	Help Paying Utility Bills	Help with Rent Payments	Homeowner Education and Training	Public Housing Units	Section 8 Vouchers
2009	11.9%	9.8%	22.6%	19.6%	8.3%	11.4%	12.9%
2010	19.4%	13.5%	23.6%	14.0%	10.6%	8.1%	11.2%
2011	12.7%	9.7%	17.0%	24.5%	5.8%	10.1%	20.4%
2012	9.3%	6.7%	15.2%	10.5%	5.9%	9.7%	13.5%
2013	21.8%	13.3%	12.9%	21.2%	13.3%	6.4%	11.1%

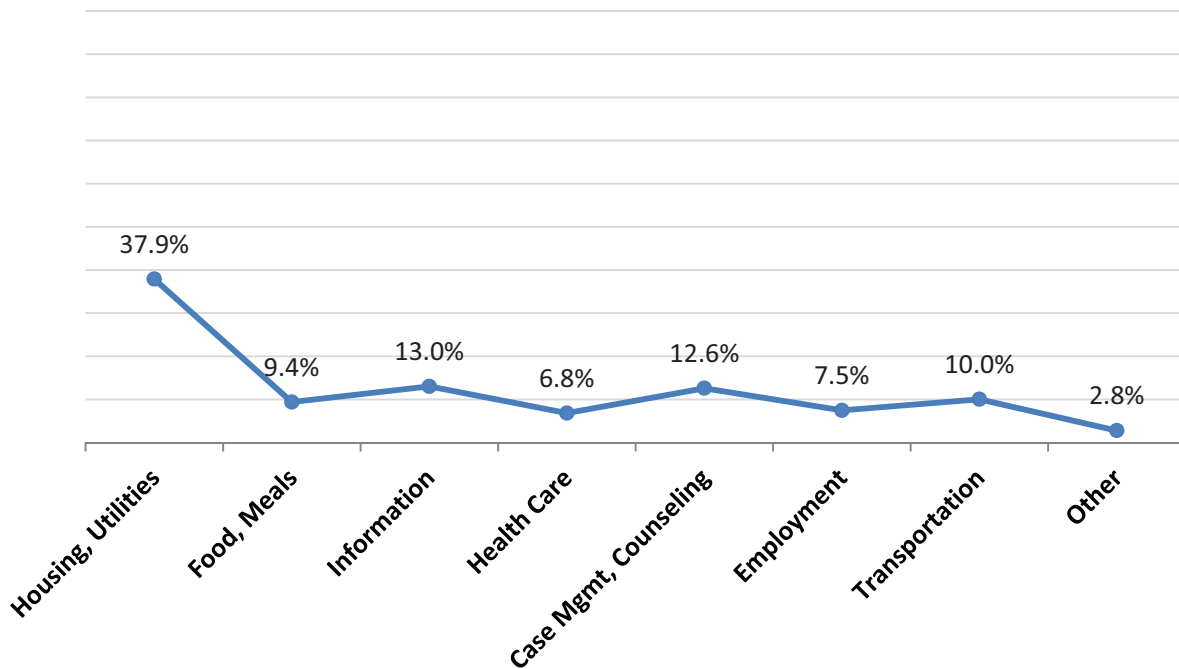
Source: 2009-2013 Metro Social Services Grassroots Community Surveys

From July through November 2013, clients coming to Metro Social Services were asked to anonymously complete a survey by checking boxes indicating the category of service they needed, e.g. Housing/Utilities, Food/Meals, etc., as in the example below:

Your Initials	Housing, Utilities	Food, Meals	Information	Health Care	Case Mgmt., Counseling	Employment	Transportation	Other – Please list
LTS	✓		✓					

Of 402 respondents 355 (88%) indicated a housing need – some as their only need, many as one of multiple needs. The visitors selected a total of 937 needs (boxes). Chart H-6 shows the percentage each box was checked of that total. Many people checked more than one need box. The next highest need was Information about other agencies and/or government benefits.

**Chart H-6: Percentage for Each Need of the Total Number of Needs Selected**  
Davidson County, July-November 2013



Source: Metropolitan Social Services

### Housing Market

The REALTORS® Confidence Index survey is a monthly survey sent by the National Association of Realtors® to over 50,000 U. S. realtors to gauge their expectations about sales and prices. In the September 2013 survey, realtors attributed the slow economy, new tighter mortgage standards, and higher mortgage rates for reduced sales. Respondents said that inventory is still low, though the housing supply is greater than last year, and houses are staying on the market longer, from 43 days in August 2013 to 50 days in September.

<http://www.realtor.org/reports/realtors-confidence-index>

New household formation is one factor in housing market demand, and it has been depressed in recent years. In a study of what determines household formation in the U. S., the Federal Reserve Board Division of Statistics and Monetary Affairs reported specific indicators:

- Baby Boomer aging adults are living in smaller households, which has lowered average household size and increased household formation.
- Headship rate/household formation has slowed due to increased housing costs.
- Household formation is reduced due to the economy and strained labor market.

<http://www.federalreserve.gov/pubs/feds/2013/201326/201326abs.html>

The Brookings Institution has cited weakness in the housing sector as a major contributor to continued slow recovery in the overall economy. Specifically, in a September 2013 report, the authors blame weak residential and non-residential construction and inadequate resolution to the problems of housing negative equity. However, there is restrained good news about Nashville's housing market, which was less affected than in many other parts of the country and is showing signs of recovery. Some general observations gleaned from the 2013 Tennessee Governor's Housing Summit about Nashville's housing market indicated varied opinions about the nature and speed of the local housing market recovery:

- Housing starts are up, sales are up, and vacancies are down.
- Urban land lots are scarce and prices are high, partially due to national companies buying available lots and holding them for higher prices.
- Building costs are up due to reduced labor supply and increased materials costs.
- Rents are high – There is continuing uncertainty about the economy causing reluctance to buy houses, even with lower mortgage rates.
- First mortgage loans are down, possibly due to increased regulation and new rules.

<http://www.brookings.edu/blogs/up-front/posts/2012/09/21-housing-dynan>

<http://www.brookings.edu/research/papers/2013/09/united-states-economy-why-weak-recovery-baily-bosworth>

<http://www.thda.org/index.aspx?NID=171>

So far, the 2000-2010 decade had the highest growth in renter households in 60 years. Young adults under age 25 are contributing to this growth in disproportionate numbers, as well as an increase in the renters aged 25–34 year-olds, and more 35-44 age households than previously. Contributing factors include younger adults more confident in the economy and starting households, but wanting the freedom to move easily. The number of married couples who rent rather than own is increasing and more middle-income households are renting, which may be a reflection of continuing disillusionment about the slow growth of the economy. Because rental vacancy rates are low and rents are increased, the prospects for rental property investors are improving and multifamily construction is increasing.

Source: *The State of the Nation's Housing 2012*, Joint Center for Housing Studies of Harvard University.

[http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/son2012\\_rental\\_housing\\_bw.pdf](http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/son2012_rental_housing_bw.pdf)

MPF Research, a real estate research firm specializing in apartment market dynamics, reported in *Apartment Market Report – Nashville, Tennessee*, that as of the 2<sup>nd</sup> quarter of 2013, the apartment market for the Metro Nashville area remained healthy, partially due to an increasing young adult population and a good job market that attracted skilled workers. The overall Nashville occupancy rate was 95.8% at the end of the quarter, the ninth consecutive quarter that the rate was above 94.0%.

<http://www.realpage.com/apartment-market-research/nashville-apartment-trends/>

## **Vacancy Rates**

As described in a 2012 issue paper by Metro Social Services, there is evidence that higher vacancy rates mean greater housing availability, but that availability includes substandard housing. Neighborhoods with high vacancy rates are linked to decreased property values and increased crime, among other adverse characteristics.

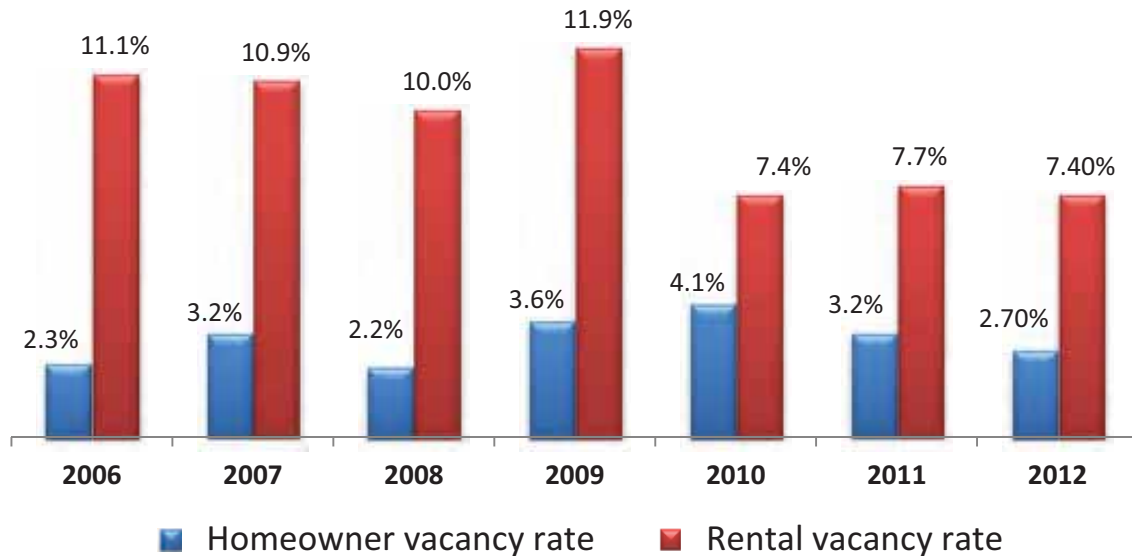
[http://www.nashville.gov/sservices/docs/resources/HousingVacancies\\_1203.pdf](http://www.nashville.gov/sservices/docs/resources/HousingVacancies_1203.pdf)

There continues to be a lack of affordable housing in Davidson County, aggravated by consequences of the economic and housing crisis such as restricted lending, continuing foreclosures and distressed sales, and unemployment. Chart H-7 shows that Davidson County homeowner vacancy rates generally increased since

2006, and rental vacancy rates decreased and leveled off. Much of the literature asserts that younger people (Gen-Y & Millennials) who established households prefer renting, especially in walkable urban neighborhoods.

**Chart H-7: Vacancy Rates, Homeowners and Renters**

Davidson County, 2006-2012



Source: U. S. Census Bureau American Community Survey, 1-Year Estimates, Table CP04

**Foreclosures**

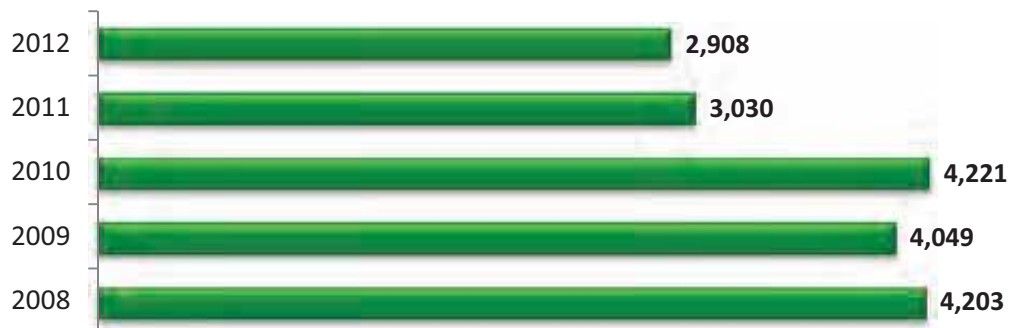
In its September 2013 *National Foreclosure Report*, the president and CEO of CoreLogic said, "The number of seriously delinquent mortgages continues to drop across the country at a rapid rate with every state showing year-over-year declines in foreclosure inventory. We're not out of the woods yet, but these are encouraging signs for a return to a healthier housing market in the U.S." CoreLogic, Inc. provides financial, property and consumer information, analytics and business intelligence.

<http://www.corelogic.com/about-us/research.aspx>

Davidson County’s foreclosures continued to decline in 2012, as seen in Chart H-8.

**Chart H-8: Annual Foreclosure Filings**

Davidson County, 2008-2012

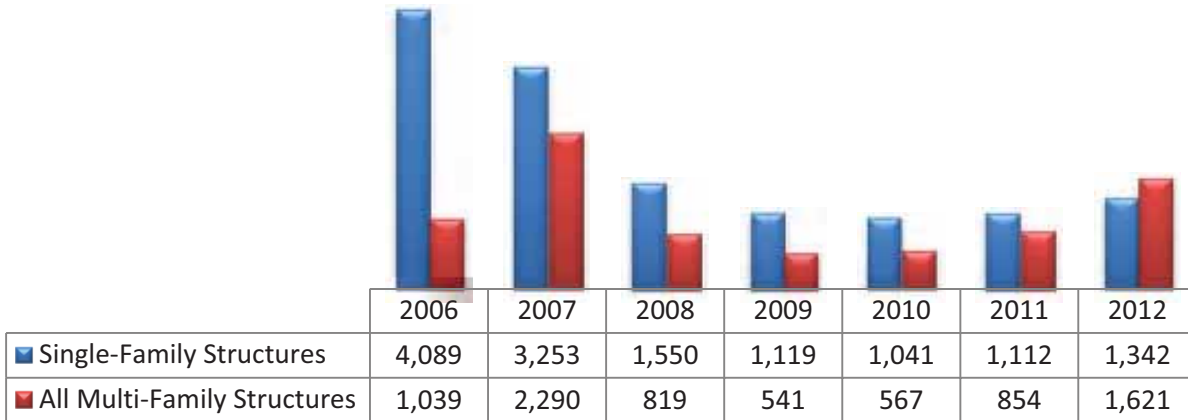


<http://tn-tennesseehda.civicplus.com/DocumentCenter/View/3700>

## Housing Construction and Sales

The housing market for both single-family homes and multi-family structures continues to recover slowly, as can be seen by Chart H-9, which clearly illustrates the housing boom and bust. The tight rental market appears to have stimulated investment in multi-family structures in 2012.

**Chart H-9: Number of Building Permits for Structures by Size**  
Davidson County, 2006-2012

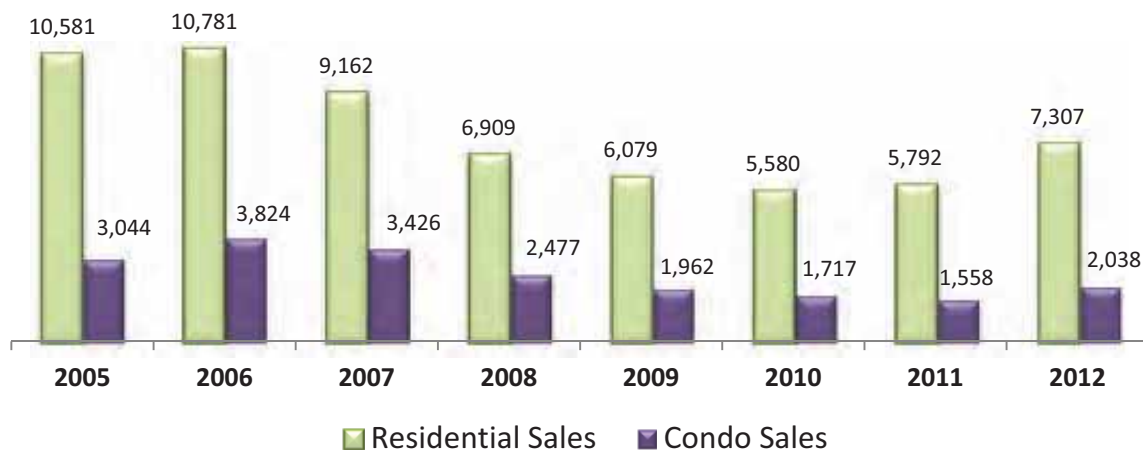


Source: HUD User State of the Cities Data Systems (SOCDS) Building Permits Database, <http://socds.huduser.org/permits/>

*In Tennessee Housing at a Glance 2013*, THDA reported that home sales improved in a majority of Tennessee counties in 2012 over 2011, and that 6,876 single family homes were sold in Davidson County during 2012, a 37% increase from the previous year (5,017) and the most of all counties in the state. <http://www.thda.org/DocumentCenter/View/4360>

Chart H-10 shows the changes in annual home sales numbers since 2005 in the Greater Nashville region, from the Greater Nashville Association of Realtors (GNAR). After declining from 2007-2010, sales started increasing, indicating a slowly recovering housing market.

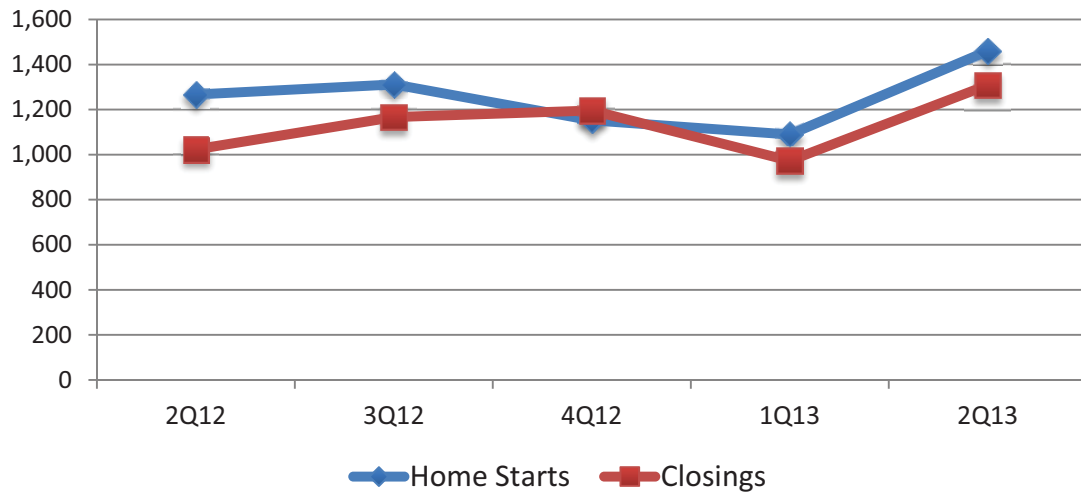
**Chart H-10: Annual Home Sales by Type**  
Davidson County, 2005-2012



Source: Greater Nashville Association of Realtors, <http://gnar.org/sales-reports/quarterly/2012-fourth-quarter>

Chart H-11 shows quarterly home starts and closings for Davidson County, as reported by Metrostudy. It reflects upward growth in 2013, producing cautious optimism among developers and realtors. Metrostudy is a provider of primary and secondary market information to the housing and related industries nationwide.

**Chart H-11: Quarterly Home Starts and Closings**  
Davidson County, 2Q 2012 – 2Q 2013



Source: Metrostudy [www.metrostudy.com](http://www.metrostudy.com)  
[http://www.metrostudyreport.com/category/nashville-market?utm\\_source=+November+2013+Newsletter+%231&utm\\_campaign=NOV.+newsletter+%231&utm\\_medium=email](http://www.metrostudyreport.com/category/nashville-market?utm_source=+November+2013+Newsletter+%231&utm_campaign=NOV.+newsletter+%231&utm_medium=email)

### Housing Affordability

“We know that we will need housing available for all levels of the economic strata. Affordable housing is needed for hospitality workers, service workers (fire, police, etc.), teachers, nurses, managers and more. . . Housing needs to be near where people work or easily accessible via public transportation.”

Source: President of the Greater Nashville Association of Realtors®, writing for the Tennessean, December 8, 2013.  
[http://www.tennessean.com/apps/pbcs.dll/article?AID=/201312080210/BUSINESS/312080026&nclick\\_check=1](http://www.tennessean.com/apps/pbcs.dll/article?AID=/201312080210/BUSINESS/312080026&nclick_check=1)

As of September 30, 2013, Zillow data indicate the median home value for Nashville city was \$178,600, and the median rent list price was \$1,100. Zillow is a housing marketplace company providing data and analysis using a database of over 110 million homes for sale, homes for rent and homes not currently on the market. Some free information on local markets is available for download from their web site.

[http://www.zillow.com/local-info/TN-Nashville-Metro-home-value/r\\_394902/#metric=mt%3D19%26dt%3D1%26tp%3D5%26rt%3D6%26r%3D394902%252C6118%252C19523%252C45339%26el%3D0](http://www.zillow.com/local-info/TN-Nashville-Metro-home-value/r_394902/#metric=mt%3D19%26dt%3D1%26tp%3D5%26rt%3D6%26r%3D394902%252C6118%252C19523%252C45339%26el%3D0)

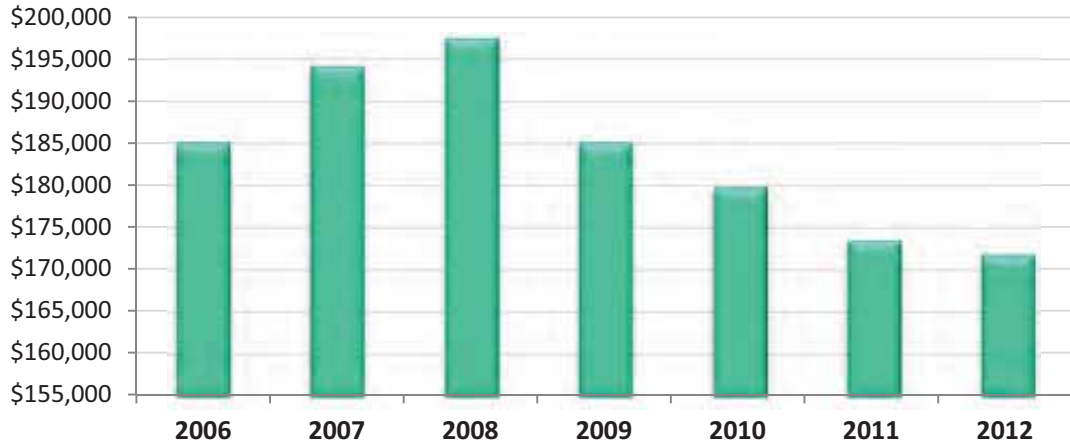
The November 2013 article *What’s the End Game for Meeting America’s Rental Housing Needs?* Reports that only one-fourth to one-third of U. S. households that need rental help actually receive it. It proposes three policy changes in a series of articles for Abt Associates, a research and program implementation company in the fields of health, social and environmental policy, and international development.

<http://abtassociates.com/Noteworthy/2013/In-House-2.aspx>  
<http://abtassociates.com/Sandbox/In-House-2/Related/Quantifying-the-Unmet-Need-for-Rental-Assistance.aspx>



Owner-occupied home values have fallen and rents have increased. In 2012, the local housing market continued to be a buyer’s market for homes and a property owner’s market for rentals. Chart H-12 shows the median sales price of homes in Davidson County from 2006-2012 (clearly showing the housing boom and bust).

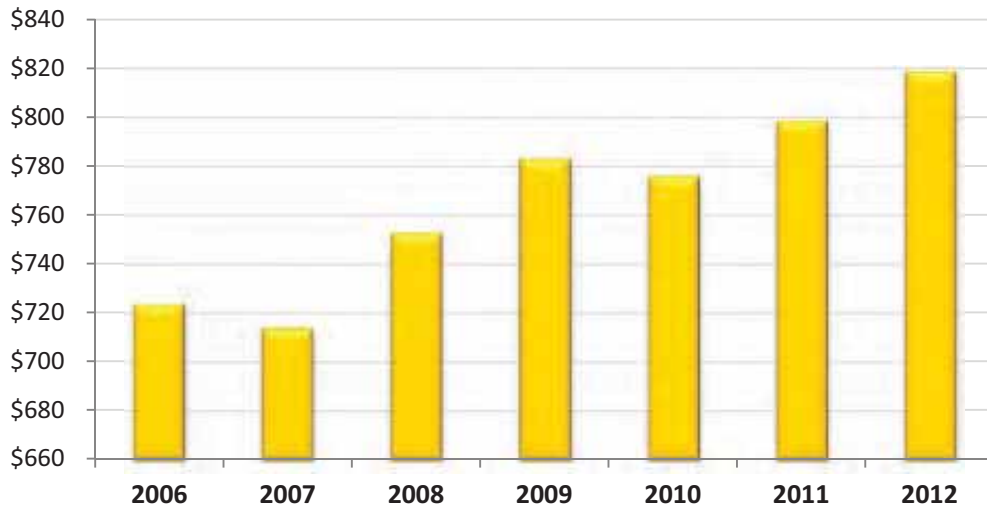
**Charts H-12: Median Home Values**  
Davidson County, 2006-2012



Source: U. S. Census Bureau American Community Survey, 1-Year Estimates, Table DP04

Chart H-13 shows that median gross rent generally has risen from 2008 to 2012.

**H-13: Median Gross Rent**  
Davidson County, 2006-2012

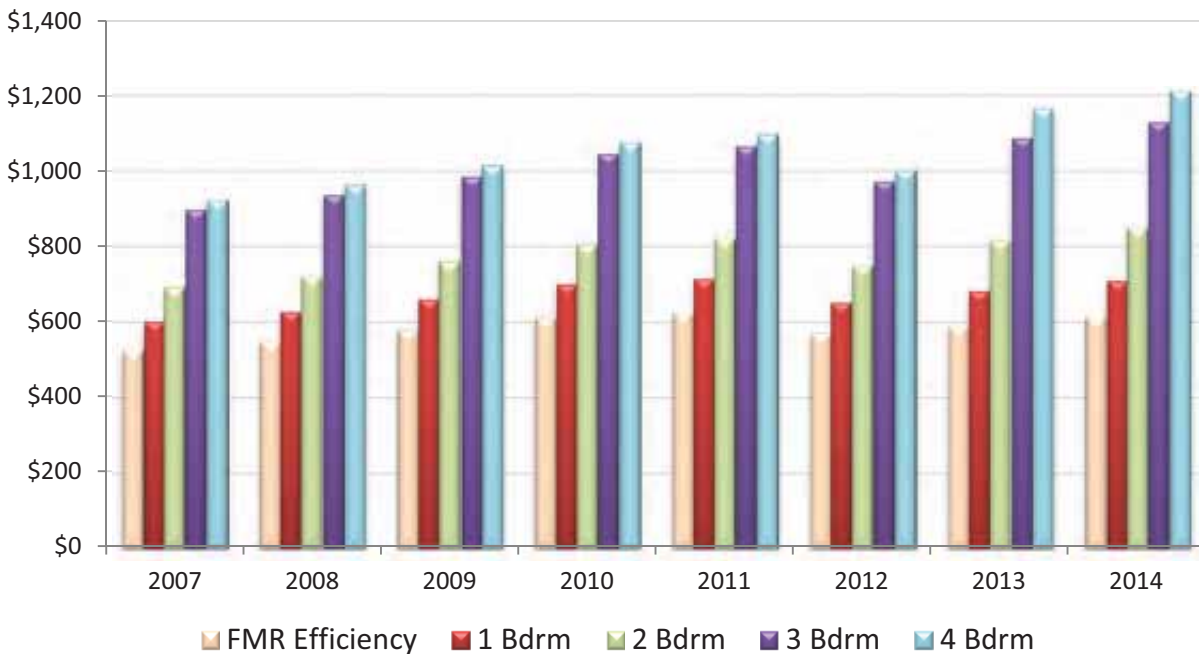


Source: U. S. Census Bureau American Community Survey, 1-Year Estimates, Table B25064

Gross rent is defined as the amount of the contract rent plus the estimated average monthly cost of utilities and fuels if these are paid for by the renter. Gross rent is intended to eliminate differentials, which result from varying practices about the inclusion of utilities and fuels as part of the rental payment. The Census Bureau defines home value as the owner’s estimate of how much the property (house and lot, mobile home and lot, or condominium unit) would sell for if it were for sale. Median value means that one-half are above and one-half are below the reported number.

Fair Market Rent (FMR), determined annually by the U. S. Department of Housing and Development (HUD), are estimates of the amount rental units of various sizes would bring if on the open market in an area. HUD FMR estimates for the Nashville-Davidson/Murfreesboro/Franklin MSA are shown below. FMRs are estimates that include rent, and the utilities the renter pays (except for things like telephone, cable or satellite TV, internet service and the like). HUD Fair Market Rent estimates for the Davidson County MSA are available through 2014, and have generally risen each year from 2007 to 2014, with the exception of 2012, as shown in Chart H-14. <http://www.huduser.org/portal/datasets/fmr.html>

**Chart H-14: Fair Market Rent**  
Davidson County MSA, 2007-2014



Source: HUDUSER, FMR Documentation, <http://www.huduser.org/portal/datasets/fmr.html>

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

**It's easy to underestimate the real cost of home ownership.**

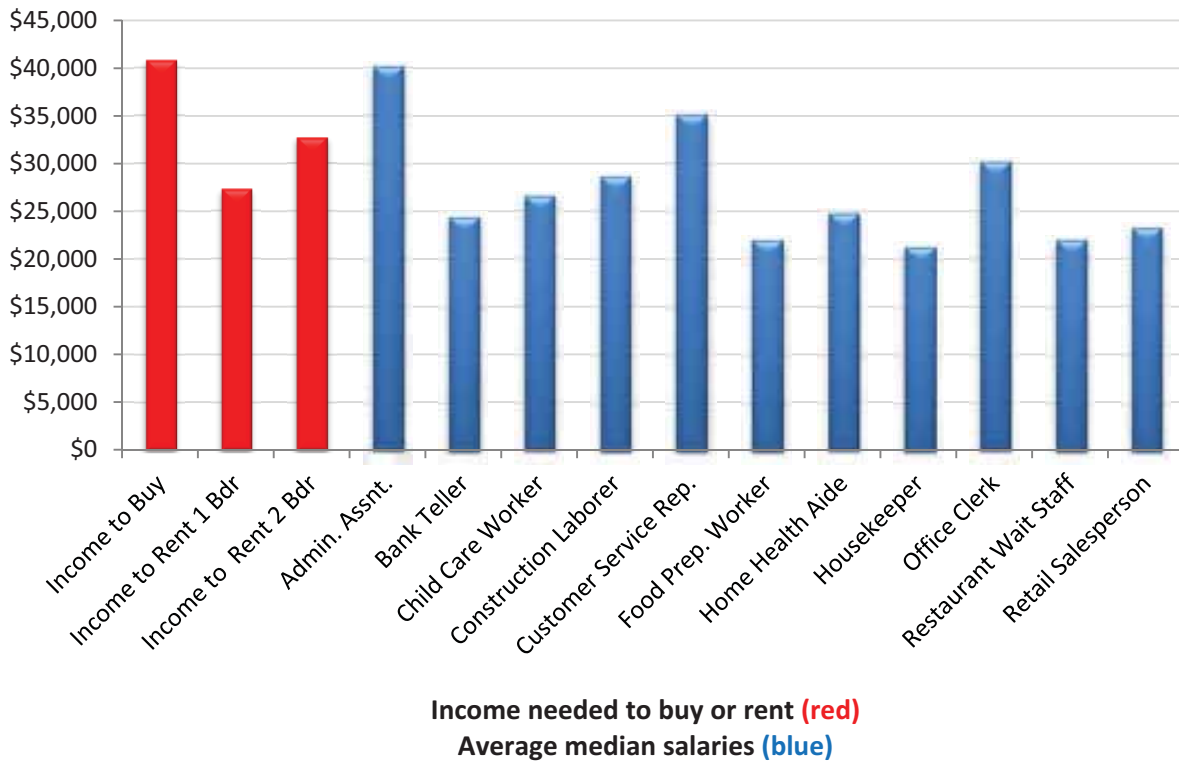
Suzy Orman

In the December 19, 2013, online issue of *Governing Cities Where Wages Haven't Kept Pace with Housing Costs* presents data about housing affordability for a list of cities with populations greater than 100,000. For Nashville/Davidson County, he indicates 52.1% of rentals have gross rent greater than 30% of income. <http://www.governing.com/news/headlines/housing-cost-affordability-burden-increases-in-cities.html>

Many people in lower-wage occupations (the working poor) do not make enough money to rent an apartment or buy a home, according to the National Housing Council's *Paycheck To Paycheck* database. Several of the

example occupations in the chart below are essential to the community in general, and to the business community in particular. Chart H-15 shows some occupation median incomes compared to housing costs.

**Chart H-15: Housing Affordability by Occupation**  
 Nashville-Davidson–Murfreesboro–Franklin Metropolitan Statistical Area  
 First Quarter, 2013



Source: National Housing Council, <http://www.nhc.org/chp/p2p/>

The Tennessee Housing Development Agency (THDA) also has calculated that for the Nashville/Davidson-Murfreesboro-Franklin area in 2012, workers in many industries cannot afford to purchase a home. For example, waitpersons, cashiers, and retail salespersons cannot afford to either buy or rent at the median wage for those occupations. Police and people in some education-related jobs can only afford to rent, not buy a home.

<http://www.thda.org/DocumentCenter/View/4360>

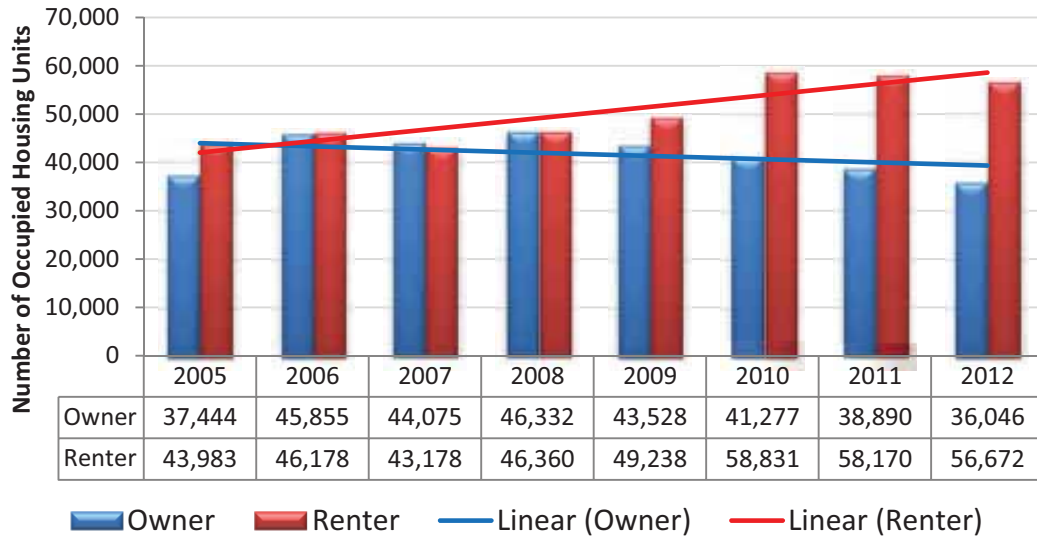
The National Low Income Housing Coalition publishes an annual report titled *Out Of Reach*. In the 2013 report, the Coalition estimates that the hourly wage necessary to afford a 2-bedroom apartment in the Nashville Metropolitan Area was \$15.75 (\$32,760 per year).

<http://nlihc.org/oor/2013>

The 2012 ACS one-year estimates for Davidson County indicate that 33% of all Davidson County owners with a mortgage were paying more than 30% of household income for housing costs (down from 35.6% in 2011), and that 48.7% of all renters were paying more than 30% (49.6% in 2011). Chart H-16 shows the number of Davidson County households that were cost-burdened, by tenure (owner or renter). The number of cost-

burdened homeowner households has generally fallen, while the statistical trend for renter households has generally risen.

**Chart H-16: Owner and Renter Cost Burden**  
Davidson County, 2005-2012

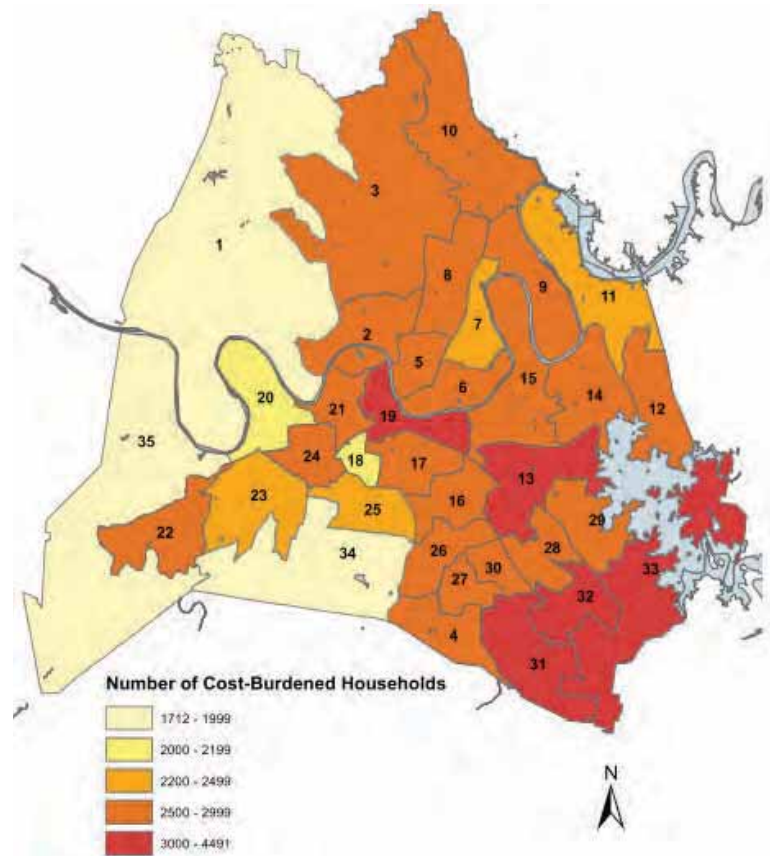


Source: U.S. Census Bureau American Community Survey, 1-Year Estimates, Table B25106

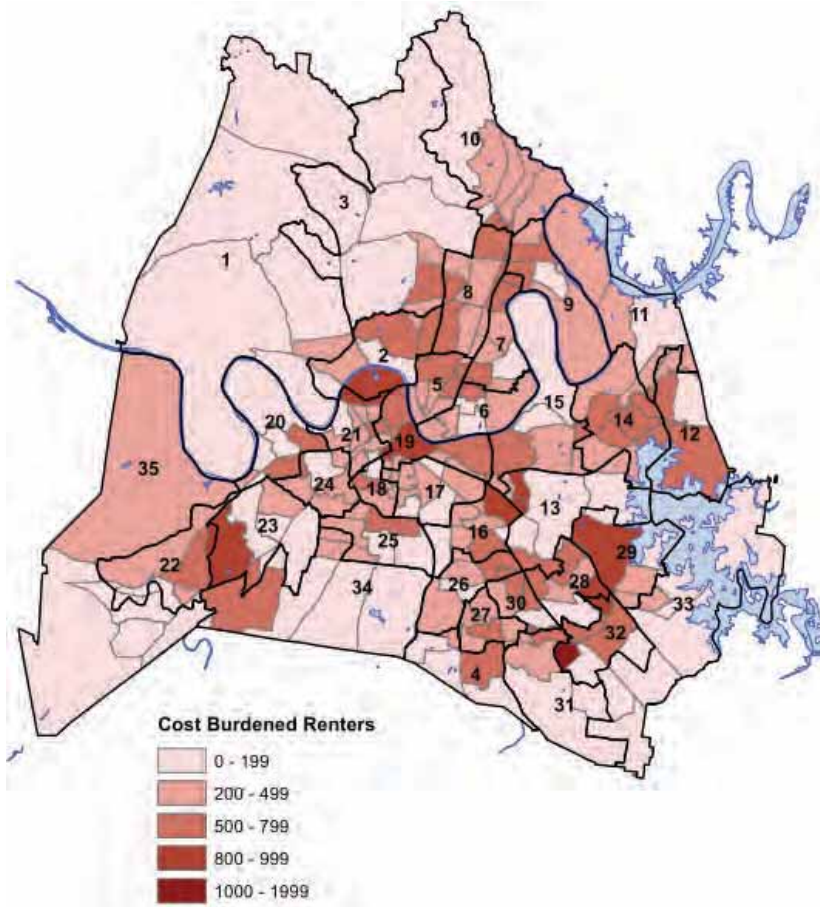
Map H-1 shows the distribution of households that spent more than 30% of their household income on housing, using an ACS 5-year average estimate. The fewest were in district 1 with 1,712, and the most were in district 32 with 4,491.

**Map H-1: Cost Burdened Households by Council District**  
Davidson County, 2008-2012

Data from U. S. Census Bureau, American Community Survey, 2007-2011; Shapefiles from Metropolitan Planning Department; Map by Metropolitan Social Services-Planning & Coordination



Map H-2 shows the number of renters who spent more than 30% of their income on housing by Metro Council District. District 34 had the fewest (520), and District 19 had the most (2,906).



**Map H-2: Cost Burdened Renters by Census Tract in Metro Council Districts Davidson County, 2008-2012**

Data from U. S. Census Bureau, American Community Survey 2008-2012; Shapefiles from Metropolitan Planning Department; Map by Metropolitan Social Services-Planning & Coordination-Social Data Analysis

### Housing Discrimination

In 2012, HUD’s Office of Policy and Development Research reported on a study in which over 8,000 tests for housing discrimination were conducted in 28 metropolitan areas. The study used paired-testing, in which one white tester and one minority tester posed as home seekers who were equally well-qualified for the housing being sought. The study found that some obvious discriminatory behaviors (e.g. refusing to meet or provide information about any available units to minorities) had decreased since the implementation of the 1968 Fair Housing Act. However, some more subtle forms of housing discrimination continue, such as providing information about fewer units to minorities.

Source: *Housing Discrimination Against Racial and Ethnic Minorities 2012*.

[http://www.huduser.org/portal/Publications/pdf/HUD-514\\_HDS2012.pdf](http://www.huduser.org/portal/Publications/pdf/HUD-514_HDS2012.pdf)

Additional information about claims of various forms of discrimination in housing is described in a report from the National Fair Housing Council dated April 2013, *Fair Housing in a Changing Nation – 2012 Fair Housing Trends Report*. It contains the numbers of claims and complaints to several agencies about housing discrimination, such as HUD and the U.S. Department of Justice. This includes data from 1999 through 2011 for

complaints about home sales, rent, mortgage lending, homeowner insurance, and harassment, and descriptions of some relevant court cases.

<http://www.nationalfairhousing.org/LinkClick.aspx?fileticket=GBv0ZVJp6Gg%3D&tabid=3917&mid=5321>

## Neighborhoods

There is general agreement in the neighborhood research literature that the quality of neighborhoods, especially deteriorating ones, is linked with a variety of resident characteristics. Poverty, school achievement, crime, household income and other factors are related to the increased likelihood of high school dropout rates and involvement with the criminal justice system, although authors of the research are cautious about their conclusions. Research also indicates that racial segregation has declined since 1970 but income segregation has increased, and that neighborhood economic disadvantage may have a greater role in resident feelings of well-being than racial factors.



In February 2012, *Kids Count Data Snapshot* from the Annie E. Casey Foundation reported that the chance that a child will live in an area of concentrated poverty has increased by 25% since the year 2000. It noted that public assistance programs are unable to meet the level of need. It stated, "Research indicates that as neighborhood poverty rates increase, undesirable outcomes rise and opportunities for success are less likely. The effects of concentrated poverty begin to appear once neighborhood poverty rates rise above 20 percent and continue to grow as the concentration of poverty increases up to the 40 percent threshold."

Sources: *Measuring Neighborhood Quality With Survey Data: A Bayesian Approach*, HUD Cityscape journal, 2010.

<http://www.huduser.org/portal/periodicals/cityscape/vol12num3/ch7.pdf>

[http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/D/DataSnapshotonHighPovertyCommunities/KIDSCOUNTDataSnapshot\\_HighPovertyCommunities.pdf](http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/D/DataSnapshotonHighPovertyCommunities/KIDSCOUNTDataSnapshot_HighPovertyCommunities.pdf)

An Issue Brief from the Commission to Build a Better America describes research funded by the Robert Wood Johnson Foundation that describes how people's health can be affected by the neighborhoods in which they live, by both the physical environment and the social environment. Residents of neighborhoods where there is a sense of cohesiveness and mutual caring are those in which residents are more likely to work together to achieve shared goals like safe and clean public places, and less crime and lower homicide rates. They are also more likely to share information about resources such as child care and job opportunities. Less connected neighborhoods may be related to anxiety and depression.

[http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwjf70450](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70450)

<http://www.urban.org/UploadedPDF/412554-Housing-as-a-Platform-for-Improving-Education-Outcomes-among-Low-Income-Children.pdf>

In addition to presenting research reviews about the importance of the physical environment of a neighborhood on a variety of resident well-being factors, an Urban Institute paper *Building Successful Neighborhoods* also discusses the importance of neighborhood connectedness as a necessary precursor to addressing neighborhood problems. The authors cite research that indicates the importance of resident engagement is key to on-going efforts to increase the quality of life in distressed neighborhoods.

*Building Successful Neighborhoods* described efforts for a Lawrence, Massachusetts, community development corporation in 2004, which used trained facilitators to help initiate neighborhood dinner discussions during

which residents could get to know each other better and talk about their views on neighborhood issues. This approach was designed to help residents become a more cohesive network. In Nashville, similar neighborhood dinners were held in the early 1990s when neighbors of an inner-city housing project formed “house groups” in residents’ homes that featured dinner, prayer, singing and discussion about their neighborhood.

Sources: <http://www.urban.org/publications/412557.html>

Barnes, *To Love a City*, <http://iamacog.com/>

According to THDA’s September 2013 *Tennessee Housing Needs Assessment*, Davidson County was fourth among all counties in the number of housing problems (about one-third of households in the county, over 12% of households in the state). The report uses a definition of a housing problem as a unit with 1 or more of these conditions:

1. The housing lacks complete kitchen facilities
2. Lack of complete plumbing facilities
3. An overcrowded household (more than 1.5 persons per room)
4. The household is cost burdened (spending more than 35% of household income on housing costs including utilities)

<http://www.thda.org/DocumentCenter/Home/View/2819>

## Homelessness

In *State of Homelessness in America 2013*, the National Alliance to End Homelessness examined national trends in homelessness between 2011 and 2012 using data from the annual HUD Point-In-Time counts from U. S. Continuums of Care (CoC). Note that the annual HUD Point-in-Time count was not required in 2011 and due to the methods of counting and collecting data by local CoCs, the data may not be entirely accurate for actual counts. However, the numbers may be useful to examine relative increases or decreases.

The national point-in-time (Point-in-Time) count on a single night in January 2012 was 633,782 for the total number of people who were homeless, which is a rate of 20 per 10,000 people. The report indicates a national overall decrease in homelessness of 0.4%. Chronic and veterans’ homelessness also decreased by 6.8% and 7.2% respectively. Family homelessness increased by 1.4% due to increased size of the average homeless family.

The report also gives some information for states. Overall homelessness in Tennessee is reported to have increased by 3% from 2011-2012, and family homelessness to have dropped by 4%. During the same period, the report indicates that Tennessee chronic homelessness increased by 27% and veteran homelessness increased by 33%. The lack of housing continues to be a problem state-wide, with Tennessee experiencing a 14% increase in unsheltered homeless people from 2011 to 2012.

<http://www.endhomelessness.org/library/entry/the-state-of-homelessness-2013>

The Center on Budget and Policy Priorities released a report in September 2013 describing the help that rental assistance gives to veterans and the continuing need. Veterans have been helped with housing through mainstream programs such as Housing Choice Vouchers, Section 8 Project-Based Rental Assistance, and public housing. In 2012, about 43,000 were served through the Veterans Affairs Housing Choice program and a special part of the program called the Supportive Housing Voucher program (HUD-VASH) that targets chronically homeless veterans with disabilities and includes a case management component. In Nashville, the 2012 Point-In-Time count of homeless veterans was 7.2% less than the count in 2011. The HUD/VASH program housed over 400 homeless veterans and their families.

<http://www.cbpp.org/files/11-7-13hous.pdf>

<http://usmayors.org/pressreleases/uploads/2012/1219-report-HH.pdf>

In the 2012 Survey of Hunger and Homelessness Survey by the U. S. Conference of Mayors, Nashville reported that the number of homeless persons increased by 5% and homeless families increased by 25%. Thirty percent of people needing assistance did not receive it. The three main causes of homelessness noted by Nashville were Lack of affordable housing, poverty, and domestic violence. Homeless adults fell into the following categories:

Employed	57%
Domestic violence victims	30%
HIV positive	7%
Physically disabled	18%
Severely mentally ill	35%
Veterans	15%

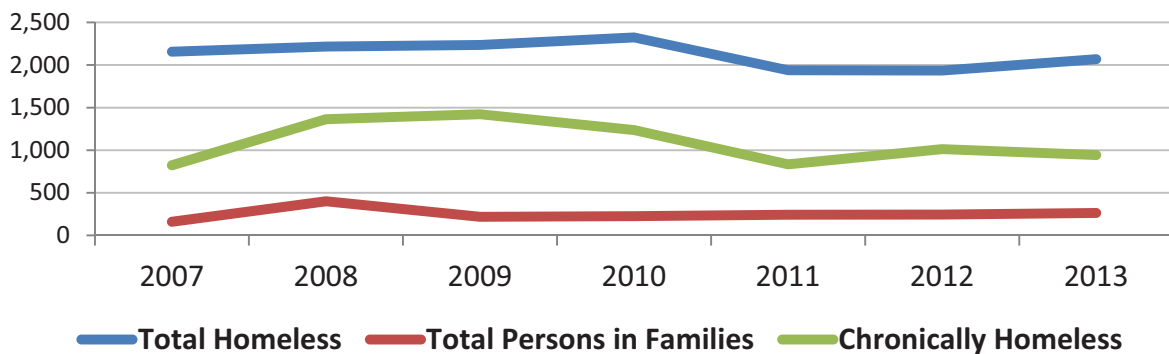
<http://usmayors.org/pressreleases/uploads/2012/1219-report-HH.pdf>

The HUD Continuum of Care (CoC) program funds public housing agencies and non-profits to encourage communities to address homelessness in a coordinated way. HUD defines a Continuum of Care as “...a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency.” It includes action steps to end homelessness and prevent a return to homelessness.

Source: [http://kshomeless.com/wp/wp-content/uploads/2011/09/Continuum\\_of\\_Care.pdf](http://kshomeless.com/wp/wp-content/uploads/2011/09/Continuum_of_Care.pdf)

Like all other CoCs, the Davidson County CoC conducts a Point-In-Time count on one night each year, and reports the data to HUD. Chart H-17 shows the Point-in-Time counts for three categories for the Nashville CoC as reported to HUD. It appears that progress has been made in housing homeless people, including those who are chronically homeless, except for family homelessness in which there has been a slight increase.

**Chart H-17: Annual Point-In-Time Counts**  
Davidson County, 2007-2013



Source: <https://www.onecpd.info/resource/3300/2013-ahar-part-1-PIT-estimates-of-homelessness/>

The Metropolitan Homelessness Commission, part of Metropolitan Social Services, brings together advocates, nonprofit organizations, businesses, government agencies and others to work toward housing people who are chronically homeless and/or medically vulnerable. Their How’s Nashville campaign, launched in 2013, is a collaborative community effort of 30 community partners to end chronic homelessness in Nashville within this decade.



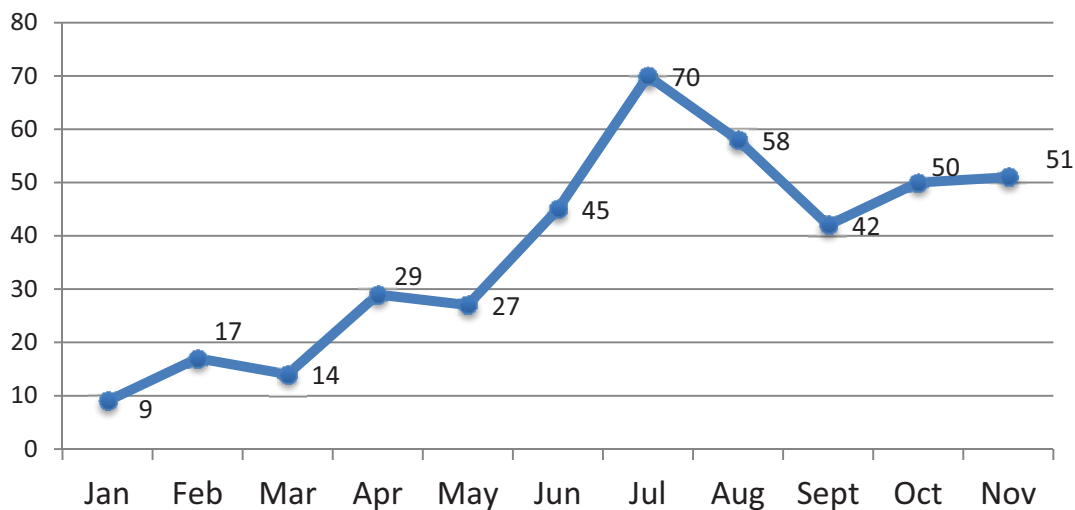
How’s Nashville organizations that provided housing placements included Open Table Nashville, Park Center, Veteran’s Affairs, First Management Services, Mental Health Cooperative, Metropolitan Social Services, Nashville Cares, Nashville Downtown Partnership, Room in The Inn, Safe Haven Family Shelter and the YWCA (some which also provided supportive services). Other organizations that provided supportive services, housing units and/or technical assistance included Metropolitan Development and Housing Agency, Centerstone, Colby’s Army, Community Resource Center, Evergreen Real Estate, Freeman/Webb, Ghertner and Company, Nashville Rescue Mission, Operation Stand Down, Randy Phillips, Raskin Holdings, Southern Alliance for People and Animal Welfare, Tennessee State University, Tennessee Fair Housing Council, United Neighborhood Health Services and Urban Housing Solutions.

In the spring of 2013, the Homelessness Commission organized a Registry Week, during which 20 teams of over 100 community volunteers canvassed Nashville streets, campsites, and shelters to find homeless people who were most at risk for premature death on the streets. The teams used the Community Solutions Vulnerability Index (VI) to create a prioritized list of these vulnerable people. The Index is a tool of the 100,000 Homes campaign, which the How’s Nashville campaign has joined. From mid-May through November 2013, over 1,000 individuals have been assessed using the VI tool.

Of the homeless people surveyed, 604 (59%) had health conditions associated with a high mortality risk. The average age of those identified as vulnerable was 49, with 20.2% being age 55 or older. One-hundred-two of those surveyed were veterans. Those surveyed reported 1,185 inpatient hospitalizations in the past year and 1,702 emergency room (ER) visits. Estimating the cost of a day of hospitalization at \$1,462 and each emergency room visit at \$500, the total cost in the past year of the reported visits was \$5,136,470 (\$1,732,470 for hospitalizations and \$3,404,000 for ER visits).

The How’s Nashville campaign community partners meet regularly to work on the initiative’s goals and to measure progress? Chart H-18 shown the community partners’ success in housing identified chronic/vulnerable homeless people.

**Chart H-18: How’s Nashville Partners’ Monthly Housing Placements**  
Davidson County, 2013



<http://howsnashville.org/>  
<http://cmtysolutions.org/projects/100000-homes-campaign>

## Housing and Transportation

To accurately assess housing costs, some experts say that transportation must be considered along with housing, utilities, and other housing costs. Lower housing costs are often in transportation-poor areas, and housing in transportation-rich areas often costs more. In November 2013, HUD and the Department of Transportation (DOT) announced a collaboration that produced online tools to help consumers, professionals and researchers estimate housing plus transportation costs for neighborhoods in the U.S. (HUD News release HUD No. 13-168). In announcing the release of these tools, HUD Secretary Donovan said, “The combined cost of housing and transportation consumes close to half of a working family’s monthly budget, and the LAP [Location Affordability Portal] will help to better inform consumers, help them save money, and provide them with a broader perspective of their housing and transportation options.”

These calculation tools are found at the LAP web address [see below]. The site contains the Location Affordability Index (LAI), a map-based database of estimated housing and transportation costs for an area, and My Transportation Cost Estimator (MTCC) for use by consumers. The LAI helps renters, homeowners, researchers, developers, planners, and others estimate the costs of living in a particular area taking into account differences among households, neighborhoods, and regions. The data covers 94% of the U.S. population. The MTCC is for consumers, allowing them to enter household data about income, location, current mode of transportation, etc., to give picture of total transportation costs for where they live and possible choices they might make.

<http://www.locationaffordability.info/>

**Our economy isn’t going to recover until the housing market finds its footing.**

Mark Zandi, founder of Moody’s Economy.com

Another tool has been developed by the Center for Housing Policy and the Center for Neighborhood Technology (CNT) that studied the combined housing and transportation cost burden of working families. It concluded that housing and transportation costs have been rising faster than household income, and that households at 50-100% of area median income pay about half of their income for combined housing and transportation.

The CNT has developed a Housing+Transportation (H+T)<sup>®</sup> Affordability Index that can be used to evaluate the H+T costs of over 900 regions in the U. S. Using the Index, they conclude that H+T affordability has declined since 2000, and that 72% of U. S. communities are unaffordable to typical families when housing and transportation costs are combined. The CNT defines a regional typical household as one with “...a household income that is the median income for the region, the average household size for the region, and the average commuters per household for the region.” Using the Index, the CNT calculates that the Nashville MSA H+T cost for a regional typical household is 52.8% of their income.

<http://www.cnt.org/repository/2012-Fact-Sheet-Rankings.pdf>

According to *Housing an Aging Population – Are We Prepared?* by the Center for Housing Policy, the lack of public transportation and alternatives is a significant problem in some neighborhoods. Public transportation often is not available when needed, for example to get a worker to and from a third-shift job, or to get a single mother to and from both daycare and work in a timely manner. Older adults also need transportation alternatives. It is predicted that 86% of older adults age 65-79 in Davidson County in 2015 will have poor transportation access.

<http://www.nhc.org/media/files/AgingReport2012.pdf>

# Long-Term Services and Supports

## Key Findings

- A substantial increase is projected for the number of people age 65 and over in Davidson County, in Tennessee and nationwide by 2040. The number of people 65 and over in Davidson County is projected to increase from 65,403 in 2010 to 133,012 in 2040, resulting in an even greater need for Long-Term Services and Supports (LTSS) for seniors and adults with disabilities.
- The incidence of disabilities increases significantly as people age. Ambulatory, independent living and hearing difficulties are the primary types of disability persons age 65 and over experience.
- LTSS is less costly than nursing home care and preferred by consumers.
- Persons with a disability are more likely to have incomes below the federal poverty level.
- The proportion of people choosing in-home care has increased. TennCare CHOICES enrollment in LTSS has increased each of the past three years while nursing home enrollment has decreased for the same period.
- Homemaker Services for Elderly and Disabled People was identified in the grassroots community survey as the greatest need in LTSS.

Long-term Services and Supports (LTSS) are a continuum of supportive services needed by people who have limitations in their capacity for self-care because of a physical, cognitive, or mental disability or condition. LTSS can be provided either in an institutional facility (such as a skilled nursing facility) or non-institutional setting (provided in a home or community). Non-Institutional LTSS are often referred to as home and community based services, which are the primary focus of this section.



Photo: U. S. Administration on Aging

According to an AARP Public Policy Institute Report, more than 11 million adults need long-term support services. According to a report by the Center for Health Care Strategies, nearly 70% of Americans older than 65 will eventually need some kind of long-term care.

Unpaid family caregivers coordinate and provide many of these services for persons who otherwise may need costly institutional care. The AARP Report indicates that Medicaid can provide the less expensive LTSS to three

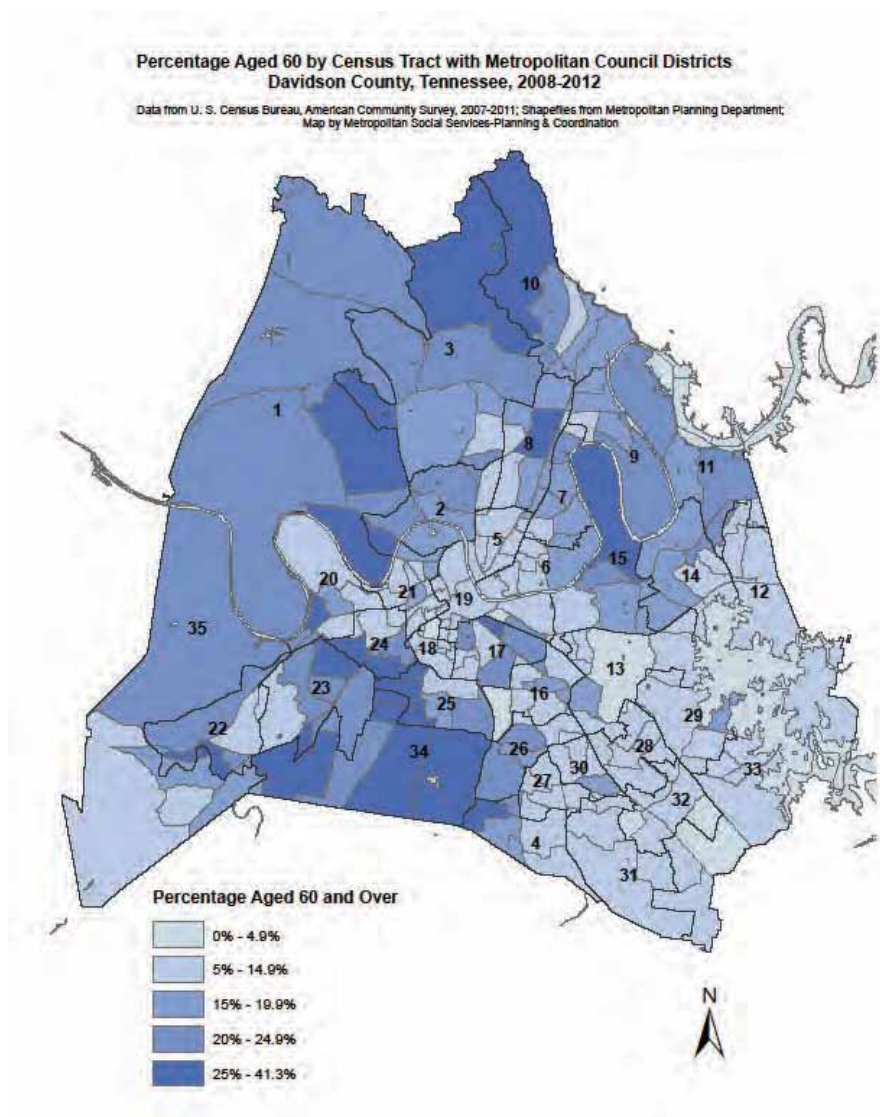
people for every one person served in a skilled nursing facility. The federal government and individual states are developing strategies to increase funding for Long-Term Support Services while reducing funds to institutional care in response to consumers indicating a desire to remain in their homes.

[http://www.aarp.org/content/dam/aarp/about\\_aarp/aarp\\_policies/2011\\_04/pdf/Chapter8.pdf](http://www.aarp.org/content/dam/aarp/about_aarp/aarp_policies/2011_04/pdf/Chapter8.pdf)

### Davidson County Senior Population

Seniors (persons age 60 and over) are not distributed evenly across Davidson County, with a higher number outside the central city area. The map below shows the number of people over 60 by Census Tract, with Metropolitan Council Districts also shown.

The map reflects the variation in the number of people over age 60 who live in census tracts across Davidson County. In some census tracts, the population over 60 is less than 5%, while in some it is around 40%.



## Eligibility

Eligibility for Long-Term Services and Support varies from state to state, as well as by funding source. Generally, persons who qualify for non-institutional LTSS need help with activities for daily living (ADLs) or independent activities for daily living (IADLs) that otherwise may require institutional care. Medicaid provides most funding for LTSS, and eligibility is based on age, income, assets and mental or physical disabilities.

For people who do not meet the eligibility requirements, private pay services are available. However, the costs may be prohibitive for those who do not have significant assets or long-term care insurance.

## Long-Term Services and Support

LTSS are needed by persons who have difficulty completing tasks such as bathing, housekeeping, meal preparation, getting dressed, grocery shopping and getting to medical appointments.

According to the annual report by the Kaiser Family Foundation, people of all ages require LTSS, most LTSS is provided by unpaid informal caregivers, people cannot afford out of pocket expenses associated with LTSS and rely on Medicaid funding, and the increasing need for LTSS will continue for decades as a result of America's aging population.

<http://kff.org/medicaid/fact-sheet/five-key-facts-about-the-delivery-and-financing-of-long-term-services-and-supports/>



## Types of Non-Institutional Long-Term Services and Support

LTSS recipients are persons desiring to remain in their homes and communities. Support services include an array of services, such as Homemaker Services, Personal Care Services, Case Management, Home Delivered Meals, Congregate Meals, Adult Day Care, Chore Services, Home Health Care, Nursing Services, Respite Care for Caregivers, Grocery Shopping, Laundry Services, Personal Emergency Response Systems, Counseling, Nutrition Education, Companionship Care, Assisted Care Living Facility Services, Transportation Assistance and In-home Nursing Care.

<http://www.medicare.gov/longtermcare/static/home.asp>

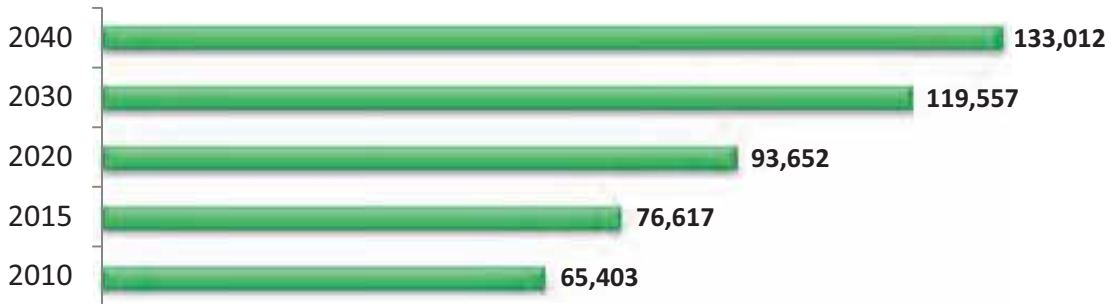
<http://www.tn.gov/comaging/living.html>

## Increasing Need for Long-Term Services and Support

The likelihood that people will need LTSS increases as they age. According to the U.S. Census Bureau projections, the number of persons age 60 and above is expected to increase from 45.8 million in 2000 to 92.2 million by 2030, and there would be more than 112 million by 2050. The two main causes for this increase are the aging baby boomers and people are living longer.

Chart LTSS-1 indicates that Davidson County's population of persons age 65 and over is expected to increase from 65,403 persons in 2010 to 133,012 by the year 2040 with many needing in-home care as they age.

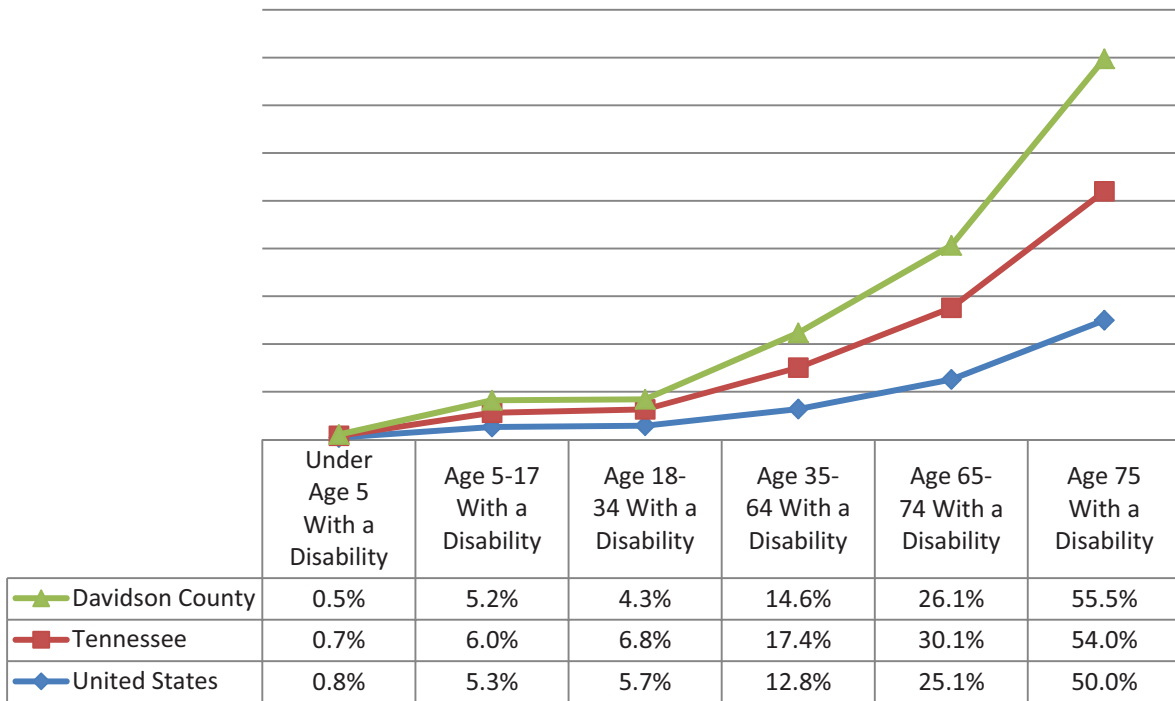
**Chart LTSS-1: Davidson County Population 65+**  
2010 with projections through 2040



Source: Population Projections for the state of TENNESSEE, 2010-2040, University of Tennessee Center for Business and Economic Research, January 2012 <http://www.state.tn.us/tacir/population.html>

Chart LTSS-2 shows the percentage of people with various types of disabilities. According to the 2012 American Community Survey, those who are age 65 or older are much more likely to have disabilities than those who are younger. One out of 4 persons between the ages of 65-74 in Davidson County has a disability. The chart shows that for Davidson County residents age 75 and over, at least half had a disability, compared to less than 10% before age 35.

**Chart LTSS-2: Disability by Age Category**  
U.S., Tennessee, Davidson County 2012

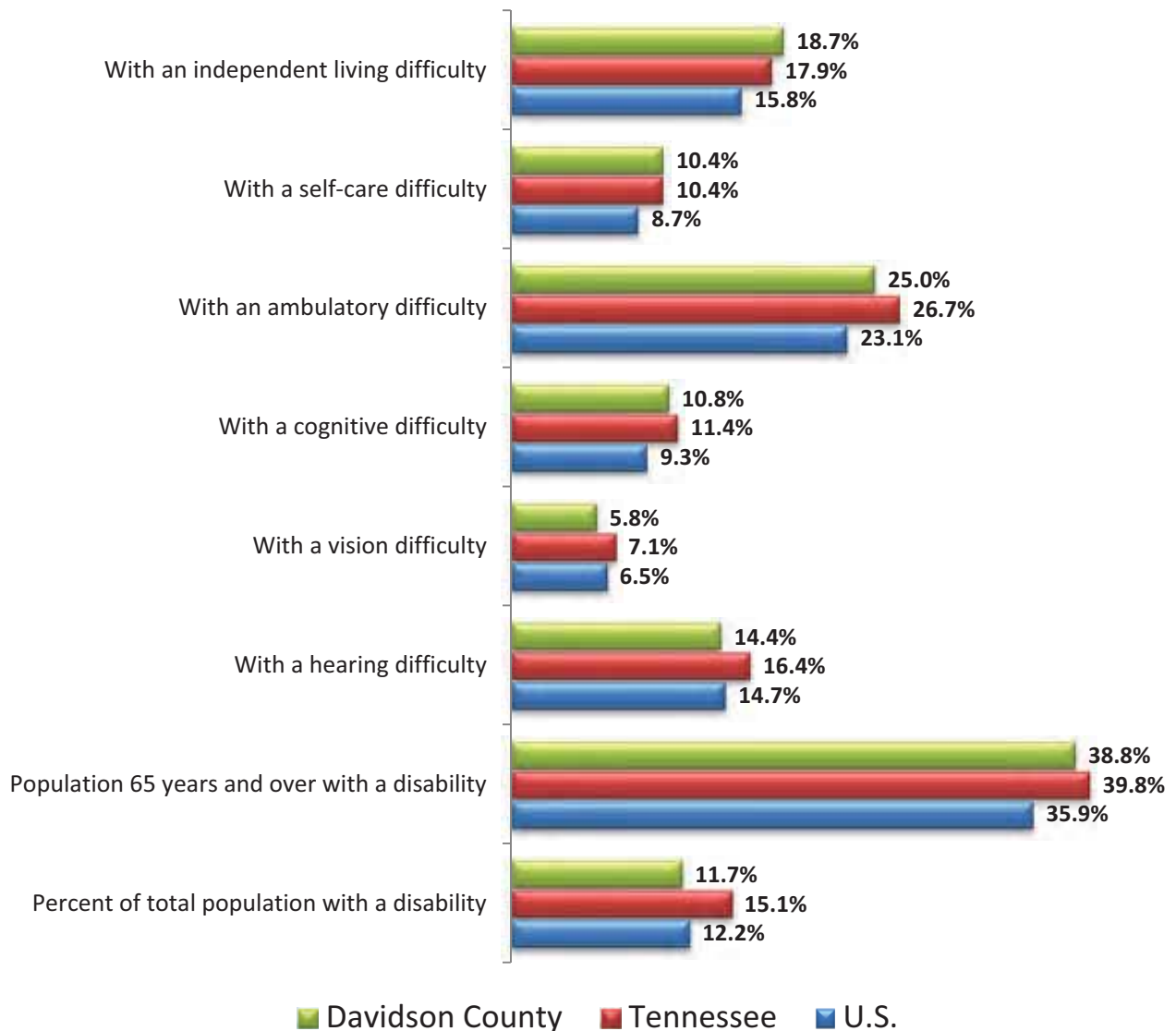


Source: 2012 American Community Survey

Chart LTSS-3 shows that in 2012, the percentage of people 65 and over with a disability was higher in Tennessee and Davidson County than it was for the United States. Ambulatory and independent living difficulties were the more prevalent disabilities for persons in this age category.

For the percent of the total population (all ages) with a disability, Davidson County's rate was lower at 11.7%, compared to 15.1% for Tennessee and 12.2 for the U.S. Tennessee's rate of disabilities was as high or higher than Davidson County or the U.S. for all types of disabilities, except for independent living difficulties that was higher in Davidson County.

**Chart LTSS-3: Percentage of Population by Type of Disability for Ages 65 and Over**  
U.S., Tennessee, Davidson County 2012



Source: U. S. Census Bureau, 2012 American Community Survey

### Disability Status and Earnings

Persons with a disability are more likely to have incomes below national and state median incomes. Over 80% of persons with a disability in the U.S., Tennessee and Davidson County earned less than \$50,000 in the past 12 months as shown in Chart LTSS-4.

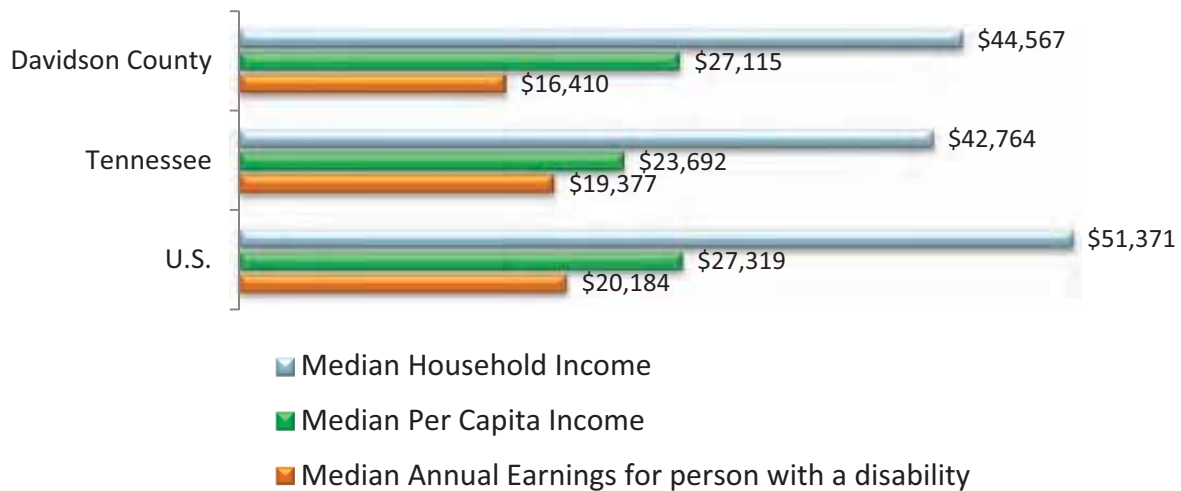
**Chart LTSS-4: Earnings Past 12 Months for Persons Age 16+ with a Disability**  
U.S., Tennessee, Davidson County



Source: American Community Survey 2012

Median Earnings for persons with a disability are significantly lower than Median Per Capita Income and Median Household Incomes for persons in the U.S., Tennessee and Davidson County as shown in Chart LTSS-5.

**Chart LTSS-5: Median Annual Earnings for Persons with a Disability**  
U.S., Tennessee, Davidson County 2012



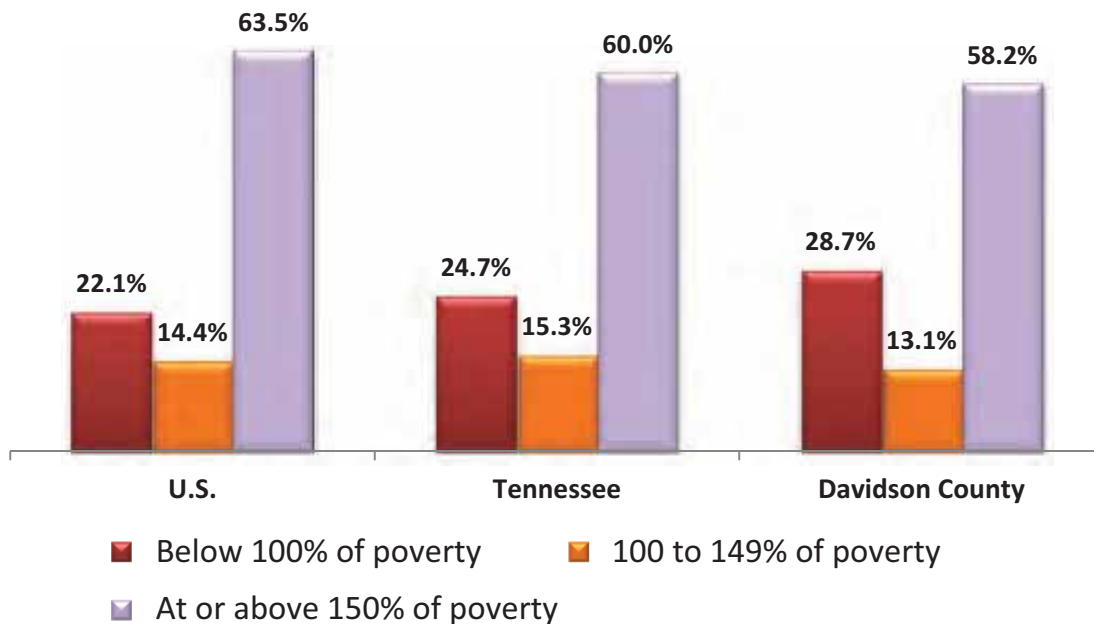
Source: American Community Survey 2012



### Disability Status and Poverty

Persons with a disability are more likely to live significantly below the poverty level. As shown in Chart LTSS-6, persons with a disability are more likely to live in poverty compared to the overall population in the U.S. Tennessee and Davidson County. For example, in Davidson County 28.7% of the people with a disability live in poverty compared to 19.2% for all people.

**Chart LTSS-6: Percent of Persons with a Disability in Poverty**  
U.S., Tennessee, Davidson County 2012



Source: 2012 American Community Survey, Chart 1811

### LTSS Funding Sources

Medicaid provides medical and LTSS for persons who meet financial eligibility criteria and the level of medical care needed. Financial eligibility is based on individual, family or household income and assets. Medical criteria include people who are blind or persons with a disability as defined by the Social Security Administration. Medicaid funding for LTSS has age, income and disability eligibility requirements. The eligibility guidelines for LTSS vary across states, depending upon their specific funding sources.

<http://aspe.hhs.gov/daltcp/reports/primer.htm>

### TennCare CHOICES

TennCare CHOICES is now three years old and was designed to provide long-term supportive services to eligible individuals who preferred to and were medically able to remain in their homes. TennCare CHOICES services include personal care visits, attendant care, home-delivered meals, personal emergency response system, adult day care, in-home respite care, in-patient respite care, assistive technology, minor home modifications, pest control, and community-based residential alternatives for persons who can no longer live alone.

To qualify for CHOICES consumers must have a level of need that can only be provided in a nursing home setting or meet the at risk level of care for nursing home or qualify for Medicaid long-term care which is based on an individual’s monthly income and assets. Area Agency on Aging and Disability conducts the initial assessment for entry into TennCare Choices. There are three groups or CHOICES for consumers:

- Group 1 is for persons who need nursing home care due to a medical condition that prevents them from living at home.
- Group 2 is for persons who receive home care instead of nursing home care and are at least 65 years of age or adults 21 years of age and older with a physical disability and meet nursing home level of care.
- Group 3 is for persons who receive home care instead of nursing home care because they do not qualify for nursing home care and would be at risk of nursing home placement without home care and also meet the same age and disability restrictions of person in Group 2.

In 2010 only 17.5% of long-term care enrollees received HCBS, that number has increased to 32% in 2012. As indicated in Chart LTSS-7 total CHOICE program enrollment has increased each year. Nursing home enrollment continues to decrease while HCBS enrollment increases each year, which is in line with expenditures for each grouping.

[http://www.tn.gov/tenncare/long\\_covered.shtml](http://www.tn.gov/tenncare/long_covered.shtml)  
<http://www.tn.gov/tenncare/forms/tenncarebudgetFY13.pdf>

**Chart LTSS-7: TennCare CHOICES Enrollment**  
**Nursing Home and HCBS Groups**  
 FY 2010-2013



Source: <http://www.tn.gov/tenncare/forms/tenncarebudgetFY13.pdf>

## Other LTSS Funding

Other LTSS Funding Sources include Options for Community Living and Older American Act Title III. Information about these programs can be found in previous Community Needs Evaluations and by visiting their respective websites.

- Options for Community Living - <http://www.tn.gov/comaging/living.html>
- Older Americans Act – Title III - [http://www.aoa.gov/AoA\\_programs/OAA/index.aspx](http://www.aoa.gov/AoA_programs/OAA/index.aspx)

## Cost Comparison

The *Genworth 2013 Cost of Care Survey* estimated the cost of long-term care across the U.S. to help people plan for these expenses. The survey was Genworth's 10<sup>th</sup> annual and covered 15,000 long-term care providers in all 50 states and the District of Columbia. It noted that many different events could result in a need for long-term care.

Genworth is a provider of long-term care insurance and notes that there are four basic ways to pay for long-term care. These include Medicare, Medicaid, out of pocket or private long-term care insurance. Medicare and Medicaid have restrictions and limitations that limit flexibility and usage. For those with sufficient resources, out of pocket payments can obtain the specifically tailored services to meet the individual's needs. Long-term care insurance helps by paying for covered expenses to the extent of policy limits.

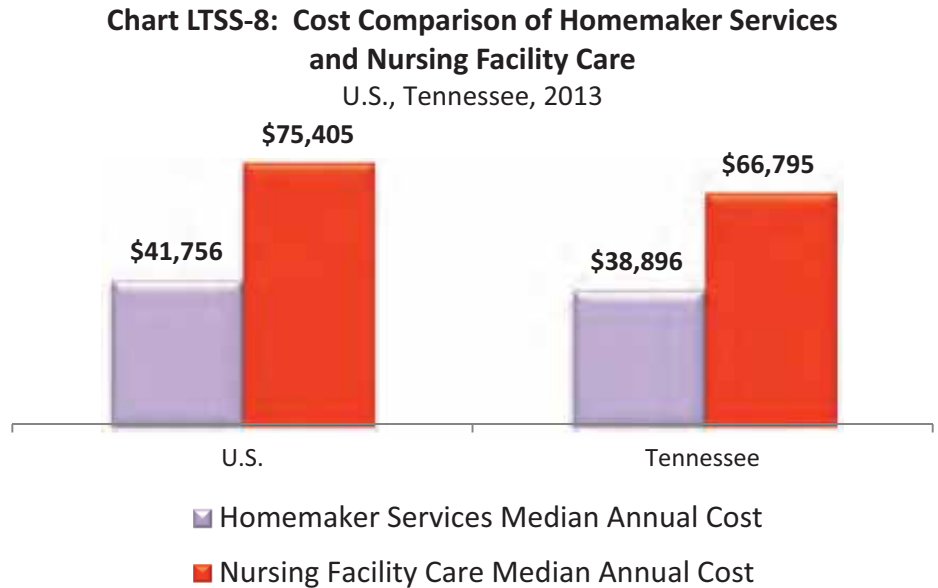
The *2013 Cost of Care Survey* discussed the increasing prevalence of Alzheimer's disease as well as the frequent fear of having this disease, since about one out of every nine people aged 65 and older and 1/3 of people aged 85 and older have Alzheimer's disease. Because the duration of Alzheimer's disease after diagnosis is often 4-8 years, which can range up to 20 years, it is important to be aware of the long-term care needed.

According to the *2013 Cost of Care Survey*, at least 70% of people older than 65 will eventually need some kind of long-term care, which may result from prolonged illness or severe cognitive impairment (such as Alzheimer's disease) during which people may not be able to care for themselves. The report provides cost comparisons on services including Homemaker Services, Home Health Aides, Adult Day Care, Assisted Living Facilities and Nursing Home Care.

Costs vary by the type of service provided. For example, in the U. S., the annualized cost for nonresidential services ranges from \$41,756 for Homemaker Services (median hourly rate of \$18), \$44,479 for Home Health Aides (median hourly rate of \$19), \$16,900 for Adult Day Care (median daily rate of \$210). The U.S. annualized cost of residential services ranges from \$41,400 for Assisted Living to \$75,405 for semi-private Nursing Home Care and \$83,950 for private room Nursing Home Care.

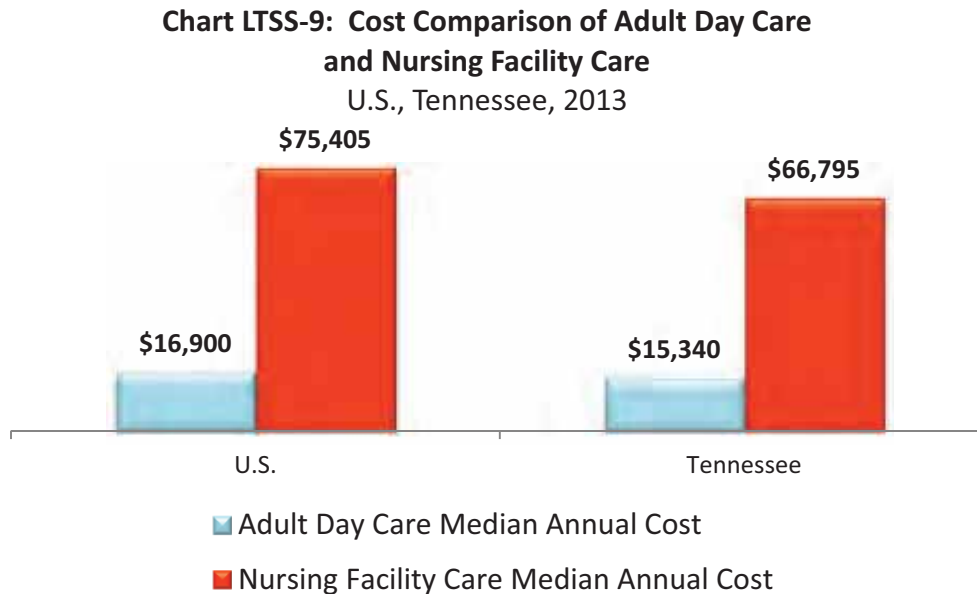
The circumstances of individuals generally prescribe the types and intensity of services needed. For example, a person who lives with family members who work may need Adult Day Care, while a person who lives alone may need Homemaker Services and/or a Home Health Aide. Some people may need services in addition to the Homemaker Services or Adult Day Care, which would change the cost differential.

For example, if a person needs only Homemaker Services to remain at home instead of in a nursing home, Chart LTSS-8 shows that Homemaker Services would cost significantly less than Nursing Home Care, a savings of \$33,649 for the U.S. and \$27,899 in Tennessee.



Source: Genworth 2013 Cost of Care Survey

Another example would be to compare the cost for a person who needs only Adult Day Care to remain at home to the cost of Nursing Home Care. Chart LTSS-9 shows that there would be a savings of \$58,505 for the U. S. and \$51,455 for Tennessee.



Source: Genworth 2013 Cost of Care Survey

[https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/130568\\_032213\\_Cost%20of%20Care\\_Final\\_no\\_nsecure.pdf](https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/130568_032213_Cost%20of%20Care_Final_no_nsecure.pdf)

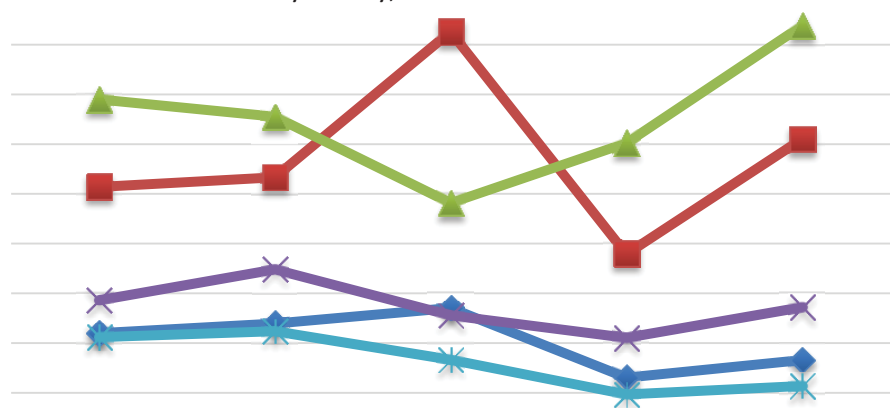
## Grassroots Community Survey

The Grassroots Community Survey asked respondents to choose from among specific services for dependent persons (either children or elderly people with disabilities). Chart LTSS-10 shows the greatest need in Home and Community Based Services (more recently known as LTSS) being Homemaker Services for Elderly and Disabled People for the second consecutive year, followed by help paying for Child Care. In fact, except for 2011, Homemaker Services for Elderly or Disabled People was the most frequently identified need for all years the Grassroots Community Survey has been conducted.

With the baby boomer aging patterns across the U. S. and in Davidson County, the number of seniors will increase along with an elevated need for services. When people age, their need for homemaker services and other in-home and residential care is likely to increase.

**Chart LTSS-10: Greatest Need in Home and Community Based Services  
(Seniors, Child Care)**

Grassroots Community Survey, 2009-2013



	2009	2010	2011	2012	2013
◆ Child Care Closer to My Home	11.0%	12.0%	13.5%	6.5%	8.3%
■ Help Paying for Child Care	25.7%	26.7%	41.3%	19.0%	30.5%
▲ Homemaker Services for Elderly or Disabled People	34.5%	32.8%	24.1%	30.1%	41.9%
✕ Homemaker Services for Relative Caregivers (raising the children of relatives)	14.3%	17.4%	12.8%	10.5%	13.6%
✱ More Infant Child Care	10.6%	11.2%	8.3%	4.8%	5.7%

Source: 2013 Grassroots Community Survey

### Additional information about Long-Term Support and Services:

Center for Health Care Strategies, Inc. *Profiles of State Innovations Roadmap for Managing Long-Term Support and Services*

[http://www.chcs.org/usr\\_doc/MLTS\\_Roadmap\\_112210.pdf](http://www.chcs.org/usr_doc/MLTS_Roadmap_112210.pdf)

National Health Policy Forum, *The Basics, National Spending for Long-Term Support and Services*

[http://www.nhpf.org/library/the-basics/Basics\\_LongTermServicesSupports\\_02-23-12.pdf](http://www.nhpf.org/library/the-basics/Basics_LongTermServicesSupports_02-23-12.pdf)

National Council on Aging, *Long-Term Support and Services*

<http://www.ncoa.org/public-policy-action/long-term-services--supports/>

# Workforce & Economic Opportunity

## Key Findings

- Unemployment in Davidson County has stabilized after rising during and immediately after the Great Recession, and the economy continues to add jobs at a modest, yet a steady pace. However, the scars of the recent recession and its impact still exist in many communities and across all demographic workforce groups.
- Nationwide the number of the long-term unemployed (those with no jobs over 27 weeks) is still high, partly because employers had few job vacancies.
- There is a significant decline in the real wages of low-wage occupations such as cashiers, cooks, personal care aides, home health aides, food prep workers, retail sales persons, and housekeeping.
- Persons with lower educational attainment are more likely to experience unemployment, remain unemployed, and earn less.
- Persons with disabilities are also less likely to be employed than those without disabilities.
- Increasing access to public benefits could ease economic hardships associated with the Great Recession and low wage jobs. Programs such as the Supplemental Nutrition Assistance Program (SNAP/Food Stamps), Unemployment Insurance (UI), and Earned Income Tax Credit (EITC) kept millions of people out of poverty.
- Outside the mainstream financial institutions, low-income people may turn to alternative expensive transactions, such as rapid anticipation loans for tax refunds, payday loans, rent-to-own stores, check cashing, pawn shops, auto title loans, pre-paid debit cards with high fees, and other lenders.

## Unemployment

Unemployment in Davidson County has stabilized after rising during and immediately after the Great Recession just as rest of the nation, as described in April 2011's *Monthly Labor Review, Employment loss and the 2007-2009 recession: an overview*. Many analysts report that the U.S. economy continues to add jobs at a modest yet steady pace. However, the scars of the recent recession and its impact still exist in many communities and across all demographic workforce groups. There were significant job losses in a broad range of industries and for an extended period of time.

<http://www.bls.gov/opub/mlr/2011/04/art1full.pdf>

On July 5, 2013, the Economic Policy Institute released *Four Years Into the Recovery and We're Just a Fifth of the Way Out of the Hole Left by the Great Recession*, which examined the U.S. economy four years after the recovery began. It explained that after four years, the economy has climbed only about one-fifth of the way out of the hole left by the Great Recession.

<http://www.epi.org/publication/years-recovery-hole-left-great-recession/>



As reported in the *Job Openings and Labor Turnover Survey Highlights* in August 2013, the U.S. Bureau of Labor Statistics noted that the ratio between the unemployment rate and the number of job openings fluctuated over time. It reported that when the recession began in late 2007, there were 1.8 unemployed persons per job opening, which had risen to 6.2 when the recession ended about 18 months later. The number of unemployed persons per job opening ratio has trended downward since the end of the recession. In August 2013, the ratio was 2.9 in August 2013, so for every job opening that was filled, there are two additional people who were unemployed.

[http://www.bls.gov/jlt/jlt\\_labstatgraphs\\_aug2013.pdf](http://www.bls.gov/jlt/jlt_labstatgraphs_aug2013.pdf)

According to the Tennessee Department of Labor and Workforce, there were 0.63 unemployed per advertised online job opening in August 2013 for Davidson County, Tennessee, which suggests that the economy is improving.

<https://www.jobs4tn.gov/vosnet/lmi/area/areasummary.aspx?enc=SgfjA5gOxyjl8J88h1RjLWE1smanESDBf5hh+neh3/1zbgZVPdTWp61WoLakq4Aj>

Nationwide the number of the long-term unemployed (those with no jobs over 27 weeks) is still high, partly because employers had few job vacancies. Some studies report that the longer a person remains unemployed, the longer it takes to find suitable employment that would approximate the earning level of previous employment. According to the U. S. Bureau of Labor Statistics' *The Employment Situation – August 2013*, the number of long-term unemployed was unchanged at 4.3 million. These individuals accounted for 37.9% of the unemployed.

<http://www.bls.gov/news.release/pdf/empsit.pdf>

Long periods of unemployment, changes in technology at the workplace, and global competition have created labor market conditions that depressed wages in many industries that are currently considered to be job creators. The low-wage industries include, retail, home health aide, childcare, security, hospitality, and customer services. Workers and families employed in these industries experience diminishing earned capacity, and they struggle to cover basic living expenses.



A Fact Sheet by the National Employment Law Project, *The inequality of declining wages during the recovery*, analyzed occupational wage trends during the recovery and found a significant decline in the real wages of low-wage occupations. As the table below shows, the top ten lower-wage occupations have seen wage declines from 2009 to 2012. Several occupations, including cooks, personal care aides, home health aides, food prep

workers and housekeeping cleaners saw their median wages decline by 5.0% or more.  
[http://nelp.3cdn.net/6d02b3f3af25f8d22e\\_aym6b3dzy.pdf](http://nelp.3cdn.net/6d02b3f3af25f8d22e_aym6b3dzy.pdf)

		2012 median hourly wage	Percentage change in real median hourly wage, 2009-2012
1	Retail salespersons	\$10.15	-2.6%
2	Cashiers	\$9.12	-0.5%
3	Combined food preparation & serving workers, Including fast food	\$8.78	-0.9%
4	Waiters and waitresses	\$8.92	-2.1%
5	Stock clerks and order fillers	\$10.60	-1.7%
6	Restaurant cooks	\$10.59	-7.1%
7	Personal care aides	\$9.57	-5.5%
8	Maids and housekeeping cleaners	\$9.41	-5.0%
9	Home health aides	\$10.01	-5.0%
10	Food preparation workers	\$9.28	-5.2%

Source: NELP Analysis of Occupational Employment Statistics



## GRADUATION! NOW WHAT?

The recession exacerbated pre-existing conditions in the labor market that were already affecting employability and the earnings of the low-skilled workforce, the youth, minorities, and women. The joblessness caused severe financial hardships. A report by the Urban Institute, *Financial Consequences of Long-term unemployment During the Great Recession and Recovery*, found the following:

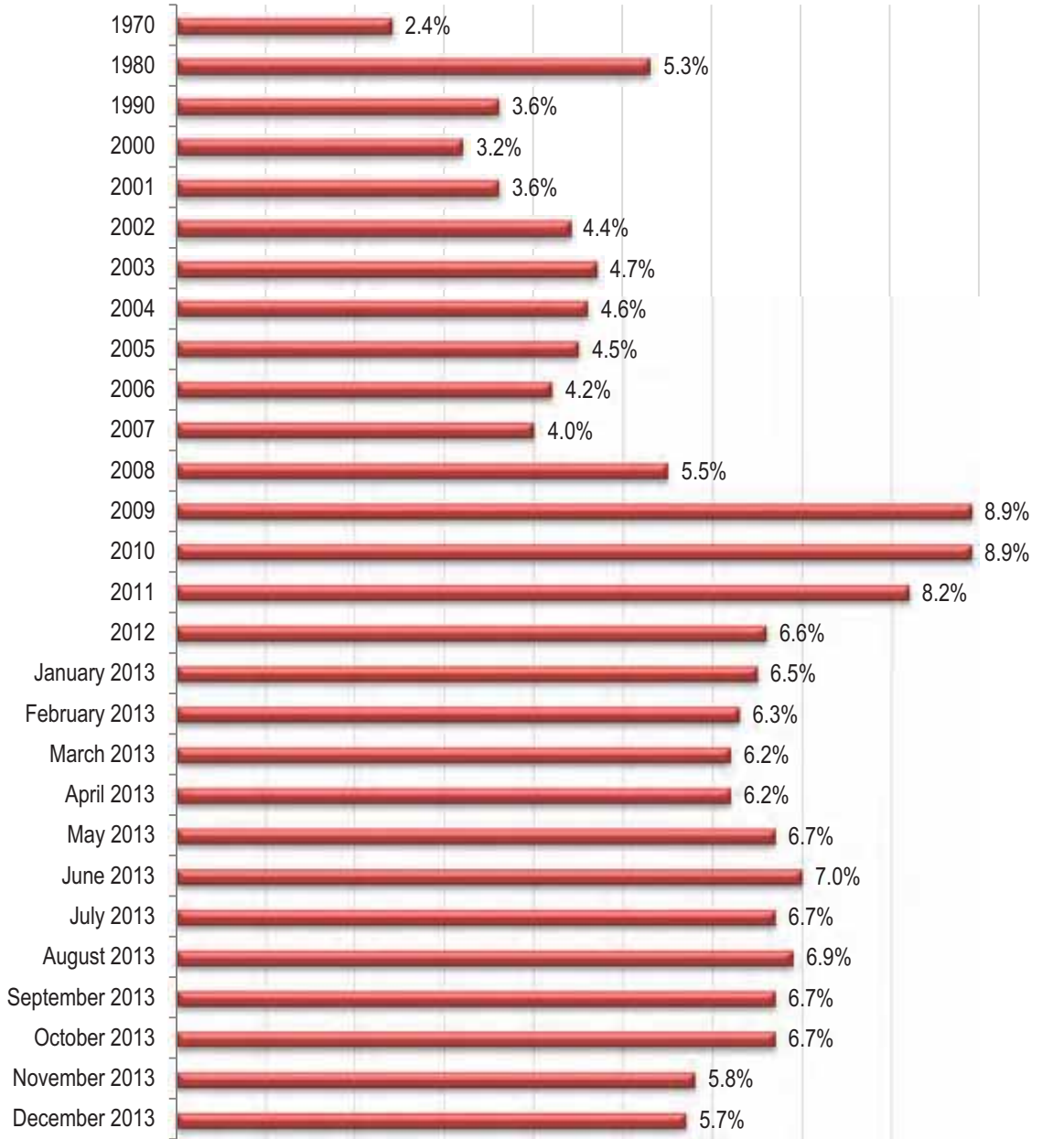
- Between August 2008 and December 2011, 6% of workers were unemployed for at least six consecutive months.
- Six months after job loss, half of long-term unemployed workers experienced per capita family income declines of 40% or more.
- Long-term unemployed African Americans, Hispanics, workers with limited education, and unmarried adults were most likely to experience economic hardship.

<http://www.urban.org/UploadedPDF/412800-Financial-Consequences-of-Long-Term-Unemployment-during-the-Great-Recession-and-Recovery.pdf>



As shown in Chart W-1, the unemployment rate in Davidson County is 5.7% in December 2013, much lower than the levels seen for 2009-2011, and an indicative of a steadily improving economy.

**Chart W-1: Unemployment Rate**  
Davidson County, 1970 - December 2013



Source: Tennessee Department of Labor and Workforce Development

Unemployment rates are not the same for all demographic groups. A report by the Center for Labor Market Studies, *The dismal state of the nation's teen summer job market, 2008-2012, and the employment outlook for the summer of 2013*, notes that the last decade in the United States has been labeled a "lost decade" by a number of economic and social science analysts. Furthermore, it notes that total nonfarm payroll employment

failed to experience any net growth between 2000 and 2010, yielding a decade with the poorest job creation performance in the past 70 years.

The report highlights that in 2011 and 2012, only 26% of the nation’s teens held any type of paid job, the lowest annual average employment rate in the history of our country in the post-World War II era.

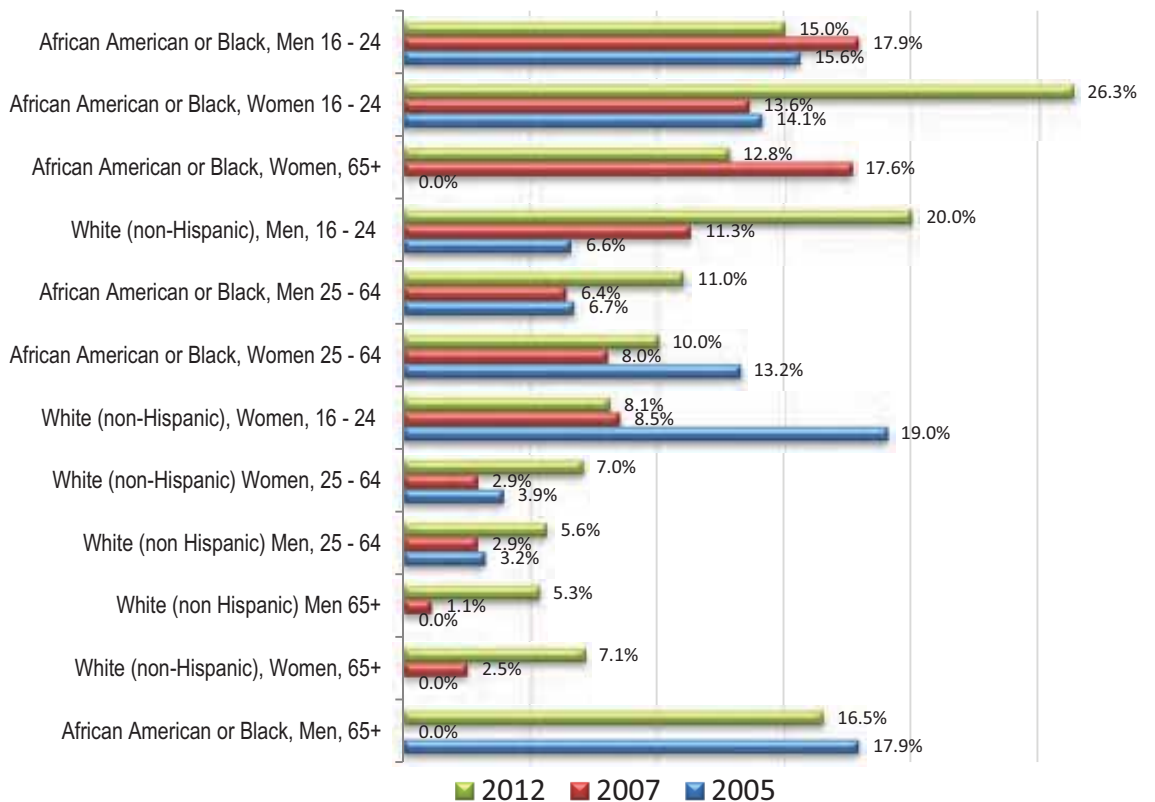
<http://www.northeastern.edu/clms/wp-content/uploads/Summer-2013-Teen-Summer-Job-Market-Paper2.pdf>



According to the U. S. Census Bureau’s 2012 American Community Survey, the unemployment rate for black males in Davidson County between the ages of 16-24 was 15.0%, which is significantly lower than in previous years, including during and after the Great Recession when it peaked to 36.4% in 2010. As for black females in the same age group, unemployment has worsened more than any other group when it reached 26.3%, four times that of the Davidson County’s overall unemployment rate of 6.6%.

As Chart W-2 indicates, African Americans of both genders and all working ages are still experiencing higher unemployment rates compared to their white counterparts except white men ages 16-24. Of particular note is the reversal state of black men in this age group, which historically had higher unemployment rates. In 2012, among the white population, both white men and women ages 16-24 had the highest unemployment rate of 20.0% and 8.1% (a slight decrease from last year) respectively. Of particular note is the unemployment rate’s increase for white men ages 16-24 at 20.0% in 2012, compared to 6.6% in 2005 .

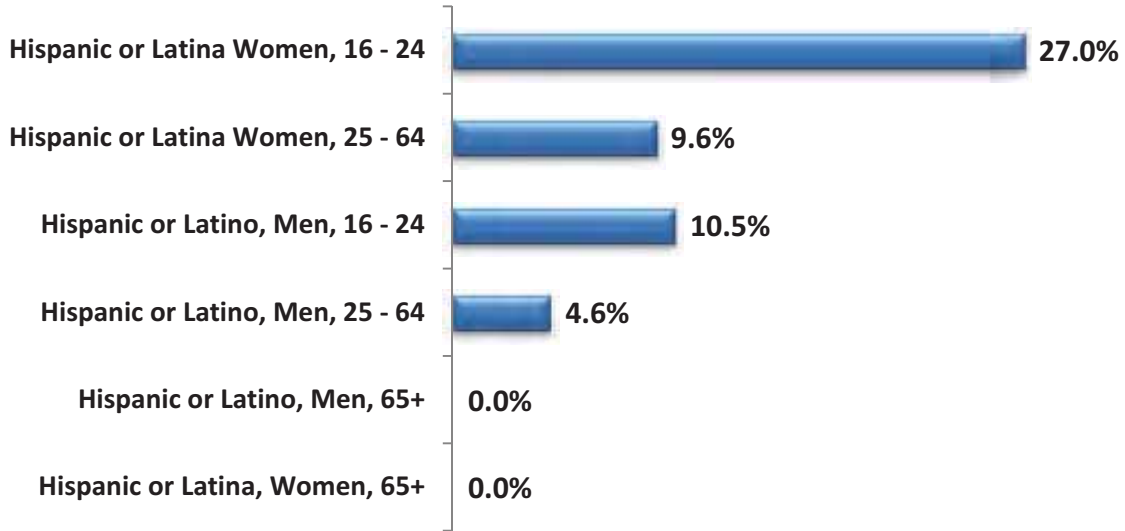
**Chart W-2 Percentage of Unemployment**  
by Race and Gender, Davidson County, 2005, 2007, 2012



Source: The American Community Survey 2005, 2007, and 2012

A different data set was available at the county level from the American Community Survey to examine the unemployment rate for the Davidson County Hispanic population. Chart W-3 shows the 2010-2012 3-year summary average unemployment for Davidson County Hispanic population.

**Chart W-3: Unemployment Rate for Hispanics by Age and Gender**  
Davidson County 2010-2012



Source: The American Community Survey, 2010-2012

Unemployment rates among the Davidson County Hispanic population show a similar disparity. Hispanic men ages 25-64 have an unemployment rate (4.6%) less than that of Davidson County in 2012 (6.6%), while the rate is much higher for Hispanic/Latina women. As documented in previous years, the females in the 16-24 age group experienced the highest unemployment rate of 27.0%, a decrease of 5.0% points compared to the previous three-year average (2009-2011). The unemployment rate for Hispanic/Latino men ages 16 -24 edged up to 10.5%, an increase of almost a 3.0% compared to the previous three-year average.

With the changing economy and reduced employment opportunities for disadvantaged workers, a new approach of job development is needed rather than relying on ineffective traditional practices. *So Rich, So Poor* by Peter Edelman describes how poor neighborhoods can be transformed through better education, combined with accessibility to jobs around the metropolitan area. It provides background on efforts that began in the 1990s when the Annie E. Casey Foundation created a program to help inner-city residents obtain jobs in the regional economy. This initiative has grown to include 200 foundations and public funding to develop public-private partnerships, a part of the National Fund for Workforce Solutions.

The National Fund for Workforce Solutions-Innovation Generating Impact supports local design and ownership of innovating approaches to training and preparing jobseekers and entry-level employees for career advancement. In each community, regional collaboratives bring together the government, philanthropic organizations and businesses in order to develop local strategies. Regional collaboratives operate in about 25 states including Alabama, California, Georgia, Illinois, Kentucky, Massachusetts, Mississippi, New York, South Carolina, Virginia and others. It also partners with Jobs for the Future and the Council on Foundations. <http://nfwfsolutions.org/>

Located in Boston, the National Fund for Workforce Solutions recently released a report *Building on Success: Five Years of Impact 2007-2011* that describes the successes the regional collaboratives have achieved:

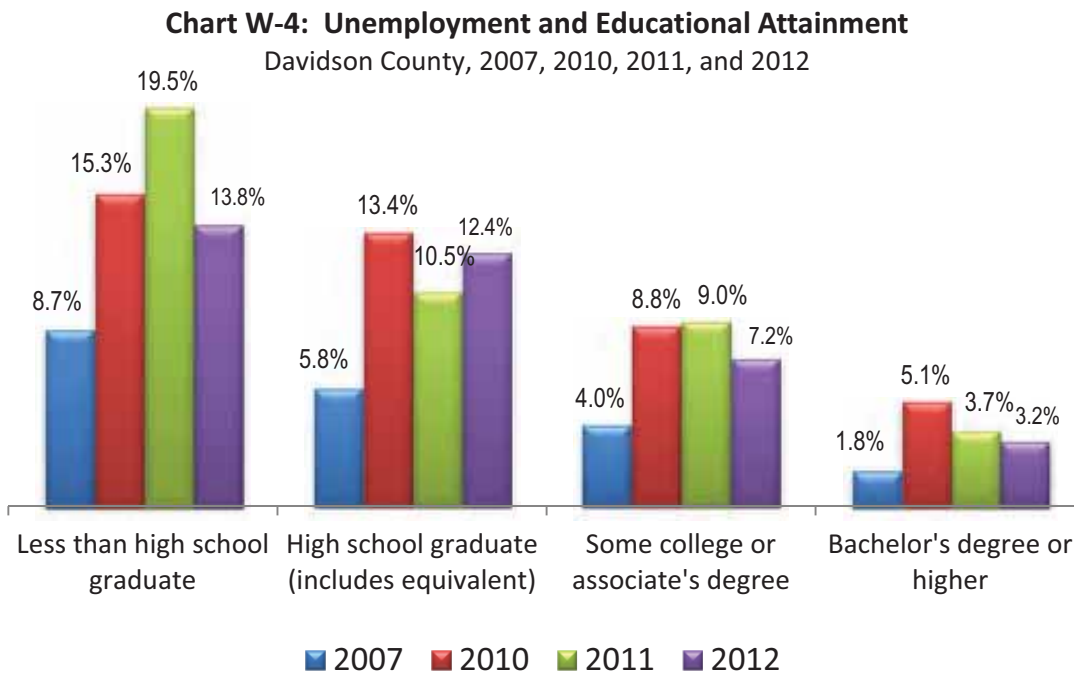
- 42,299 participants received career development services
- 4,064 employers received services such as recruitment and screening/job referral
- 151 workforce partnerships engaged employers and service providers
- \$41 million was received from national funders that leveraged \$192 million in local funding

It noted that employer engagement and leadership are important to supporting local workforce partnerships, because it will help develop workforce training that is relevant to meeting the needs of the industry. Systems change also contributed to the positive outcomes, changes in educational/institutional practices such as curricula design; increased employer investment; and changes in government policies.

[http://nfwsolutions.org/sites/nfwsolutions.org/files/tools/NFWS\\_BuildforSuccess\\_SeparatePG\\_071913%5B1%5D.pdf](http://nfwsolutions.org/sites/nfwsolutions.org/files/tools/NFWS_BuildforSuccess_SeparatePG_071913%5B1%5D.pdf)

Disparity in unemployment rates was not reflected only in age, ethnicity, and race. Persons with lower educational attainment are more likely to experience and remain unemployed. Chart W-4 shows fluctuating unemployment rates and educational attainment before the Great Recession started and three years after it ended. While unemployment rates for all education categories doubled and in some categories approximately tripled during and after the Great Recession, the unemployment rates of people with low educational attainment remains much higher than other categories.

The unemployment rate in Davidson County for workers with less than high school education increased from 8.7% in 2007, peaked to 19.5% in 2011, and came down to 13.8% in 2012, a significant decrease but still high. Workers with high school education experienced an unemployment rate of 5.8% right before the recession and remained high in 2012 at 12.4%, almost the same level as it was in 2010, a year after the recovery began. Data demonstrates that that higher educational attainment is linked to lower unemployment and higher income.



Source:  
American  
Community  
Survey, 2007,  
2010, 2011, and  
2012

As reported in previous editions of the Community Needs Evaluation, the U.S. economy has been through structural transformation caused by automation, globalization, and technological change that resulted in shrinking opportunities for several demographic groups. Furthering educational attainment and meaningful training is necessary to build the skills that would be more valuable to employment. In addition to ethnic minorities, youth, and those who have lower educational attainment, persons with disabilities are also less likely to be employed than persons without disabilities.

An analysis by the U.S. Bureau of Labor Statistics, *Persons with a disability: Labor force Characteristics – 2012*, reported the following about the U.S.:

- The unemployment rate for persons with a disability was 13.4% in 2012, higher than the rate for persons with no disability (7.9%).
- Persons with a disability were over three times as likely as those with no disability to be age 65 and over.
- For all age groups, the employment-population ratio (employed as a percent of the population) was much lower for persons with a disability than for those with no disability.
- In 2012, 33% of workers with a disability were employed only part time, compared with 19.0% of those with no disability.
- Employed persons with a disability were more likely to be self-employed than those with no disability.
- At all levels of education, persons with a disability were much less likely to be employed than were their counterparts with no disability.

<http://www.bls.gov/news.release/pdf/disabl.pdf>

*Persons with a disability: Barriers to employment, types of assistance, and other labor related issues – May 2012*, released by the U. S. Bureau of Labor Statistics, indicated that half of all persons with a disability who were not working reported some type of barrier to employment. These barriers included lack of education or training, lack of transportation, the need for special features at the job, and a person's own disability. Among persons with a disability who were employed, over half had some difficulty completing their work duties because of their disability.

<http://www.bls.gov/news.release/pdf/dissup.pdf>

As people with a disability lack job opportunities and face unique disability related barriers to employment, median income is higher for those who do not have a disability. Chart W-5 shows that people who do not have a disability have a significantly higher median income in the U.S., Tennessee, and Davidson County compared to people with a disability. Of particular note is the median income is almost twice as much as for those who do not have a disability in Davidson County, \$16,410 and \$29,417 respectively.

Source: 2012 American Community Survey

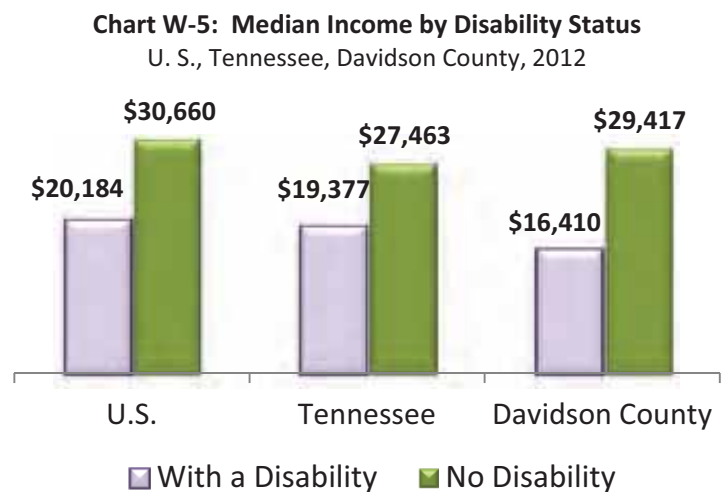


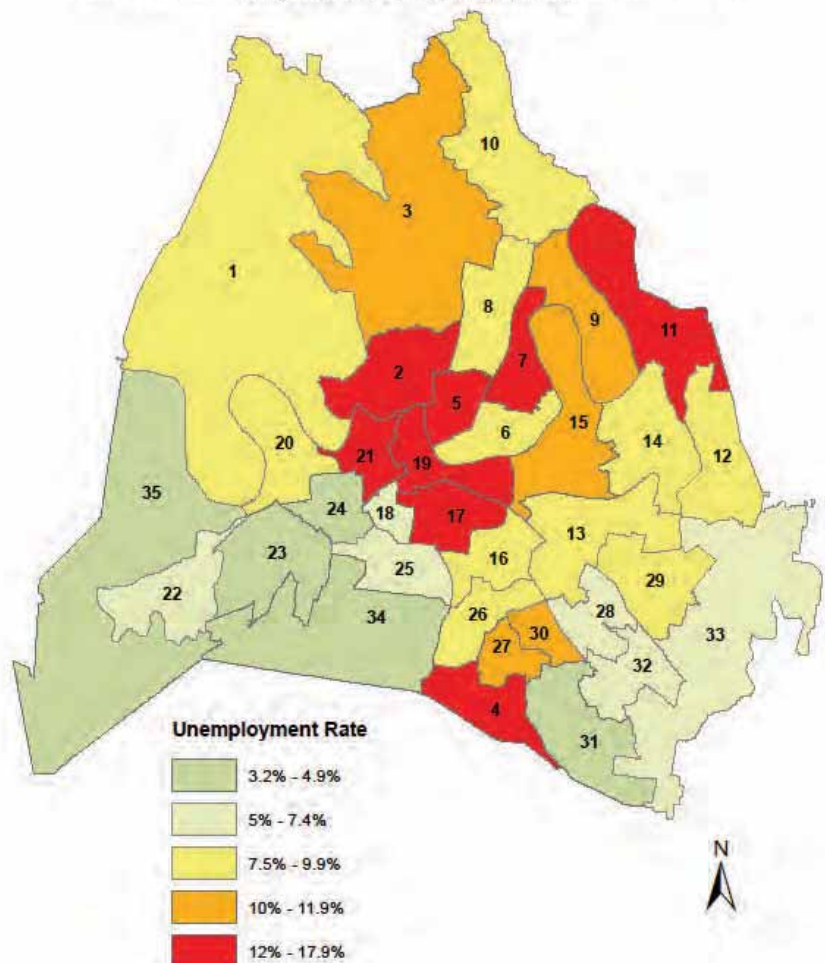
Chart W-6 shows that there were 43,034 people ages 18-64 with disabilities in Davidson County in 2012. The unemployment rate for people with disabilities was 15.1%, about twice as the 8.6% rate for people without disabilities.

**Chart W-6: Employment status, Ages 18-64, with a Disability**  
Davidson County, 2012



Source: 2012 American Community Survey

**Percentage of People Unemployed by Metropolitan Council District**  
Davidson County, Tennessee, 2008-2012  
Data from U. S. Census Bureau, American Community Survey, 2008-2012; Shapes from Metropolitan Planning Department; Map by Metropolitan Social Services-Planning & Coordination



As shown in the map using data from the 2008-2012 American Community Survey 5-Year Summary, there is a wide geographic variation in the percentage of unemployed people by Metropolitan Council District.

Unemployment ranges from 3.2% in Metro Council District 34 up to 17.9% in Metro Council District 2.

Three Districts (2, 19 and 5, in decreasing order) have unemployment greater than 15%. Seven Districts have unemployment lower than 6% (22, 25, 23, 31, 35, 24 and 34).

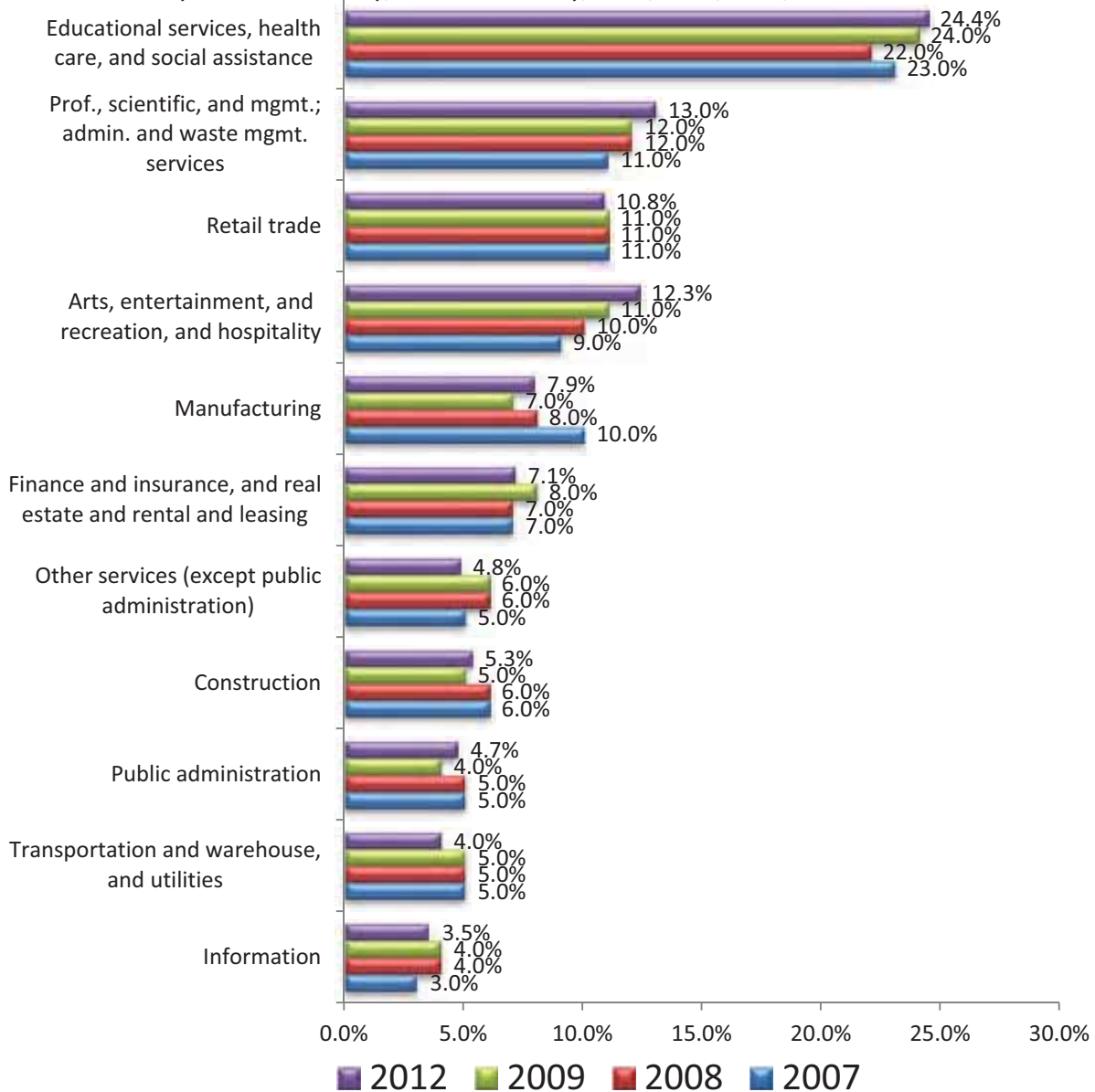
The highest areas of unemployment (12.0% and above) are near the central city area except Districts 4 and 11.

## Leading Sectors

The Nashville Metropolitan Statistical Area (MSA) continues to have a diversified economy that supports a balanced employment in all its sectors, and they all contribute to its growth. As technology improves productivity, some sectors including manufacturing continue contributing to the economy despite experiencing shrinking employment. As shown in Chart W-7, education, health care, and social assistance continues to be the leading industry category in the last five years in Davidson County at 24.4%. While retail trade, professional, scientific, management, administrative, and waste management were consistently stable, while the arts, entertainment, recreation, and hospitality have gained ground and are now the second leading industry category of employed people 16 and older at 13.0%.

**Chart W-7: Percentage of Employed People 16 Years and Older**

By Selected Industry, Davidson County, 2007, 2008, 2009, 2012



Source: American Community Survey 2007, 2008, 2009, and 2012

According to the 2012 American Community Survey, among the more common occupations for the civilian employed population 16 years and over in Davidson County were management, business, science, and arts occupations (40.0%), service occupations (15.8%), sales and office occupations (28.0%), and production, transportation, and material moving occupations (10.0%).



**Economic Opportunity**

The Great Recession left many families financially fragile. Job losses triggered foreclosures, depleted savings, reduced retirement savings, and home equity losses in an unprecedented levels. Many low-income households struggle to meet their basic financial needs, and started using loans to maintain a roof over their heads, pay basic bills, and feed families. Four years into the recovery from the recession, many households have yet to recover from wealth losses.

An analysis by the Pew Research Center, *An Uneven Recovery, 2009 – 2011* documents a rise in wealth for the wealthy and decline for the rest.

Chart W-8 shows during the first two years of the nation’s economic recovery from the Great Recession, the mean net worth of households in the upper 7% of the wealth distribution rose by an estimated 28%, while the mean net worth of households in the lower 93% dropped by 4%.

The report notes that affluent households typically have their assets concentrated in stocks and other financial holdings, while less affluent households typically have their wealth more heavily concentrated in the value of their home.

**Chart W-8: Uneven Recovery, change in net worth per household 2009 – 2011**



Note: In 2011 lower 93% refers to households with a net worth at or below \$836,033; in 2009 lower 93% refers to households with a net worth at or below \$889,275. Dollar figures in 2011 dollars.

Source: Pew Research Center tabulations of Survey of Income and Program Participation wealth data.

[http://www.pewsocialtrends.org/files/2013/04/wealth\\_rec\\_very\\_final.pdf](http://www.pewsocialtrends.org/files/2013/04/wealth_rec_very_final.pdf)

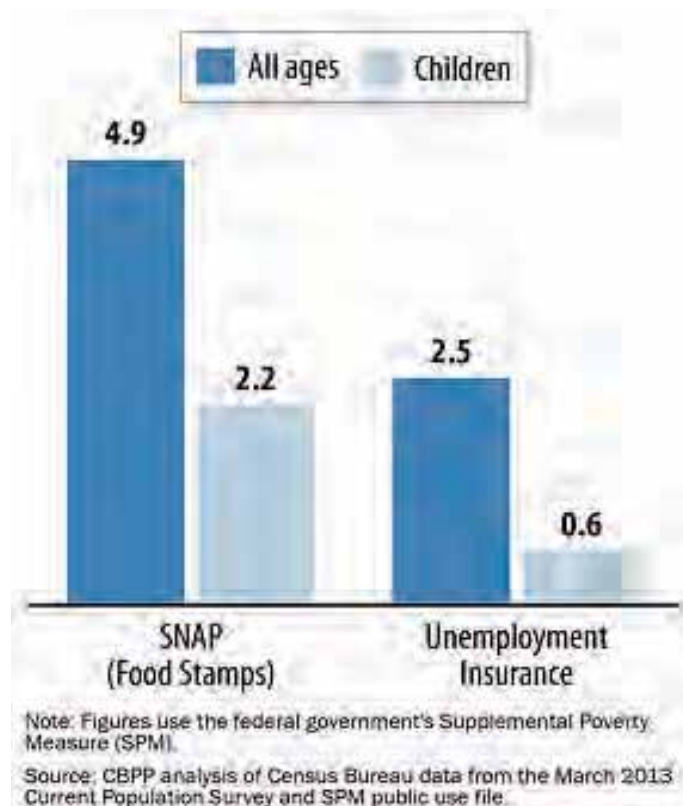


Many low-wage workers face challenges in managing their financial resources and avoiding financial instability. An overwhelming number of these low-income households spend a higher proportion of their earnings on basic services and goods, including housing, childcare, transportation, etc., which presents a significant barrier to saving and building assets. However, there are opportunities for wealth building that need to be expanded to low-income households.

Increasing access to public benefits could ease economic hardships associated with the Great Recession and low wage jobs. According to the Center on Budget and Policy Priorities, the Supplemental Nutrition Assistance Program (SNAP/Food Stamps) and Unemployment Insurance (UI) kept millions of people out of poverty. Chart W-9 shows, using the Census Bureau's Supplemental Poverty Measure (SPM), in 2012 SNAP benefits kept 4.9 million above the SPM poverty line, including 2.2 million children. According to the same source, UI kept 2.5 million people, including 600,000 children, above the poverty line in 2012.

<http://www.offthechartsblog.org/snap-and-unemployment-insurance-kept-millions-out-of-poverty-last-year-census-supplemental-poverty-measure-shows/>

**Chart W-9 Millions of People SNAP and UI kept above the SPM poverty line**  
U. S., 2012



A cost-effective intervention would be an increase in access to less costly financial literacy and counseling. There is a need to protect low-income struggling families from predatory and deceptive practices that would lead them to irreparable financial disaster.

## Educational Attainment

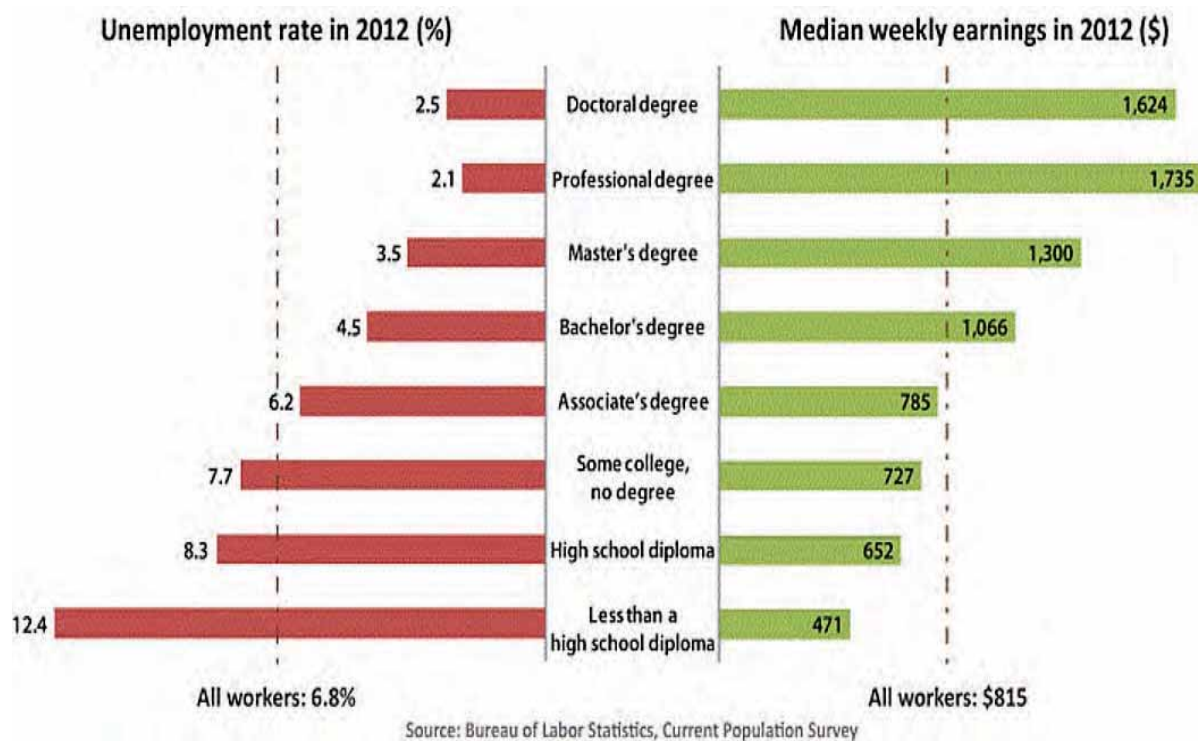
Greater educational attainment enhances the likelihood of obtaining employment as well as higher earnings.

Even when the Great Recession left many communities with higher unemployment rates, the workers with higher educational attainment experienced lower unemployment rates compared to those with lower levels of education.



As Chart W-10 shows in 2012, people with the highest educational attainment were the least likely to be unemployed and more likely attain higher earnings. For example, the unemployment rate for people with less than high school diploma was 12.4%, while the unemployment rate for people with a bachelor's degree was 4.5%.

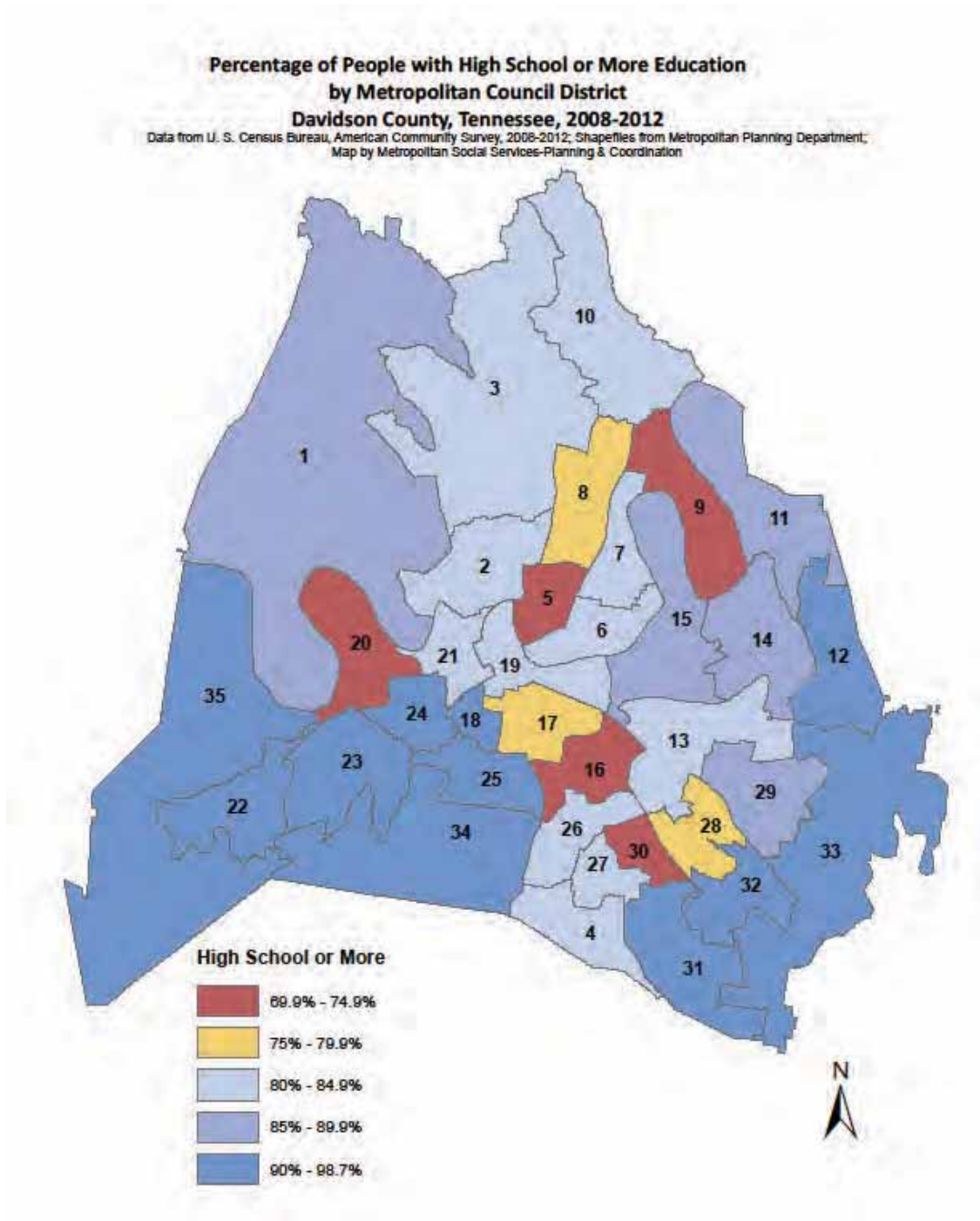
**Chart W-10: Unemployment and Earnings rates by Educational Attainment**  
U.S. 2012



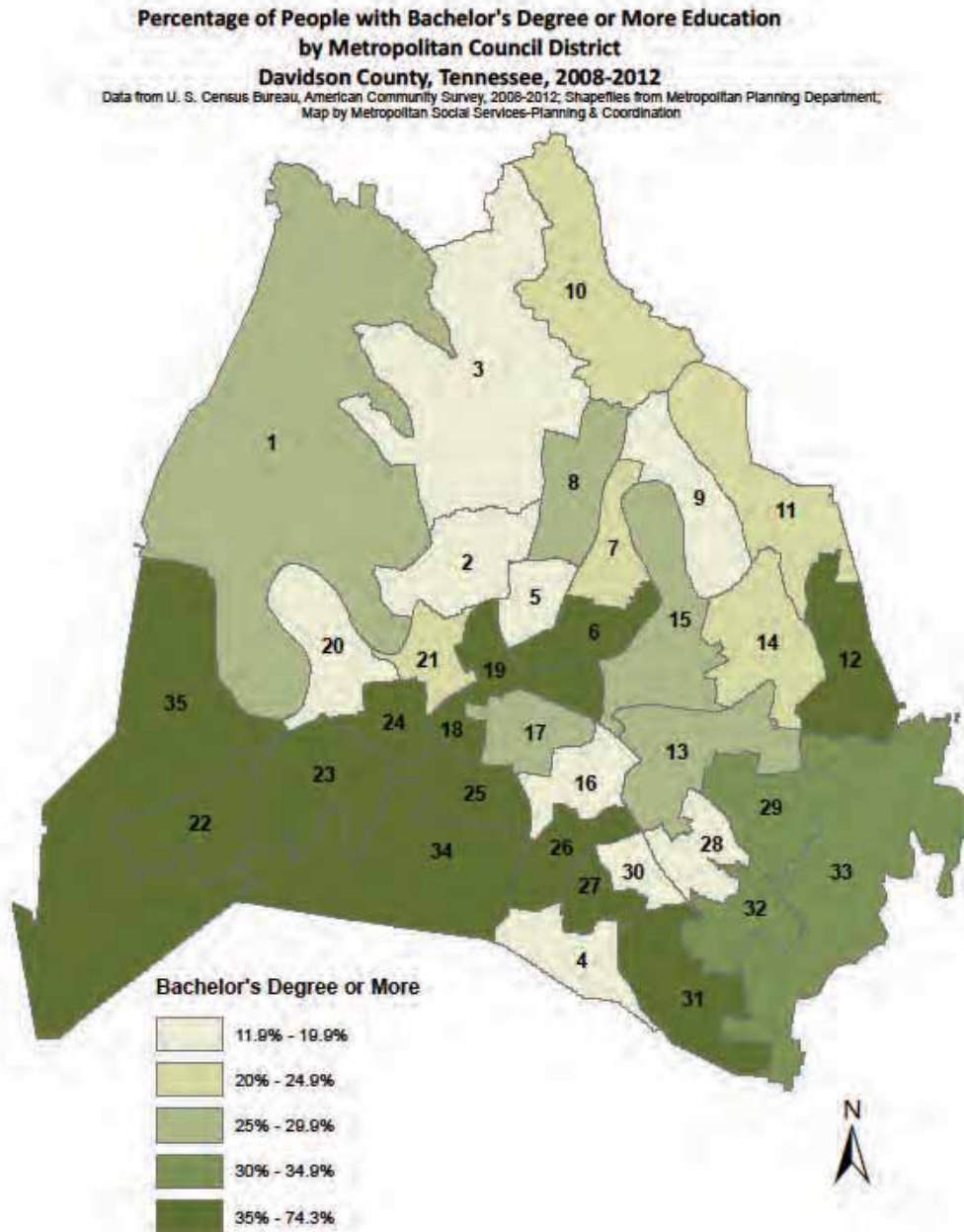
Higher educational attainment is generally associated with higher earnings, and that is a potential benefit to economic success. Chart W-9 shows the variation in Median Weekly Earnings by level of educational attainment for workers aged 25 and older. Median Weekly Earnings are higher for those with more education, in addition to the lower unemployment rate. The lowest median weekly earnings ranged from \$471 for workers with less than high school, to the highest of \$1,735 for those with professional degree. Those with bachelor's degrees earned 63% more than workers with high school diplomas.

The map shows the percentage of people who have at least a high school diploma or more by Metropolitan Council Districts.

The percentage of people with at least a high school education ranges from 69.9% in Metro Council District 30 up to 98.7% in Metro Council District 25.



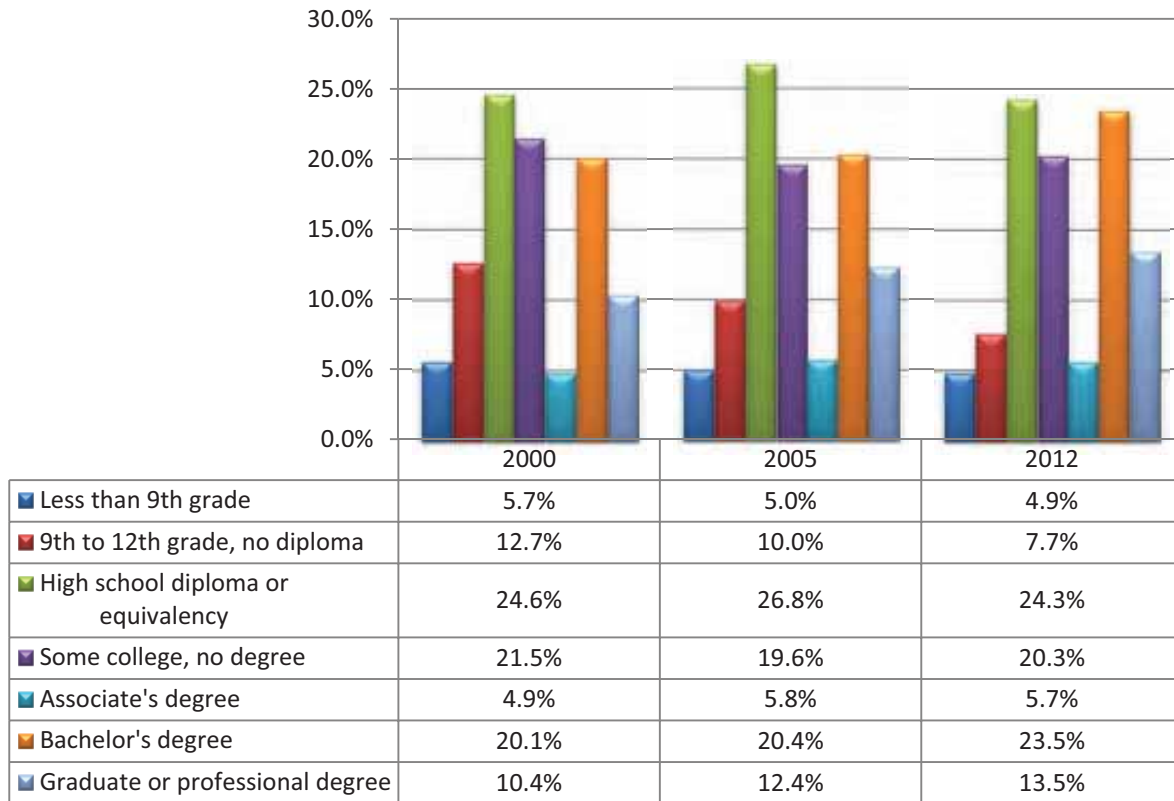
The map below shows the percentage of people who have a bachelor's degree or more by Metropolitan Council Districts. The percentage of people with at least a bachelor's degree or more ranges from 11.9% in Metro Council District 9 up to 74.3% in Metro Council District 34.



Educational attainment also varies in over time and across geographic areas. Chart W-11 compares the percentage of people in Davidson County who attained specific levels of education by year. The percentage of people in Davidson County with less than a high school diploma decreased from 18.4% in 2000 to 12.6% in 2012.

The percentage of people with a bachelor’s degree and higher increased from 30.5% to 37.0% from 2000 to 2012, which is the group the gained the most, an increase of 6.5%.

**Chart W-11: Educational Attainment**  
Davidson County, 2000, 2005, and 2012

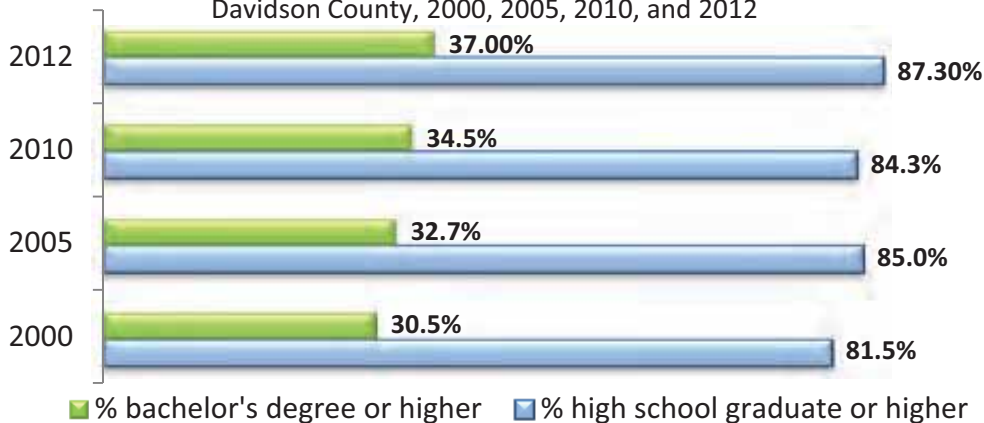


Source: U.S. Census Bureau (2000 Census, 2005 and 2012 ACS)

Chart W-12 groups the educational levels together to better demonstrate the changes in each category across the four selected years of 2000, 2005, 2010, and 2012.

**Chart W-12: Educational Attainment**

Davidson County, 2000, 2005, 2010, and 2012



Source: U.S. Census Bureau (2000 Census, 2005, 2010, 2012 American Community Survey)

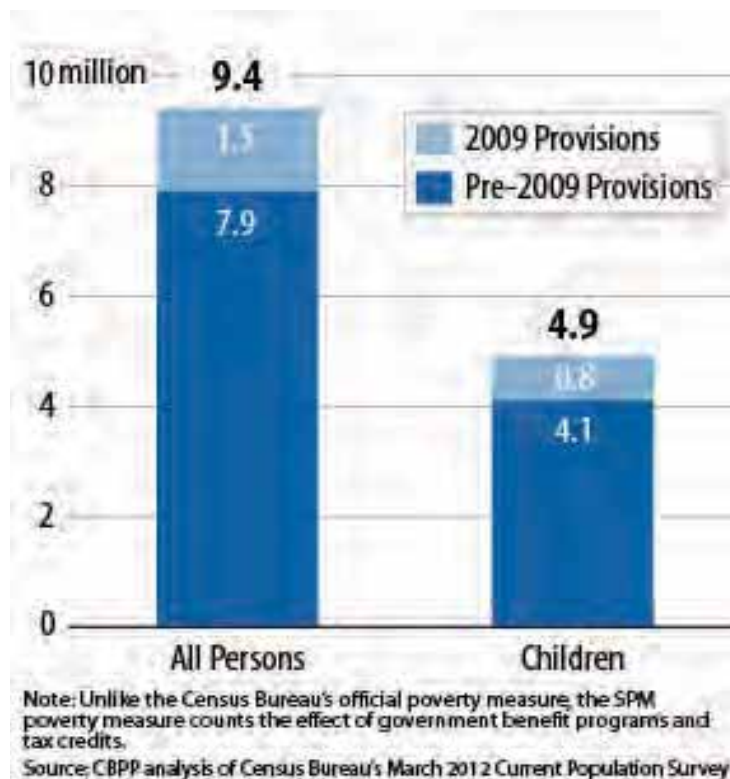
## Earned Income Tax Credit

The Earned Income Tax Credit (EITC) is intended as an incentive to increase employment since the credit is based on earnings. It is, hence an effective tool in reducing poverty. These employment-induced earnings include wages, salaries, and those gained through self-employment. Incomes not gained through employment, such as means-tested or welfare, interest, dividends, and capital gains are not included. It is a federal income tax credit for workers whose income is low enough to meet the eligibility requirements. Because it significantly reduces taxable income, taxpayers who qualify and claim the credit either pay less federal tax, pay no tax or receive a refund.

According to an analysis by the Center for Budget and Policy Priorities, the EITC and the Child Tax Credit are effective anti-poverty tools that lifted millions out of poverty by supplementing the earnings of workers who have low-wages. Chart W-13 shows in 2011, the EITC, coupled with the refundable Child Tax Credit, lifted 9.4 million people, including 4.9 million children, above the Supplemental Poverty Measure poverty line.

<http://www.offthechartsblog.org/category/federal-tax/earned-income-tax-credit/>

**Chart W-13: The number of persons EITC and Child Tax Credit lifted above the SPM poverty line**  
U. S., 2011



According to the Internal Revenue Service (IRS), in 2013 working families with children that have annual incomes below about \$37,870 to \$51,567 (depending on marital status and the number of dependent children) may be eligible for the federal EITC. Working people with no children with incomes below \$14,340 and married couples with incomes below \$19,680 are generally eligible for the EITC tax credit.

## Alternative Financial Services

In the aftermath of the Great Recession, many American households are still feeling its lingering effects on their finances. They continue to have concerns and fear over the possibility of losing housing, employment, reduced wealth, rising debt, and other financial hardships.

As many households struggle meeting their obligations to pay basic living expenses, there is a growing urgency to turn to other sources to stay afloat. These include the rising use of credit just to pay normal household expenses, where traditionally credit was used to pay for durable goods, such as appliances, cars, furniture, etc.

Outside the mainstream financial institutions, low-income people may turn to alternative expensive transactions, such as rapid anticipation loans for tax refunds, payday loans, rent-to-own stores, check cashing, pawnshops, auto title loans, pre-paid debit cards with high fees, and other lenders.



According to a brief issued by the Urban Institute, *The rising use of nonbank credit among U.S. households: 2009-2011*, notes that many American households are searching for new ways to cope with major losses to income and wealth, and have needed additional resources to make ends meet. The brief notes that households may be able to obtain loans from banks, credit unions, or thrift institutions depending on their credit standing. The brief also found the following:

- The use of nonbank credit, such as payday, pawnshop, and refund anticipation loans and rent-to-own agreements, increased even after the Great Recession.
- Nonbank credit rose disproportionately with populations normally considered economically advantaged: older, nonminority, better-educated, married and higher income.
- More than 7 million households used nonbank credit within the 12 months prior to June 2011.

<http://www.urban.org/UploadedPDF/412868-the-rising-use-of-nonbank-credit.pdf>

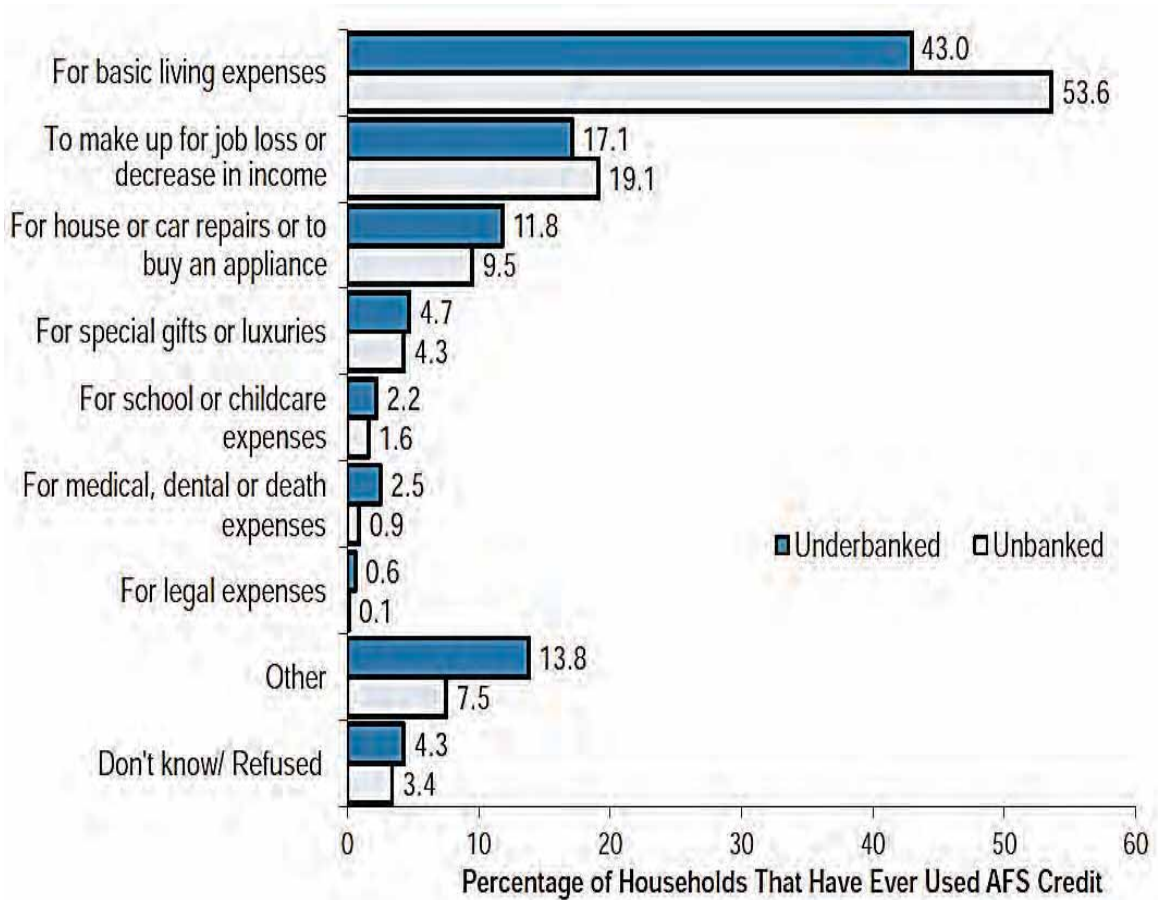
The unbanked are defined as those without an account at a bank or other financial institution. The under-banked may have a checking or savings account, but they also utilize alternative financial services (costing additional fees) rather than mainstream services.

There are various reasons that the unbanked or under-banked may use these more costly alternatives. For example, some report having previous bad experiences with banks and believe they do not have enough money to use a traditional bank, do not understanding the benefits of mainstream banking services, have language barriers due to limited English proficiency or have other reasons why they do not use banks.

As the Chart W-14 shows, a 2011 FDIC (Federal Deposit Insurance Corporation) survey of unbanked and under-banked households that used Alternative Financial Services credit asked the reason they needed the funds. It reflects that more households obtained these credits to pay for basic expenses followed by to make up for job

losses or decrease in income, suggesting a rise in financial hardship.  
[http://www.fdic.gov/householdsurvey/2012\\_unbankedreport.pdf](http://www.fdic.gov/householdsurvey/2012_unbankedreport.pdf)

**Chart W-14: Primary reasons households use alternative financial services - 2011**



Source: 2011 FDIC National Survey of Unbanked and Under-banked Households

**Grassroots Community Survey**

Despite an improving economy, finding gainful employment is still a priority for many low-income families seeking to improve their lives. For the fifth year in a row, Help Finding a Job/Job Placement has been the most frequently identified category in the Workforce and Economic Opportunity section of the Grassroots Community Survey.

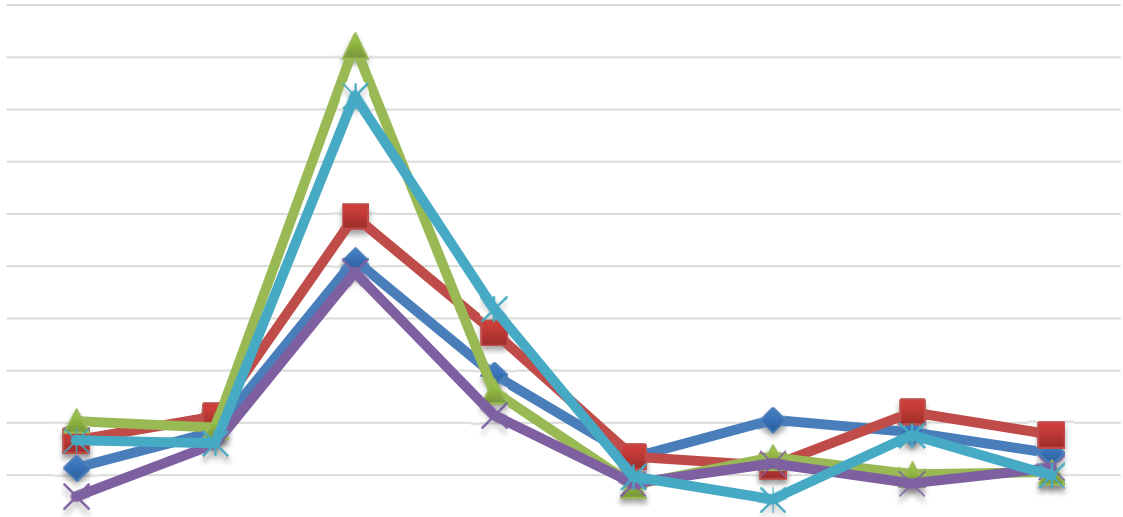
As shown in Chart W-15, 41.3% of respondents to the 2013 Grassroots Community Survey, when asked to identify the greatest needs in the Workforce and Economic Opportunity, chose Help Finding a Job/Job Placement, an almost 17% increase compared to 2012.

There was a significant increase in 2013 in the number of respondents who indicated the need for Job Training, from 10.7% to 21.0%. It is another indication of the impact of longer-term unemployment, and the proliferation of the low-wage occupations leading the recovery from the Great Recession.



Although only 8.8% of survey respondents selected Training About Money and Finances category, nevertheless, it more than doubled from 4.2% in 2012. Many households are beginning to accept that the impact of the Great Recession and stagnant wages are much more enduring than expected, and there is a need to develop long-term family financial plans to secure stability.

**Chart W-15: Greatest Need in Workforce and Economic Opportunity**  
Grassroots Community Survey, 2010-2013



	College or Junior College	GED Assistance, Adult Education	Help Finding a Job/Job Placement	Job Training	Life Skills Counseling, Case Management	Public Benefits, including SSI, SSA, TANF, etc.	Training About Money and Finances	Vocational Training
2009	5.7%	9.2%	25.6%	14.6%	6.7%	10.3%	9.1%	7.1%
2010	8.3%	10.6%	29.8%	18.7%	6.8%	5.9%	11.0%	8.9%
2011	10.2%	9.6%	46.1%	13.0%	4.1%	6.7%	5.1%	5.3%
2012	3.0%	8.0%	24.4%	10.7%	4.2%	6.1%	4.2%	5.7%
2013	8.3%	8.0%	41.3%	21.0%	4.9%	2.7%	8.8%	5.0%





# Using What Works: Evidence-Based Practices

With origins in the medical field, there are multiple definitions of Evidence-Based Practices (EBP). There are common elements including a strong theoretical foundation, an identified population, effective data collection and procedures and evidence of effectiveness. EBPs are defined in similar ways across multiple disciplines:

- Evidence-Based Practices (EBP) involve a process to create an answerable question based on a client or organizational need, locating the best available evidence to answer the question, evaluating the quality of the evidence as well as its applicability, applying the evidence, and evaluating the effectiveness and efficiency of the solution. Evidence-based treatment has been established as effective through research that consistently produce improved client outcomes when consistently applied. (*Social Work Policy Institute*)
- Evidence-based practice is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. (*American Psychological Association*)
- Evidence-based practice is the integration of best research evidence with clinical expertise and patient values. (*Institute of Medicine*)



# Evidence-Based Practices

Food & Nutrition  
Health & Human Development  
Housing & Neighborhoods  
Long-Term Services & Supports (Seniors)  
Workforce & Economic Opportunity

## Introduction

The importance of using Evidence-Based Practices was discussed both in the 2011 and 2012 Community Needs Evaluation. Using proven techniques and processes can result in programs that are more effective. As new data is collected and new evidence-based practices are identified, they can be incorporated in programs based on previously established theories. As new findings arise, programs can be designed, implemented, measured and evaluated. This process leads to the use of evidence-based practices to promote effective services to achieve identified outcomes.



“Because the environment, needs and resources evolve, continuing efforts are needed to develop and maintain Evidence-Based Practices, which involve intentional use of the current best evidence to make decisions. It includes the use of proven process and techniques over those that lack evidence to support successful replication. Best practices are those that achieve the desired outcome while also being cost-effective.”

(2012 Community Needs Evaluation, page 138)

The medical field is where the concept of evidence-based practice originated. The most common definition is attributed to Dr. David Sackett (1996): "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research."

<http://www.usd.edu/library/evidence-based-medicine-model.cfm>

The benefits of using evidence-based practices apply to services outside the medical field. Although evidence does not solely determine the treatment/service modality, it provides the important component of using proven strategies, along with other available resources. Duke University's *Introduction to Evidence Based Practice* uses this simple flow chart to show that a combination of the best research evidence, plus clinical expertise and patient values and preferences result in evidence-based practices.

The steps described in the evidence-based practice model are listed below. They are similar to the process used in professional social work, in terms of ensuring client/patient input, identifying the most promising modality of

service/treatment, integrating that with the provider’s expertise and the preferences of the client/patient, followed by evaluation of the intervention outcome.



<http://guides.mclibrary.duke.edu/content.php?pid=431451&sid=3529499>

An October 11, 2013 column in *GOVERNING* discussed *Why Do Cities Struggle to Replicate Best Practices?* It noted that there is no “single blueprint for fiscal success” and explained the challenges in replication by other local governments. It suggests that most fiscal policies may be unique to different locations. The University of Chicago’s College of Urban Planning and Public Affairs continues to analyze data and plans to report on fiscal policies in various cities by 2015.

<http://www.governing.com/columns/gov-why-do-cities-struggle-to-replicate-best-practices.html>

## Policies

Even the most informative research will not be of benefit, unless research findings are incorporated as programs are designed, operated and evaluated. It is also important to understand how politics affect the way poverty is addressed. In *Poorer by Comparison-Poverty, Work, and Public Policy in Comparative Perspective*, Timothy M. Smeeding (Distinguished Professor of Economics and Public Administration and Director of the Center for Policy Research at Syracuse University), stated that, “As long as the United States relies almost exclusively on the job market and low wages to generate incomes for working-age families, economic changes that reduce the earnings of less-skilled workers will inevitably have a big negative effect on poverty among children and prime-age adults.”

*Poorer by Comparison* indicated that, while all nations value low poverty/high income, high levels of economic self-reliance and equality of opportunity, they vary dramatically in the conditions experienced by their populace. It noted that “the United States does not always look very supportive of low-income families,” and that it should be a priority to help people who try to escape poverty through their own work efforts.

The report indicated that the U. S. has the highest proportions of workers in poorly paid jobs and the highest number of annual hours worked by poor families with children. While countries vary in terms of antipoverty and social insurance programs, the U.S. does not spend enough to make up for the lower pay. As a result, the U. S. has a higher rate of poverty than many other developed countries.

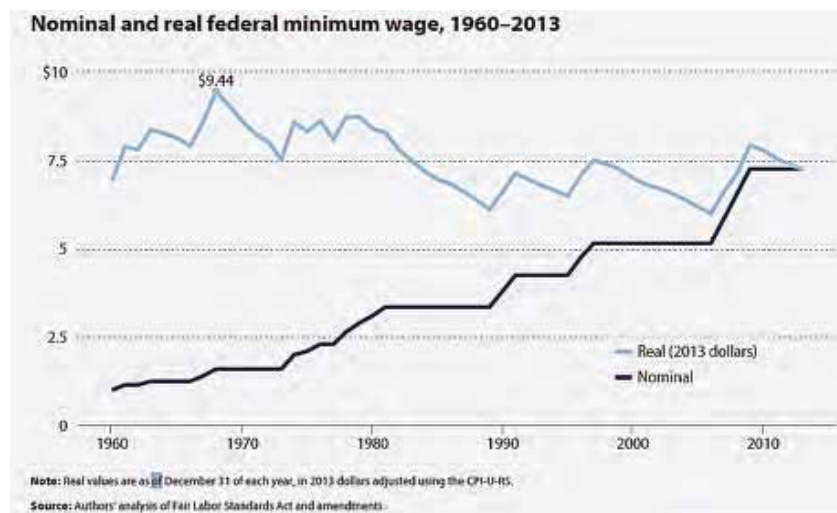
[http://www.stanford.edu/group/scspi/ media/pdf/pathways/winter\\_2008/Smeeding.pdf](http://www.stanford.edu/group/scspi/ media/pdf/pathways/winter_2008/Smeeding.pdf)



An example of a federal policy that could be used to affect poverty is the U. S. minimum wage, which has been the subject of ongoing political debate. On August 26, 2013, the Economic Policy Institute released *To Work With Dignity-The Unfinished March Toward a Decent Minimum Wage*. It noted that in real value, the minimum wage peaked at \$1.60 in 1968 and that the current minimum wage’s real

value is 23% less than in 1968. It describes the creation of a minimum wage as a standard for pay and explained that the nominal amount is the legislated dollar amount, while real value is the purchasing power adjusted for price changes over time. It pointed out that increases have been irregular.

This graphic shows that while the nominal minimum wage has increased, the real value has dropped considerably after the peak more than 40 years ago. (Most job growth after the end of the recent recession has been in low-wage jobs and wages dropped in low- and mid-wage occupations.) It explained that the share in national income going to labor is at the lowest since 1966 while the share going to corporate profits is the highest in 63 years.



<http://www.epi.org/files/2013/Unfinished-March-Minimum-Wage.pdf>

The Spring 2013 poverty brief from the University of New Hampshire's Carsey Institute, *Who Would Be Affected By a New Minimum Wage Policy?*, explains that an increase in the minimum wage could effectively reduce poverty and increase family income for some, but other research suggests the possibility of an overall loss of low-wage jobs. Nationwide, the pay of 16.5% of all hourly workers would be affected by an increase in the minimum wage.

The report projects that those most affected would be those who live in urban areas and are females ages 18-22, particularly those with less than high school and never married. *Who Would Be Affected* indicates that while an increase in the minimum wage could benefit many with low incomes, the implications for those who would least likely benefit should be considered.

<http://www.carseyinstitute.unh.edu/sites/carseyinstitute.unh.edu/files/publications/PB-Carson-Minimum-Wage-Increase-web.pdf>

### Shared Responsibility of Federal, State and Local Government

Policy implications for reducing poverty are not limited to the federal level. Despite the challenges described in *Why Do Cities Struggle*, there is much evidence to show that effective business practices can improve the cost and organizational efficiency of local government. While government cannot be operated exactly like a business, there are business practices and processes to promote efficiency. The IBM Center for The Business of Government was created in 1998 to connect public management research with practice by promoting practical ideas and original thinking. It sponsors independent research and creates opportunity for dialogue on public management topics.

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

Government entities could also take action resulting in a positive effect in areas such as improving performance, transforming the workforce, finance/contracting/acquisition, fostering transparency and democracy and security. A July 2013 report, *Five Steps to Building an Evidence-Based Culture in Government* notes that the U. S. Office of Management and Budget promotes the “increased use of evidence and evaluation, including rigorous testing of innovative strategies to build new knowledge of what works.” *Five Steps* describes how governments can expand the skills and abilities of staff to be more evidence- and evaluation-based in making decisions.

1. Build Agency-Level Capacity for Evaluation and Data Analytics (build infrastructure to conduct evaluations and analyze data and evidence, such as through learning networks of evaluators to share best practice)
2. Invest in Increasing the Amount of Evidence and Data (allocate funds to support program evaluations; expand the use of innovation and evidence to support outcome-focused government)
3. Make Greater Use of Existing Administrative Data (collect additional data but use what is already available)
4. Create Incentives to Use Evidence (build technical capabilities, create incentives for agencies to use evidence when making program and funding decisions; or create performance incentives for states and localities to use existing funds to support evidence-based practices; or make matching grants to grant-making intermediaries based on evidence of the effectiveness of the programs to be funded)
5. Create Agency-Level “What Works” Repositories (expand “what works” repositories, such as the U.S. Department of Education’s What Works Clearinghouse, the U. S. Department of Justice’s CrimeSolutions.gov, the U. S. Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-Based Programs and Practices; or the U. S. Department of Labor’s Clearinghouse of Labor Evaluation and Research)

<http://www.businessofgovernment.org/blog/business-government/five-steps-building-evidence-based-culture-government>

*Recommendations for a United States Policy on Poverty* was presented as part of the May 2012 Global Awareness Society 21<sup>st</sup> Annual Conference in New York City. It notes that poverty is recognized as a serious problem in the modern world, including the U.S. It describes public policy changes that could mitigate the increase in poverty, analyzing the benefits and shortcomings of each and supports the evaluation of implemented policies.

Suggestions include adapting a more accurate federal measure of poverty; improving public education particularly for the poor; increasing funding to welfare programs and increase oversight over state welfare programs; providing adequate funding for subsidized day care, foster care; increase the minimum wage to the poverty threshold; requiring employers to pay workers with disabilities no less than the minimum wage; discouraging American businesses from outsourcing to foreign nations to maintain a viable job market within national borders; revising SSI to allow persons with disabilities to keep needed benefits if they become employed; and establishing a heavy federal luxury tax to help finance the other recommendations.

It also notes the important role of local government in addressing poverty, including running their own charity programs and affecting the jobs available in the area. It noted that most public schools are funded primarily by local taxes, and that local governments can improve the schools that are in poor neighborhoods that often have poor performance.

*Recommendations* explains that poverty is a broad problem and that strategies to reduce it must be adaptive and responsive to differing circumstances in different jurisdictions. It also notes that “most of the responsibility for addressing poverty should remain with state and local governments, as they are best able to create programs suited to the specific needs of their populations.”

<http://organizations.bloomu.edu/gasi/2012%20Proceedings%20PDFs/Rumbough%20-%20Recommendation%20for%20a%20U%20S%20%20Policy%20on%20Poverty.pdf>

In terms of evidence-based practice for social/human service delivery (“the conscientious, explicit and judicious use of current based evidence in making decisions about the care of clients”), there are many sources of evidence-based practices. Several examples were provided in the in the Metro Social Services-Planning & Coordination’s July 2013 Newsletter on *Data and Evidence-Based Practices*.

[http://www.nashville.gov/Portals/0/SiteContent/SocialServices/newsletter\\_pc\\_EvBasedPracJune2013.pdf](http://www.nashville.gov/Portals/0/SiteContent/SocialServices/newsletter_pc_EvBasedPracJune2013.pdf)

Additional information about the value of Evidence-Based Practices is also available at the links below: 2012 Community Needs Evaluation (pages 138-141).

<http://www.nashville.gov/Portals/0/SiteContent/SocialServices/docs/cne/2012cne.pdf>

2011 Community Needs Evaluation (pages 35-38, 67-71, 83-85, 100-103, 115-116, 138-141, 149-150 and 169-173).

<http://www.nashville.gov/LinkClick.aspx?fileticket=SbPHBNAZ-zY%3d&tabid=3181&portalid=0&mid=6405>

The University of Wisconsin-Eau Claire created a web site to promote Evidence-Based Practice for Helping Professionals, using a multidisciplinary approach (social work, psychology, nursing and medicine). It includes a source list of evidence-based information by client type and practice discipline.

<http://www.evidence.brookscoble.com/index.html>

## **Prevention and Early Intervention**

An effective way to reduce poverty is through prevention and early intervention initiatives. Various research studies describe how early intervention with children could affect the lifetime educational attainment, employment status and income. In August 2013, the Institute for Research on Poverty of the University of Wisconsin-Madison published *Reducing the effects of poverty through early interventions*, which cited numerous studies on how family environment profoundly affects childhood development.

*Reducing the effects of poverty* describes the long-term negative effects for children who grow up in households without adequate financial resources for basic family needs. It notes that brain science and developmental psychology have found that “the negative effects of early childhood poverty, from prenatal to age 5, might be especially harmful and enduring” because of the rapid growth and changes in a young child’s brain. During early childhood, when the young brain is most susceptible to environmental factors, the family environment is where children spend much of their time. As a result, the context of the family environment has a significant influence, including socioeconomic factors.

Children whose parents had the highest income performed better on standardized reading and math tests with lower levels of problem behavior, while children with the lowest-income parents were usually at the bottom in terms of academic skills and experienced more behavioral problems. Because the home environment is extremely important for young children, the negative conditions should be considered in approaches involving prevention and early intervention.

It noted that it is difficult to estimate the magnitude of childhood poverty's long-term effect. Acknowledging that further work and study is needed, it suggested that income support programs have benefits (since even a modest gain in income improves academic performance for children) and specifically discussed benefits of the Earned Income Tax Credit for low-income working families.

Consistent with many other studies, it concluded, "All in all, we conclude that investing in selected early childhood interventions appears likely to be a very cost-effective way to reduce poverty over the long-term and that current public investments in such programs appear to have helped in this regard."

<http://www.irp.wisc.edu/publications/fastfocus/pdfs/FF17-2013.pdf>



### State Initiatives

A number of states have taken action to fight poverty and bring attention to the need to lift struggling Americans into the economic mainstream. *Spotlight on Poverty and Opportunity* describes various initiatives in states including Alabama, Colorado, Delaware, District of Columbia, Illinois, Iowa, Louisiana, Maine, Michigan, Minnesota, Oregon, Rhode Island, Vermont and Washington. As an example of a state initiative, the efforts of Illinois to reduce and eliminate poverty are described.

<http://www.spotlightonpoverty.org/statewide.aspx>

[http://www.spotlightonpoverty.com/users/spotlight\\_on\\_poverty/documents/CLASP%20Report\\_0414.pdf](http://www.spotlightonpoverty.com/users/spotlight_on_poverty/documents/CLASP%20Report_0414.pdf)

### Illinois Commission on the Elimination of Poverty

The State of Illinois created a Commission on the Elimination of Poverty that first met in the fall of 2009. In December 2010, it issued the *Poverty Elimination Strategy*, which their Governor described as a plan to take the first step down an important path, noting the importance of adopting and implementing the needed policy changes.

The *Strategy* explained that the Illinois State Constitution's preamble identified the "elimination of poverty as a fundamental goal of our state government," but acknowledges the lack of a previous comprehensive strategy. The Commission was asked to create and monitor a specific, substantive, measurable strategic plan, as well as to provide advice and comment on state matters that could affect efforts to end poverty.

The Illinois Commission was required to address these primary issues:

- Access to safe, decent and affordable housing
- Access to adequate food and nutrition
- Access to affordable and quality healthcare
- Equal access to quality education and training
- Dependable and affordable transportation
- Access to quality and affordable child care
- Opportunities to engage in meaningful and sustainable work
- The availability of adequate income supports



Through input received at a series of discussions and public meetings, it was agreed that policy changes would:

- Strengthen our safety net to ensure households and individuals have their basic needs met and their dignity affirmed.
- Create a true pathway to work for those that have been detached from the work force and need hard and soft supports to be successful.
- Ensure that when people are engaged in work, they are not living in extreme poverty.

The *Strategy* provided specific recommendations described the importance of:

- Establishing a statewide transitional jobs program that provides work for those that have been detached from the workforce and need supports, including opportunities to improve literacy skills, to achieve long-term job success.
- Supporting the Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access and Recovery (SOAR) Initiative in Illinois, to help states increase access to SSI/SSDI that are critical supports for people who are experiencing homeless or at risk of homelessness.
- Increasing the percentage of individuals eligible for Temporary Assistance to Needy Families (TANF) through targeted outreach, infrastructure improvements, and a shift to comprehensive case management.
- Expanding comprehensive scholarships to low-income community college students that combine “last-dollar” financial aid with student support services that include academic advising, mentoring, and tutoring.

Using a comprehensive and inclusive approach, three working committees were created to develop preliminary recommendations:

- Living with Dignity – Solutions for those unable or not expected to work
- Making Work Accessible – Solutions for those disconnected from the workforce
- Making Work Pay – Solutions for those engaged in work, but still experiencing extreme poverty

<http://www.clasp.org/admin/site/documents/files/Building-a-Pathway-to-Dignity-Work-Poverty-Elmination-Strategy.pdf>

Each year since its creation, the Commission has prepared a report to describe progress, measurement, related budget overview, information gathered from public hearings and listening sessions, as well as projections toward the next year. This kind of continuing initiative has resulted in the rate of extreme poverty beginning to decrease, although the Commission acknowledges that additional work is needed.

<http://www2.illinois.gov/poverty/Pages/default.aspx>

### **Local Government Initiatives**



Numerous local governments have created initiatives to address poverty, with a wide variation in the resources and attention devoted to them. *Spotlight on Poverty and Opportunity* describes some of the initiatives during the past decade, some that became more active than others. Some focused specifically on poverty in a comprehensive way, while others addressed issues associated with poverty (housing, education, economic opportunity, etc.). It briefly describe efforts in Miami, Florida; New York City; Milwaukee, Wisconsin; Portland, Oregon; Providence, Rhode Island; and Savannah, Georgia, although there

are others including those led by local governments, faith organizations and other nonprofit organizations. An example of the Richmond, Virginia, initiative that began in 2011 is described below.

<http://www.spotlightonpoverty.org/local.aspx>

#### Richmond Mayor's Anti-Poverty Commission

In response to Census Bureau data showing increasing poverty, the Mayor of Richmond created an Anti-Poverty Commission in March 2011 to “develop strategies to address poverty that have demonstrable results for increasing employment and educational attainment, improving transportation, and enhancing healthy communities for Richmond residents.”

<http://www.richmondgov.com/CommissionAntiPoverty/documents/CommissionEstablished.pdf>

The next year, public forums were held by the Mayor's Anti-Poverty Commission to present information about the Commission and “to help prioritize our recommendations.” In January 2013, the Commission submitted a “Final Report and Recommendations” to the Mayor. The report acknowledged a continuing high rate of poverty and focused on federal and state actions needed. It provided an analytical matrix for anti-poverty options as well as recommendations characterized by investment and impact level. It provided suggested steps to reduce poverty and an array of related issues.

The report provided specific recommendations to the Mayor and the City Council:

1. Develop a strategic action plan, including specific budgetary requests, to begin implementation of the five major policy recommendations noted in the report and as many of the secondary recommendations as feasible. This plan should be completed by February 15, 2013, so that commitment to this policy agenda is reflected in the budget for Fiscal Year 2014.
2. As part of that strategic action plan, the Mayor should designate or create one or more staff positions, including one senior-level position, devoted specifically to monitoring and coordinating the progress of the city's anti-poverty policy agenda. The mayor should also send a clear message to all units of city government that poverty amelioration and reduction are over-arching strategic priorities; administrative and staffing decisions should include the need to build and sustain effective capacity to implement effective anti-poverty initiatives.
3. Establish clearer, more open communications across different branches of City Hall and city government concerning poverty-related policies, using as appropriate the designated anti-poverty staffer as a point person.
4. Share this report and the resultant action plan with elected and appointed officials in the region and at the state and federal levels, so that specific requests for regional cooperation and state or federal funding can be seen in the context of the city's overall effort.
5. Appoint a permanent citizen commission charged with ongoing monitoring and evaluation of the city's anti-poverty initiatives. This commission would have the authority to issue periodic evaluations of the city's overall progress, rigorously evaluate specific initiatives, and provide research, advice and consultation on future policy questions, including budgetary recommendations to City Council and the mayoral administration. Commission members should reflect a cross-section of the community, including representation from poverty populations, and bring diverse expertise and experiences to this work. Appointment of this commission would be a critical step in holding city government accountable and assuring that poverty does not fall off the political radar in the years to come. There is too much

work to be done to allow time to be wasted, and a permanent independent citizen Commission can help assure that the City's efforts do not lag in the years ahead.

[http://www.richmondgov.com/content/CommissionAntiPoverty/documents/Antipovertycommissionfinal1\\_17\\_2013c--printready.pdf](http://www.richmondgov.com/content/CommissionAntiPoverty/documents/Antipovertycommissionfinal1_17_2013c--printready.pdf)

[http://www.richmondgov.com/content/CommissionAntiPoverty/documents/AntiPovertyCommissionPresentationtoMayorJones1\\_182013.pdf](http://www.richmondgov.com/content/CommissionAntiPoverty/documents/AntiPovertyCommissionPresentationtoMayorJones1_182013.pdf)

In July 2013, the Mayor of Richmond announced that the Mayor's Anti-Poverty Commission would be reorganized into the *Maggie L. Walker Initiative for Expanding Opportunity and Fighting Poverty* (Maggie Walker was a local social and entrepreneurial historic figure concerned about person-centered community economic development and empowerment). A Citizens Advisory Board was appointed that included consumers and others. Task Forces were appointed for Workforce Development, Economic Development, Transportation, Housing, Early Childhood Education and Parental Engagement, Adolescent Transition Initiative and Richmond Promise Scholarships, with Chairs from city government, academic institutions, school board representatives, etc.

Particularly important to the success of the initiative would be follow through with the idea that the work of the Task Forces and Citizens Advisory Board would inform the Mayor's budget proposal for Fiscal Year 2014-2015, as well as the city's legislative agenda for the General Assembly. The mayor noted that not all proposals can be fully implemented overnight, and said ". . . we will remain steadfast in our efforts to combat poverty because it is utterly important that we succeed for the overall health and strength of the entire city and its future."

<http://richmondvirginiamayor.blogspot.com/2013/07/mayor-jones-advances-anti-poverty-work.html>

#### Shared Prosperity Philadelphia

The Mayor's Office of Community Empowerment and Opportunity (CEO) was launched in January 2013 and has a range of programs to improve the lives of residents, through Community Engagement (provides linkages to resources and services), Foster Grandparents, Fatherhood Initiative and Workwise (prepares individuals for the world of work). The Mission of CEO is to "Align the city's efforts to lift individuals and communities out of poverty and increase opportunities for low income individuals and families."

<http://www.phila.gov/mocs/Pages/default.aspx>

When it was created in 2013, the CEO was designated the Community Action Agency for Philadelphia as a single point of contact and accountability for the City's anti-poverty efforts. It provides oversight and strategic planning to the Mayor's office on programs critical to the achievement of anti-poverty goals, evaluates the effectiveness of anti-poverty pilots and initiatives to determine which efforts could bring the city closer to its targets and as well as those that fail to provide adequate return on investment.

In 2013, Shared Prosperity Philadelphia released *Our Plan to Fight Poverty*, which noted that the City of Philadelphia spent almost \$700 million annually across multiple departments and public agencies related to helping people move up from poverty, including:

- Education
- Workforce development
- Housing and homelessness
- Financial literacy
- Economic security and asset building

- Hunger and food access
- Public health and well-being
- Public safety
- Substance abuse and addiction
- Community revitalization
- Vulnerable populations:
  - Children and youth
  - Veterans
  - Immigrants and people with limited English proficiency
  - People with intellectual and/or physical disability
  - The elderly
  - Individuals with mental health and/or addiction challenges
  - LGBTQ Communities
  - Returning citizens/ex-offenders

As part of the Mayor’s Office of Community Empowerment and Opportunity, Shared Prosperity Philadelphia uses five conditions related to collective impact:

- **Common Agenda:** Poverty is a multi-layered problem that Philadelphians across government, public, and nonprofit agencies are working to combat. Each looks at the problem and its causes through its own lens and focuses solutions on a particular aspect.
- **Mutually Reinforcing Activities:** The success of Shared Prosperity Philadelphia, like all collective impact initiatives, will depend on a large, diverse group of stakeholders working together.
- **Shared Measurement System:** Assessment of collective impact requires a shared set of outcomes and agreement about how they are measured.
- **Continuous Communication:** Building trust and consensus among so many partners will not happen overnight. It requires that participants meet regularly to get to know each other and develop a shared sense of commitment and motivation.
- **Backbone Support:** Large-scale collective impact initiatives for social change require supportive infrastructure—a “backbone support” organization—to plan, manage and support the effort.

CEO tracks indicators from city agencies related to low-income populations and poverty and serves as a central repository of information to monitor progress, report on outcomes and guide strategy development. It tracks a number of indicators related to the citywide anti-poverty efforts:

Focus Area: Education

- Four- and six-year high school graduation rates
- 9th grade on-track for on-time graduation rate
- College attainment rate
- Number of students receiving a recognized industry credential
- Percentage of high school graduates earning an Associates and/or Bachelor’s degree within six years

#### Focus Area: Employment and Workforce Development

- Number of slots available in scalable programs in place for hard-to-reach populations
- Number of hard-to-serve achieving GED-ready and WIA-ready outcomes
- Number of students enrolling in and completing training programs
- Number and % of trainees hired, retained, and advanced through career pathways

#### Focus Area: Housing Assistance

- Number of households assisted with retaining their homes with emergency funds to satisfy mortgage debt and avoid foreclosure
- Number of households served through the Emergency Assistance and Relocation Unit
- Number of home repairs funded
- Number of very low-income families and individuals served
- Number of low- to moderate-income families and individuals served

#### Focus Area: Hunger and Food Access

- Number of emergency congregant meals in dignified settings
- Number of individuals enrolled in SNAP/Food Stamps
- Increase access and consumption of healthy food
- Number of meals served to youth through Summer Meals Service Program and Afterschool Supper program

<http://sharedprosperityphila.org/wp-content/uploads/2013/07/SharedProsperityPhilaPlan-2013.pdf>

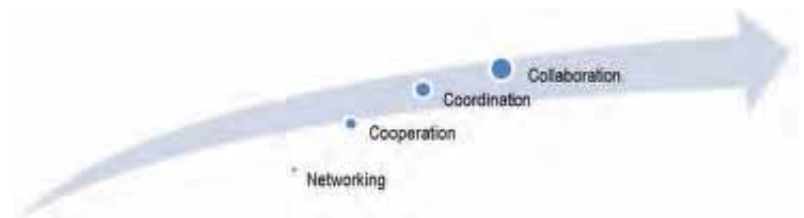


#### **Effective Collaboration**

Coordination and collaboration have both been widely recognized for the positive effect they can have with various types of entities. Dr. Pennie Foster-Fishman (psychology professor at Michigan State University) has extensively studied the relationships between organizations, including the importance of system change.

In 2006, Dr. Foster-Fishman came to Nashville and spoke at an event hosted by Metropolitan Social Services to provide information to the community about the importance of coordination, collaboration, planning, etc., and many local service providers attended that presentation. (Presentation slides available upon request.)

Dr. Foster-Fishman’s presentation explained the differences among networking, cooperation, coordination and collaboration, including the increasing involvement as arrangements move toward collaboration.



In *The Value of Systems Thinking in Complex Community Change* (September 24, 2012), Dr. Fishman encouraged that community and statewide changes would be more effective if ways are identified to “integrate

thinking/change approaches into existing plans and frameworks.” This document noted the difficulties often encountered in efforts to change communities and analyzed possible reasons for failure.

<http://www.nciom.org/wp-content/uploads/2012/08/Foster-Fishman.pdf>

Based on the first four Community Needs Evaluations, the Metropolitan Social Services Board of Commissioners approved *Policy Recommendations to the Metropolitan Government of Nashville and Davidson County*. Because new information becomes available on a regular basis, it is important for all levels of government and private service providers regularly prioritize the issues and needs to align resources in a way that reflects changes in the population and the community.

It recommended changes focused on effectiveness (likely to work), efficiency (cost-benefit ratio) and equity (fairness). In addition to providing specific recommendations for the issues of Child Care, Food & Nutrition, Health, Home & Community Based Services, Housing, Neighborhood Development and Workforce & Opportunity, it also made three general recommendations to the Metropolitan Government.

1. **Strategically Align Metropolitan Government Resources** by using data to identify needs, gaps in services and inefficiencies to promote the right services being provided in the best way.
2. **Enhance Coordination** across departments of the Metropolitan Government, particularly those that provide the same types of services, provide similar services to the same people or related services to members of the same family. Because most local government agencies operate independently, it recommended bringing together representatives from the highest organization level with the Office of the Mayor, beginning with the agencies that serve Davidson County residents in need, in order to explore coordinating services to achieve greater coordination and efficiency.
3. **Refine Funding Allocation Process to Nonprofit Organizations** to more effectively enhance the community, based on data and identified needs. It also noted that other local governments have identified a number of funding sources for grants to nonprofit social/human service grants (hotel-motel taxes or other designated taxes, U.S. Department of Transportation funds, Community Development Block Grants or other funding from the U. S. Department of Housing and Urban Development, etc.

<http://www.nashville.gov/portals/0/SiteContent/SocialServices/docs/MSS-PolicyRecommendations-2011CNE.pdf>

The Evidence-Based practices highlighted in this edition are provided to encourage the use of data and evidence in establishing priorities, designing/implementing programs and throughout the social/human service delivery system. This promotes understanding of established practices as well as findings from newer research.

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## Food & Nutrition – Evidence-Based Practices



### Choices in Emergency Food Assistance

Emergency Food Assistance Choice enables consumers of traditional emergency food banks the option to select foods from available supply, rather than receiving a pre-packaged emergency food box. Traditional emergency food distribution methods include providing consumers with a pre-packaged food box of staple foods to feed an individual or family for three to four days. Consumers receive whatever food products are on hand, with little consumer food preference being considered.

The traditional model does not factor in any dietary restrictions of the individual or family members, nor does it offer real consumer choice. Other restrictions include the number of times a family can receive an emergency food box within a given time period, income requirements, address confirmation and verification of the number of persons in the household. Emergency Food Assistance Choice has many of these same restrictions, but additionally takes into account the consumers' food preference and any dietary restrictions. Food selections are displayed supermarket-style at emergency food banks and consumers are allowed to select the items they are most likely to use.

Research done at Michigan State University, *Charity Food Programs That Can End Hunger in America*, revealed that the gap between food resources and the unmet need is a result of shortcomings in how food resources are distributed. One suggestion from the study indicates that Client Choice Food Pantries can be an effective way to distribute emergency food as an alternative to the traditional emergency food distribution process.

<http://www.feedingamericawestmichigan.org/wp-content/uploads/2010/01/wnwnelca.pdf>

The Waste Not Want Not research project conducted as part of that same study explored ways to end hunger in America and concluded that, "The average community in America today can essentially double its capacity to address its hunger problem by switching from giving out standardized food boxes to letting clients pick out their own food." Research also found that the client choice food pantry model reduced food waste and improved food distribution in emergency food assistance programs.

<http://www.endhungerinamerica.org/reducewaste1.html>

[http://msue.anr.msu.edu/news/client\\_choice\\_food\\_pantry\\_model\\_food\\_waste\\_improves\\_food\\_distribution](http://msue.anr.msu.edu/news/client_choice_food_pantry_model_food_waste_improves_food_distribution)

Gleaners Food Bank of Southeastern Michigan established a Client Choice Food Bank that resulted in a greater sense of dignity for clients and families, higher food satisfaction, less waste, lower food cost, more volunteer and client interaction and more social, supportive relationship opportunities.

[http://www.gcfb.org/site/PageServer?pagename=pg\\_clientchoice](http://www.gcfb.org/site/PageServer?pagename=pg_clientchoice)

Two examples of Emergency Food Assistance Choice, Philadelphia Pennsylvania's Choice Model Food Pantry and West Michigan's Client Choice Pantry, are described below.

### **Choice Model Food Pantry, Philadelphia, Pennsylvania**

PhilAbundance located in Philadelphia, Pennsylvania, is the area's emergency food bank program. The Community Food Center is one of the programs operated by the PhilAbundance food bank and offers eligible participants an opportunity to select the foods they will receive versus a prepackaged food box that may not meet the needs of the participant. PhilAbundance is the region's largest hunger relief organization providing emergency food assistance to persons at risk of hunger or food insecure.

PhilAbundance partners with individuals and organizations to provide food and related assistance to people in need. PhilAbundance is part of the Feeding America Network of Food Banks as is Second Harvest Food Bank of Middle Tennessee. PhilAbundance receives food from grocery stores, farmers, local food drives, corporations, food distributors, manufacturers, wholesalers and processors. Food is also purchased typically at a discount to supplement food donations.

The Community Food Center operates the Choice Model Food Pantry, which was developed with the help of Philadelphia's Mayor's Office of Community Service and Saint Joseph University. The Community Food Center allows persons to choose the items they want and are more likely to eat than preselecting products. The goal of the Choice Model Food Pantry was to create a stronger sense of dignity for persons visiting the food bank, reduce the amount of food that was being wasted, distribute food more effectively and reduce costs. Eligible

consumers can select their food from supermarket-style displays. This approach allows the Choice Model Food Pantry to measure and assess consumer needs, monitor inventory and reduce waste by eliminating unused foods.

<http://www.philabundance.org/programs-2/community-food-center/#sthash.rprVqNaE.dpuf>

### **West Michigan Client Choice Pantries**

Client Choice pantries use a model of emergency food distribution that allows clients the opportunity to select their own food much as they would in a grocery store. This allows clients the chance to choose from a wide variety of foods to meet their own personal dietary needs and tastes. As noted by the Gleaners Community Food Bank of Southeastern Michigan, Client Choice Pantries offer advantages to the traditional emergency food box distribution method.

- A sense of dignity for clients and their families
- Higher satisfaction with the food they are able to choose
- Less waste and ultimately less cost of food provided
- Greater opportunities for volunteer and clients to interact; more social, supportive relationship opportunities

Gleaners Shared Harvest Pantry in Livingston County, Michigan tripled the number of households served between 2004 and 2010 from 1,419 households to 4,038. The Shared Harvest Pantry program also increased the number of pounds of food distributed from 439,024 to 1,420,735 during the same period.

[http://msue.anr.msu.edu/news/client\\_choice\\_food\\_pantry\\_model\\_food\\_waste\\_improves\\_food\\_distribution](http://msue.anr.msu.edu/news/client_choice_food_pantry_model_food_waste_improves_food_distribution)

[http://www.gcfb.org/site/PageServer?pagename=pg\\_sharedpantry](http://www.gcfb.org/site/PageServer?pagename=pg_sharedpantry)

West Michigan Food Banks is using the Client Choice Pantries model in some partner sites. The Fishes and Loaves Community Pantry in partnerships with churches, community groups and private businesses provides meals to needy persons in selected areas of Western Michigan. Hope Center is a no-cost client choice food pantry that uses a grocery store format that encourages clients to choose from a variety of available food products that meets their nutritional needs.

<http://www.downriverfishandloaves.org/home.asp>

[http://www.gcfb.org/site/PageServer?pagename=pg\\_hopecentermacomb](http://www.gcfb.org/site/PageServer?pagename=pg_hopecentermacomb)

### **Benefits**

Demand sometimes exceeds available resources for emergency food assistance, as documented by the number of persons who identify a need for emergency food through United Way's 2-1-1 Call Center. Efficiencies may often be achieved by organizations involved in the delivery of emergency food assistance through increased collaboration and innovation.

The use of Client Choice pantries could offer an opportunity to provide food products desired by consumers, decrease waste and enhance the resources consumers receive. Client choice pantries can be established by small or large groups or congregations by using existing resources. Food Bank partners with available space could serve as pilot sites for client choice with the help of volunteers to assist in reconfiguring space and marketing. Food Bank partners interested in becoming a client choice space may apply through Second Harvest Food Bank to Feeding America and receive technical assistance or financial assistance.

### **Recommendations**

Benefits of the client choice pantries allow consumers to choose the food items they are more likely to eat, instead of receiving a pre-packaged food box. Consumers could also be encouraged to select their preferred food selection from healthier choices.



Existing networks of emergency food service providers are likely to have the capacity for Client Choice with modifications such as reconfiguring food bank space, improving the way food is displayed and encouraging consumers to select items they are more likely to eat. Feeding America, the parent organization of Second Harvest Food Bank, and member food banks across the country can provide technical assistance and support to organizations interested in offering client choice. Technical assistance can be provided in how to set up client choice displays, maintaining inventory and volunteer training. Many of the emergency food providers struggle to keep up with the increasing demand for food for persons needing assistance to stretch their food budgets.

The Michigan State University research study concluded that traditional food distribution methods of pre-selected food boxes without consideration of consumer preference or dietary needs resulted in increased amounts of food waste, increased client dissatisfaction, and more food going to landfills.

There is a need to explore effective strategies that engage local government, nonprofits, faith community and interested individuals in improving access, variety and efficiencies in distributing emergency food to residents. Data collected from client choice pantries can be used for planning purposes to determine the types, quantities and consumer preferences.



### **Medically Tailored Home-Delivered Meals**

Another example of an evidence-based practice in Food & Nutrition is to provide medically tailored home delivered meals that are specifically designed to improve the nutritional intake of elderly and disabled persons who have chronic medical conditions such as diabetes, hypertension or obesity. Proper nutrition is an essential component in intervention strategies for persons with chronic medical conditions by improving health outcomes and a low-cost alternative to other more expensive interventions.

Most home delivered meal providers contract for or prepare their own meals in large quantities that meet Recommended Daily Intake (RDI) guidelines established by federal policies for the thousands of meals delivered each year in Davidson County. While this approach has a long history of serving elderly or disabled consumers, little attention has been given to tailoring meals to meet the needs of an increasing population of persons with chronic medical conditions.

Evidence shows that proper nutrition is a significant factor in addressing chronic medical conditions. In addition, nutrition is a widely accepted tool for prevention, management and treatment of diseases. In the U.S., the Older American Act-Title III is the largest funder of senior nutrition meals and supports congregate and home delivered meals for the elderly and disabled. The program has operated for over 30 years with minor modifications but has not had a specific focus on persons with chronic medical conditions.

Program participation is declining in both programs, despite the increase in the number of elderly and disabled persons because of the Baby Boomers generation. Some of this decline may be due to meals not conforming to the changing dietary needs of persons with chronic medical conditions.

Two cities (Philadelphia, Pennsylvania, and Boston, Massachusetts) have developed strategies to address the changing dietary needs of their home delivered meals consumers by providing medically tailored meals to persons identified with chronic medical conditions. Results have included fewer hospital admissions, lower medical cost and increased satisfaction with the meals delivered.

<http://servings.org/assets/documents/Community%20Servings%20Food%20as%20Medicine%202.2013.pdf>

Philadelphia's MANNA (Metropolitan Area Neighborhood Nutrition Alliance) program delivers nutritionally customized meals to homebound patients who have been diagnosed with chronic medical conditions that mandate dietary restrictions. MANNA is a private non-profit organization that provides home delivered meals throughout the Philadelphia region. A MANNA study found that consumers receiving nutritionally customized meals experienced shorter hospital stays, lower medical cost and increased satisfaction for the meals.

<http://www.mannapa.org/wp-content/themes/MANNA-Firefly-Theme/pdf/manna-research.pdf>

The *Journal of Primary Care and Community Health* released a report that describes MANNA's health care cost savings and improved health outcomes for persons receiving their medically tailored meals. MANNA has 11 different meal plans that focus on the unique nutritional needs associated with each person's disease. For example, dialysis clients who are at higher risk of overdosing on potassium are given meals that restrict the mineral intake. The nourishment that MANNA provides is an extra benefit to its sick patients who are usually too ill to prepare meals for themselves.

<http://jpc.sagepub.com/content/early/2013/06/02/2150131913490737.full>

Community Servings, a nonprofit meal provider organization in Boston, Massachusetts, is improving access to healthy nutritious food for those with hypertension, diabetes and HIV/AIDS. Community Servings provides at least two medically tailored meals to chronically ill patients, five days per week, as well as regular nutrition assessments. Children and one caregiver are also eligible to receive a meal through the program if they live with the primary consumer. Community Servings screens client for acute illnesses and develops meals tailored to their specific dietary needs. Lunch or dinner meals are offered as options for consumer choice. According to the report, meals are delivered to 1,300 consumers at a cost of \$4.56 per meal not including administrative cost. The February 2013 *Food as Medicine* report explains how medically tailored meals improve health outcomes.

<http://www.servings.org/index.cfm>

<http://hungercenter.wpengine.netdna-cdn.com/wp-content/uploads/2013/07/Community-Servings-Food-as-Medicine-Cohn.pdf>

### **Benefits to Metropolitan Government of Nashville and Davidson County**

Home delivered meal consumers could receive a variety of meal options to meet their individual dietary needs. Consumers would be assessed to insure that meals being provided meet the needs of the most vulnerable adults. There are several home delivered meal providers in Davidson County operated by non-profits, congregations and government that could offer medically tailored meals to consumers. These home delivered meals providers in Davidson County could provide consumers with a variety of meal options that takes into consideration an individual's medical and dietary needs. Consumers who receive medically tailored meals may experience improved health outcomes and potential health care savings.

The cost of a medically tailored home delivered meal is \$4.56 for Community Servings in Boston, plus administrative costs. Many home delivered meal programs may have equivalent or even higher costs for meals that do not promote consumer health. Medically tailored meals could offer cost savings while also improving consumer satisfaction and improved health outcome.

### **Recommendations**

Large and small home delivered meal providers could offer medically tailored meals, after becoming knowledgeable about the process and benefits. That would involve providing technical assistance to home delivered meals providers on ways to provide medically tailored meals. Training would also be needed for personnel who conduct home delivered meal assessment to enable them to improve the screening process to determine dietary needs of homebound consumers. The result would be consumers with more meal options that better address their chronic medical conditions.

## Health & Human Development – Evidence-Based Practices



### **Intergenerational Mentoring and Prevention for Children and Youth**

According to the Centers for Disease Control and Prevention (CDC), when children and adolescents are faced with social situations that they are emotionally and cognitively unprepared to handle, they may respond with aggression or violence. Improving children's ability to avoid violent situations and solve problems nonviolently by enhancing their social relationships with peers, teaching them how to interpret behavioral cues, and improving their conflict-resolution skills can be essential to their social to their social cognitive development.

The presence of a positive adult role model to supervise and guide a child's behavior is a key preventive factor against violence, according to CDC's report, *Strategies to Prevent Youth Violence: Social Cognitive Strategy* (1999). The report also noted that the absence of such a role model has been linked to a child's risk for drug and alcohol use, sexual promiscuity, aggressive or violent behavior, and inability to maintain stable employment later in life.

<http://www.cdc.gov/violenceprevention/pdf/chapter2b-a.pdf>

In the article, *Mentoring Programs: A Framework to Inform Program Development, Research and Evaluation*, in *The Journal of Community Psychology* (November 2006), intergenerational mentoring has been described as the process through which youth are mentored by adults 55 years of age and older. The article also stated that the fastest growing segment of the U.S. population is older adults (age 65+), and they are the healthiest, most active and best educated over age 65 population in U.S. history. It stated that older adults often have time to contribute to family and community and have both practical life experience and wisdom that can be passed on to future generations.

[http://www.michaelkarcher.me/Michael\\_Karcher/School-based\\_mentoring\\_files/Karcher\\_06\\_ProgFrameworkJCP06.pdf](http://www.michaelkarcher.me/Michael_Karcher/School-based_mentoring_files/Karcher_06_ProgFrameworkJCP06.pdf)

The effects of mentoring relationships on children and adolescents have been studied and there is evidence that mentoring programs do increase positive educational outcomes, according to the County Health Rankings & Roadmaps of the Robert Wood Johnson Foundation. Also according to their evidence of effectiveness, intergenerational mentoring programs increase the mentor's sense of self-worth, feelings of accomplishment, and decreased social isolation which is associated with improved health outcomes and functioning for the older adult mentors.

<http://www.countyhealthrankings.org/policies/intergenerational-mentoring>

### **Across Ages**

Across Ages, a school or community-based mentoring and drug prevention program, is for children and youth ages 9 to 13. It strengthens the bonds between adults and youth and provides opportunities for positive community involvement. Across Ages uses a Social Problem Solving Module of the Social Competence Promotion Program for Young Adolescents to decrease the risk of alcohol, tobacco, drugs and illegal drugs use; developing social skills, problem solving, interpersonal strengths and responsible behavior.

Across Ages pairs older adult mentors (age 55 and above) with youth in mentoring, community service, social competence training, and family activities to build the youths' sense of personal responsibility for self and community.

Across Ages is also a mentoring initiative using an intergenerational approach to drug prevention. There are four major components of Across Ages:

1. Older adults mentoring youth
2. Youth performing community service
3. Youth participating in life skills/problem-solving curriculum
4. Monthly activities for family members

The program can be implemented in a school or community-based setting. Across Ages enhances the resiliency of children to promote positive development that will deter them from engaging in high-risk behaviors such as substance use, early sexual activity, or violence. Across Ages is the pairing of older adult mentors (55 years and older) with young adolescents to help them as they transition to middle school.

Across Ages targets youth that reside in communities with few positive free-time activities (like playgrounds, parks, community centers), have poor school performance and attendance, and lack positive adult role models. It also targets youth that may be living with and in the care of relatives due to the inability of birth parents to care for them. Often birth parents may be incarcerated or involved in substance use.

Across Ages was developed in Philadelphia, Pennsylvania, at Temple University's Center for Intergenerational Learning. It was first funded in 1991 by the Center for Substance Abuse Prevention as a 5-year research and demonstration project. Since 1996, 85 sites have been trained on the program, representing urban, suburban, and rural communities in 37 States as a school- and community-based demonstration research project.

<http://www.promisingpractices.net/program.asp?programid=159#programinfo>

<http://www.dontletminorsdrink.com/downloads/AcrossAges.pdf>

<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=138>

### **Implementation of Across Ages**

Across Ages can be implemented in the community setting of a school, community centers, faith based location, or an after school program. It has been most successfully replicated in urban/suburban settings where there is access to transportation and sufficient numbers of older adults that do not know or are related to participating families and youth to ensure adult objectivity. If the project is school-based, most of the activities for youth will take place in the classroom. If it is an after-school program, an appropriate setting should be a school, community center, or faith-based institution.

<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=138>

<http://www.dontletminorsdrink.com/downloads/AcrossAges.pdf>

### **Key Aspects of Across Ages**

- Older adult mentors are recruited and trained to work with the children/youth, required to spend a minimum of 2 hours weekly with youth mentoring in one-on-one contact, that includes tutoring, assistance with school projects, recreational activities, attending cultural or sporting events, community service projects together, etc.
- Children/Youth (mentees) are required to spend 1 to 2 hours per week performing supervised community service.
- Family members, mentees, and mentors are encouraged to attend monthly weekend social and recreational event that facilitate positive interactions. Events are sponsored by the Across Ages program.

- Staffing requires a full time project coordinator, a part time outreach coordinator and a minimum of one mentor for every 1- 2 mentees.

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=138#divContacts>

The Across Ages program has received a number of awards recognizing its effectiveness, including from the National Registry of Effective Prevention Programs, National Collaboration for Youth, Exemplary Model representing United Nations North American Region, United States Department of Education, Child Welfare League of America: Research to Practice Initiative, Exemplary Substance Abuse Prevention Program Award, National Registry of Effective Prevention Programs, etc.

<http://www.acrossages.org/awards>

### **Challenges**

One challenge is the cost of establishing and operating the program. This would include up to \$5,000 for training and materials (a 2-two day training plus follow-up technical assistance with a trainer for \$2000). Other Program Development and Training Manuals for staff and mentors are available, as well as an evaluation protocol with an overview on evaluation of outcomes.

<http://www.acrossages.org/node/8>

<http://www.acrossages.org/node/8>

While these activities are consistent with the work of local organizations described below, implementing and operating additional services would create administrative and organizational requirements, even though volunteers are used in the direct delivery of services. This would create some costs for the organizations involved.

Another challenge would probably be transportation. Without transportation access, the older adult mentor and/ or youth may not be able to attend the program regularly. The environment of the program would have to be accommodating for special needs participants.

<http://www.dontletminorsdrink.com/downloads/AcrossAges.pdf>

### **Benefits**

Intergenerational mentoring programs establish a relationship between an older adult and an at-risk child or adolescent. CDC stated that mentoring could improve school attendance and performance, reduce violent behavior, decrease drug use, and improve relationships with others.

The National Registry of Evidence-based Programs and Practices (NREPP), has recognized Across Ages for its resourcefulness in the pairing of older adult mentors (55 years and older) with young adolescents as they transition to middle school and to prevent drug/ substance use and inappropriate behaviors.

According to *Mentoring Interventions to Affect Juvenile Delinquency and Associated Problems* (November 2008), one important area to understand the implications of mentoring and its value for affecting juvenile delinquency is the implication that a strong personal relationship between the mentor and mentee is critical to any benefits derived.

<http://www.campbellcollaboration.org/lib/download/238/>

### **Recommendations**

Youth and senior service organizations could be convened (FiftyForward-Foster Grandparent Program, along with the Nashville After Zone Alliance (NAZA), Big Brothers/Big Sisters of Middle Tennessee, the OASIS Center and others) to explore how to develop an Across Ages project in the Davidson County.

One way to implement *The Social Problem Solving Module of the Social Competence Promotion Program for Young Adolescents* would be to incorporate the component of intergenerational positive youth development and mentoring as part of the Nashville After Zone Alliance.

Older adult recruitment could be coordinated with Senior Adult Programs and Centers for volunteer mentors as well as a reliable source of mentors to sustain the program.



### **School Based Dental Sealant Program**

In June 2012, the Kaiser Commission report, *“Oral Health in the U.S.: Key Facts”* stated that tooth decay is a common preventable chronic illness among school-aged children in the U.S. Poor oral health can cause negatively impact children’s growth, social, and nutritional development, nutritional development, also causing loss of teeth, days missed from school, and the expense of using emergency rooms for preventable dental conditions. Dental sealants can prevent up to 60% of tooth decay when the teeth are treated.

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32>

<http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8324.pdf>

School-based dental sealant programs provide sealants to low-income children who may not receive adequate dental care. The programs help to reach children from low-income families and serve schools with a high percentage of children eligible for the federal free or reduced cost lunch programs. Research has primarily been on of children aged 5-10 years, and sealants have been more effective when they are applied as soon as possible after tooth eruption.

[http://www.cdc.gov/OralHealth/dental\\_sealant\\_program/](http://www.cdc.gov/OralHealth/dental_sealant_program/)

<http://www.thecommunityguide.org/oral/supportingmaterials/RRschoolsealant.html>

There is significant evidence that dental sealant programs result in a large reduction of cavities when the sealants are placed on children’s teeth at school. (Treatment is scheduled during the school day when the children are already at school, so no additional travel is required.) School-based programs operate within the school setting, with teams of dental providers that can include dentists, dental hygienists and dental assistants that utilize portable dental equipment or a designated clinic at the school setting.

<http://www.astdd.org/school-based-dental-sealant-programs/>

The application of sealants is a simple and painless process. Liquid sealants are painted on and quickly harden to form a shield over teeth. The most important reason for getting sealants is to avoid tooth decay and future dental disease. Fluoride in toothpaste and in drinking water protects the smooth surfaces of teeth but the back teeth need extra protection. Sealants are placed on the chewing surfaces of the back teeth to protect them from germs and food and prevent cavities. The long-term benefits of sealants also prevent expensive dental treatment; and decrease the need for fillings, crowns, or caps used to treat decayed teeth in later years.

<http://www.nidcr.nih.gov/OralHealth/Topics/ToothDecay/SealOutToothDecay.htm>

The poor have been found to have a greater incidence of oral diseases, disorders, and conditions, while less likely to visit a dentist or dental hygienist. Poor children are less likely to have dental sealants.

As described by the National Institute of Dental and Craniofacial Research’s *Factors Affecting Oral Health over the Life Span*, “the differentials in oral health status between the poor and not poor cross the life span and are major social indicators of the current status of oral health in America today and provide a challenging baseline against which improvements can be measured.” It noted that in communities recognizing children’s oral health

as an important public good issue could provide resources and ensure services, such as the sealant programs, school education and fluoridation programs.

<http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/chap10.htm>

*CoverKids*, Tennessee's Medicaid program for children, provides free comprehensive health care and dental services. A major emphasis of *CoverKids* is on preventive care (which is also a major focus of the school dental sealant programs). Uninsured children up to age 18 whose families earn no more than 250% of the federal poverty level are eligible to receive *CoverKids*.

[http://www.covertn.gov/web/coverkids\\_eligible.html](http://www.covertn.gov/web/coverkids_eligible.html)

[http://www.covertn.gov/web/cover\\_kids.html](http://www.covertn.gov/web/cover_kids.html)

Summit County, Ohio, and Dallas County, Texas, are among the local governments that provide dental sealant services to students.

#### Summit County, Ohio

Summit County Public Health of Stow, Ohio, has provided school dental health services to the children of Summit County for over 50 years. Summit County's Public Health Department has a Dental Sealant Project that serves the Akron, Barberton, Cuyahoga Falls, Springfield school districts and Bedford Public Schools. Children in grades 1-5 who attend schools at which the free/reduced lunch rate is greater than 40% are able to receive dental sealants.

The Dental Sealant Project utilizes the Summit County Health District's dental staff of Summit County Health Department and the portable dental equipment provided by the Ohio Department of Health. The Summit County Public Health also owns a mobile dental van that travels to the two school districts in the county. Children can receive basic dental services on the dental van, at their school. <http://www.scphoh.org/CLINIC/CLIN-Dental.html>

The Dental Sealant Project received additional support and funding from the Tuscora Park Health and Wellness foundation, Kaiser Permanente (health care providers) and Delta Dental.

<http://www.scphoh.org/PDFS/PDF-Dental/DENTAL REPORT FINAL 2011.pdf>

#### Dallas County, Texas

In Dallas County, Texas, the Texas A&M Health Science Center's Baylor College of Dentistry (BCD) is the largest single provider of oral health care in the Dallas-Fort Worth area. It serves almost 200,000 children and adults annually through oral screenings, examinations, sealant applications and educational programs at health fairs, nursing homes, elementary schools and correctional facilities. Fourth-year dental students are required to participate in a public health care setting that also includes participating in sealant programs in area elementary schools.

The Dallas Independent School District, BCD and other county organizations collaborate to provide the Dallas County Sealant Initiative to improve the dental health of Dallas County children. The partnership includes the Texas A&M University System-Baylor College of Dentistry and the Baylor Oral Health Foundation, Dallas Independent School District, Dallas County child advocacy groups, Dallas County Dental Society, Dental Health Programs, Inc., Community Council of Greater Dallas, Children's Medical Center, Parkland Memorial Hospital, Colgate-Palmolive Company, Oral Health America, and others.

In 2003, the BCD Department of Public Health Sciences began to administer the Dallas County Sealant Initiative, which is funded by the dental school. The Dallas County Sealant Initiative began with funding from the Crystal Charity Ball Foundation and the Baylor Oral Health Foundation.

<http://bcd.tamhsc.edu/outreach/sealant.html>

<http://bcd.tamhsc.edu/outreach/index.html>

#### Metro Public Health Department - Davidson County School Dental Sealant Program

The Metro Health Department provides Oral Health Services to Davidson County residents up to age 21.

TennCare is accepted and a sliding scale is used for others. In addition, preventive dental services are provided to Nashville children in selected schools through a Dental Sealant Program. These services include dental sealants, dental screenings, dental examinations and oral health education and Oral Health Education. While these are important services, their capacity does not allow services for all those who are in need.

<http://www.nashville.gov/Health-Department/Family-Youth-and-Infant-Health/Oral-Health-Services.aspx>

Metropolitan Nashville Public Schools (MNPS) served more than 81,000 students, with 15,088 pre-school to grade 8 students enrolled during the 2012 school year, according to the Parents' Guide to Public Schools. The Metropolitan Public Health Department (MPHD) during the school year 2012-2013 provided dental sealants to 3,701 students. The dental sealant program is funded through a grant from TennCare, and is only provided in public schools with 50% or higher free and reduced lunch participation.

MDHD also provided 8,142 dental screenings to children through the Dental Sealant Program, according to a MPHD researcher. The 2012 American Community Survey reported that the number of Davidson County children living below poverty and enrolled in school, from pre-school to grade 4 totaled 15,088, plus another 6,999 students in grades 5 to 8 enrolled in school and living in poverty.

With an increase in program capacity, including an increased number of dental providers, more children living below the poverty level and enrolled in MNPS could also receive dental sealants.

<http://www.mnps.org/AssetFactory.aspx?did=53379>

[http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_12\\_1YR\\_B14006&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_B14006&prodType=table)

#### **Recommendations**

Explore collaborations to identify opportunities for expansion and involve local colleges that have programs for dental professionals (dentists, dental hygienists and dental assistants). The Meharry Medical College School of Dentistry has dental students. There are also schools in Nashville with students that train dental hygienists and dental assistants, including Tennessee State University, Tennessee Technology Center at Nashville, Daymar Institute, Remington College Nashville Campus, Kaplan Career Institute and High Tech Institute Nashville.

The expansion of the Metro Health Department's dental sealant program to all of Metro's elementary schools, by inclusion of college dental programs, and donated services from private dental providers would increase services for the children living below poverty and enrolled in school.



#### **Wraparound Mental Health Services for Children/Youth in the Juvenile Justice System**

Approximately 9 million children in the United States have serious emotional problems and only 1 in 5 receives appropriate treatment. Children between the ages of birth to age 18 can be affected by serious emotional disturbances and other mental health problems that can disrupt the child's daily life at home, school, or in the community.

[http://tn.gov/mental/mentalhealthservices/sp\\_child\\_SED.html](http://tn.gov/mental/mentalhealthservices/sp_child_SED.html)<http://promoteacceptance.samhsa.gov/audience/families/default.aspx>



In July 2013, The State of Tennessee’s Council on Children’s Mental Health in a report to the Governor and the Tennessee Legislature noted the importance of strong mental health so that children can develop important skills and capacities. It identified the need for development and replication of effective policies and programs for children with mental health needs. It also recommended the need for implementation of a “System of Care” for children and their families within their community that provides support and services in order that the child can remain in the home.

<http://www.tn.gov/tccy/ccmh-report13.pdf>

Many public agencies and research organizations, including the National Mental Health Association (NMHA), the U.S. Surgeon General’s Office, the National Wraparound Initiative and the U. S. Substance Abuse and Mental Health Services Administration each have their own definitions of wraparound programs. The Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice defined wraparound as a complex, multifaceted intervention intended to maintain delinquent youth at home and out of institutions whenever possible. It involves “wrapping” a comprehensive set of individualized services that supports the needs of the youth.

<http://www.ojjdp.gov/mpg/progTypesCaseManagementInt.aspx>

### **Wraparound Milwaukee**

An example of this type of wraparound services is the Children’s Mental Health Services Division in Milwaukee, Wisconsin. The initiative created a system of care that combines the city’s mental health, child welfare, juvenile justice, and educational services systems in an initiative called Wraparound Milwaukee. It has been widely recognized for its success in helping children and youth with mental health needs.

Using the wraparound model, Wraparound Milwaukee is a comprehensive and individualized system of care that coordinates a network of community services for children and youth from birth to age 18, with severe emotional and other related mental health problems. Wraparound services were established in Milwaukee County in 1994, with funding from the U.S. Department of Health and Human Services. Wraparound Milwaukee serves a daily average of about 800 youth and their families through a system of contracts with 8 community agencies for over 100 care coordinators who facilitate delivery of services.

<http://wraparoundmke.com/>

<http://county.milwaukee.gov/ImageLibrary/Groups/cntyHHS/Wraparound/WCCFWraparoundReport2011.pdf>

As early as 1998, Wraparound Milwaukee was recognized as a Promising Practice in children’s mental health. It developed an effective use of wraparound services applying the techniques used in managed care to better serve the complex needs of youth with serious emotional disturbances who may also be involved with the juvenile justice system, child welfare or have substance abuse disorders.

<http://cecp.air.org/promisingpractices/1998monographs/vol4.pdf>

According to Harvard University’s Kennedy School of Government the key innovations of the Wraparound Milwaukee Program are the philosophy of Wraparound care as well as:

- Collaboration of groups and agencies that provide services for children
- Pooled funding and a public managed care model
- Unique service approaches with a large networking of community agencies and organizations
- Use of Information technology to track, manage and communicate among providers
- Emphasis on Quality Assurance/Measuring and Evaluating Outcomes

The funding is pooled together and used to provide children who have serious emotional/mental health issues, social and supportive services they need. It was the first public benefit model (based on managed care) in the U.S. for serving children with severe emotional disturbance and their families.

[http://www.hks.harvard.edu/var/ezp\\_site/storage/fckeditor/file/pdfs/centers-programs/centers/rappaport/powerpoints/milwaukee\\_wraparound.pdf](http://www.hks.harvard.edu/var/ezp_site/storage/fckeditor/file/pdfs/centers-programs/centers/rappaport/powerpoints/milwaukee_wraparound.pdf)

The program operated by the Milwaukee County Behavioral Health Division serves Milwaukee County families with children that have serious emotional and other mental health needs. They are referred by the Child Welfare or Juvenile Justice System and are at risk of having to be removed from their home to be placed in a residential treatment center, juvenile correctional facility or psychiatric hospital.

<http://county.milwaukee.gov/WraparoundMilwaukee.htm>

Services are provided for children and family through a coordinated team approach of professionals, family members, and community support service providers that collaborate to keep the child with the family and in the home. The Milwaukee County Behavioral Health Services Division contracts with over 200 partner organizations forming the Wraparound Milwaukee Provider Network that provides community based direct services to the child and family. The division assigns Care Coordinators that develop care plans, and connect the clients with services and treatment. They are also responsible to help the family identify and receive services through the Wraparound Milwaukee Provider Network for mental health, social and other needed services. Local, state and federal funds are used to help pay for many of the service requests from the network providers.

<http://county.milwaukee.gov/ImageLibrary/Groups/cntyHHS/Wraparound/Annual-Report/2011WraparoundAnnualReport.pdf>

<http://county.milwaukee.gov/CareCoordination7852.htm>

In 2009, Wraparound Milwaukee was chosen by the Harvard Kennedy School of Government to receive the Innovations in American Government Award, for cost effectiveness, high quality care and the potential to inspire successful replication of the model by other government entities.

<http://county.milwaukee.gov/WraparoundMilwaukee/WraparoundAward.htm>

According to the 2012 Quality Assurance & Quality Improvement Annual Report for Wraparound Milwaukee, the comparison of various types of services found substantial cost savings with Wraparound Milwaukee:

PROGRAM	APPROXIMATE AVERAGE COST PER MONTH/PER YOUTH
Wraparound Milwaukee	\$3,263
Group Homes	\$5,952
Corrections	\$8,714
Residential Care	\$9,672
Psychiatric Inpatient Hospital	\$39,370

<http://county.milwaukee.gov/ImageLibrary/Groups/cntyHHS/Wraparound/Quality-Assurance/2012QAQIAnnualReport.pdf>

A documentary on Wraparound Milwaukee as featured on PBS:

<http://county.milwaukee.gov/WraparoundMilwaukee/WraparoundDocumentary.htm>

## Challenges

The juvenile justice system can be complicated and difficult to understand because of legal requirements and restrictions, which can be misunderstood as a lack of cooperation by some mental health and community providers. It will be challenging to bring together all those involved and promote their understanding and acceptance of the wraparound model.

Another challenge for Nashville would be to create a shared pool of funds from multiple sources (government, foundations, and private sources). It would be important for all stakeholders (providers, funders, etc.) to understand the managed care concept to pay for services needed and to be willing to participate in that system of care to provide the services and be reimbursed through the pooled funding.

Public and other grant funders would also have to be educated on the cost savings of using a managed care model to not only save money but to also produce stability and productivity of the child and family. It would be essential to demonstrate the record of success and clarify how the wraparound model could be replicated to funders, decision makers and the public.

### **Benefits**

A successful system of care is possible in Davidson County because of the many community-based providers that address needs of children and families. The providers that offer a range of potential wraparound services from community mental health services, community health care centers, social services, children and youth programs, after school programs, educational and mentoring programs would be an effective system of care as well as a reliable network of service providers.

Repeated evaluations of Wraparound Milwaukee found that its participants show marked improvement in their behavior and socialization with reduced rate of out of home placement.

<http://www.ojdp.gov/mpg/progTypesCaseManagementInt.aspx>

The cost to maintain a child with mental health needs in their own home would be more cost effective than out of home residential or institutional care. The Wraparound Milwaukee annual report for January 1, 2012 to December 31, 2012 stated that the total number of youth that received service was 1,588. The average cost for services per month/per child was \$3,263. The actual total paid for services in 2012 was \$35,201,486.

<http://county.milwaukee.gov/ImageLibrary/Groups/cntyHHS/Wraparound/Quality-Assurance/2012QAQIAnnualReport.pdf>

### **Recommendations**

The existing service providers and advocates for children, youth and family services could to be convened for focus groups and discussions of needs, resources, and the interest for development of a wraparound system of care model similar to Milwaukee Wraparound. Multiple sectors of the community should be engaged, including faith based, academic institutions and others.



Another crucial factor before undertaking the issue of collaboration with the juvenile justice system is engaging the Metro Juvenile Court in the planning process. The participation of the Metro Juvenile Court would be crucial for clarification of the court's role and responsibilities, and in developing collaborations with a network of community providers.

## Housing & Neighborhoods – Evidence-Based Practices



### Mixed-Use Development

Mixed-use development combines residential and commercial usage in the same neighborhood. It can be vertical (usually commercial on the first floor and residential above) or horizontal (mixing site uses, with residential and commercial in separate buildings in the same neighborhood). In addition to the residential and commercial uses, mixed-use projects may develop walkable neighborhoods and easy access to amenities such as shopping, libraries, parks. Other elements included in mixed-use neighborhoods are a variety of housing types other than apartments, *e.g.* accessory units, condominiums, manufactured housing, single room occupancy units.

These types of structures were much more prevalent in the U. S. in the past. In the 1920s, development moved toward separate places for living and for work, shopping, and recreation. Business districts and strip malls were geographically apart from our residential sub-divisions. Even small towns shifted toward a downtown/town square for business, with houses outside of town.

Mixed-use zones have usually had to declare a primary and secondary designation, with the land owner having the ability to choose either one use or the other. A zoning district might allow a mix of uses, but the implementation was single-use. Mixed use today is more than just a retail store with housing above. Lately, urban planning for smart growth is trending toward a return to mixed-use structures in walkable neighborhoods to achieve sustainable urban design.

<http://www.psrc.org/growth/hip/alltools/mixed-use/>

<http://www.tjpd.org/housing/mixeduse.asp>

<http://bettercities.net/news-opinion/blogs/howard-blackson/19939/dont-get-mixed-mixed-use>

<http://www.mrsc.org/publications/textaht.aspx#mixeduse>

For a long time cities, including Nashville, used Exclusionary Zoning, in which certain uses are specifically excluded from an area – for example, prohibiting any commercial use in an area designated for housing. Neighborhoods that have mixed-use development have more flexible zoning which allows both kinds of uses in the same area, with the goal of achieving a some kind of balance of housing, offices, and retail, open space, and sometimes light manufacturing.

Nashville allows mixed-use development only in limited circumstances, under certain zoning classifications, as described in Title 17 of the Metropolitan Code. These districts codes require certain building placement and other standards designed to create walkable neighborhoods.

<http://www.nashville.gov/Planning-Department/Rezoning-Subdivision/What-your-zoning-allows.aspx>

It should be noted that mixed-use developments could also incorporate mixed-income residences. This helps de-concentrate poverty by helping families in poverty maintain a home in a community with various income levels. Subsidized housing can be discretely included in higher income neighborhoods, but it must be done so subsidized homes look like the rest of the neighborhood. The Gautreaux Moving To Opportunity project in Chicago in the late 1970s has been extensively studied with complex results. Two implications emerge from the research:

1. Inclusion of low-income residents into scattered more affluent neighborhoods should be done in a moderately-paced controlled (not large-scale) manner, so the families are blended into the new

neighborhoods more naturally, and so the new neighborhood’s infrastructure is not overwhelmed, e.g. schools, health facilities, etc.

2. Low-income families who move into non-poverty neighborhoods may need long-term (2 years) follow-up from case managers or support agencies.

<http://www.huduser.org/portal/periodicals/cityscope/vol15num2/article1.html>

<http://www.huduser.org/portal/periodicals/cityscope/vol15num2/article12.html>

<http://www.huduser.org/portal/periodicals/em/spring13/highlight1.html>



**ASHEVILLE WALMART**      **DOWNTOWN MIXED-USE**

Land Consumed (acres):	<b>34.0</b>	<b>00.2</b>
Total Property Taxes per Acre:	<b>\$6,500</b>	<b>\$634,000</b>
Retail Taxes* per Acre to City:	<b>\$47,500</b>	<b>\$ 83,600</b>
Residents per Acre:	<b>0.0</b>	<b>90.0</b>
Jobs per Acre:	<b>5.9</b>	<b>73.7</b>

\*Derived from public reports of annual sales per sq ft.

**Urban**

Downtown mixed-use buildings offer tax incentives to the city, due to greater density per acre. Asheville North Carolina is one example.

In his January 2013 report about the smart math of mixed-use development, Joseph Minicozzi shows the following comparison between a large single-use development away from downtown and a central city mixed-use development. He states, “A typical acre of mixed-use [in] downtown Asheville yields \$360,000 more in tax revenue to city government than an acre of strip malls or big box stores”.

<http://www.planetizen.com/node/53922>

## Other Locality Examples

Minneapolis and St. Paul, The Twin Cities in Minnesota developed several examples of successful mixed-use buildings and areas. These developments brought tangible benefits:

- They stimulate neighborhood activity both day and night
- Increase housing options
- Reduce the need for car trips and reduce traffic congestion

These include rehabilitated multi-story buildings on street corners at former streetcar stops as well as new buildings near downtown that have both affordable and market-rate apartments and commercial establishments. Areas that have been developed include both vertical and horizontal mixed-use. Examples include St. Anthony Falls Village that includes condominiums, affordable rental units, retail stores, and office space and Linden Hills, which includes variously-sized single-family homes, apartment buildings, and small retail and other commercial establishments.

In all of the mixed-use developments, planners in the Twin Cities have considered the economic feasibility, whether the density will support transit, the types of businesses the neighborhood needs, Smart Street design guidelines, possibility of open space and other neighborhood-specific issues. Some other areas have been deliberately developed as transit-oriented projects, encouraging in-fill and other development along well-traveled corridors.

[http://www.corridordevelopment.org/pdfs/Mixed%20Use%20Developments/mixed\\_use\\_MDC.pdf](http://www.corridordevelopment.org/pdfs/Mixed%20Use%20Developments/mixed_use_MDC.pdf)

The Local Initiatives Support Corporation (LISC) developed a handbook on mixed-use best practices specifically oriented to the Twin Cities, but which has guidelines that can be applied in other localities. To compile this resource, the LISC and the Neighborhood Development Center (NDC) researched best practices through interviews with lenders, public funders, developers (both for- and non-profit), financial consultants and attorneys, and others in the housing field. The report gives guidance about how to develop a mixed-use project and a list of characteristics of a successful mixed-use development.

<http://www.lisc.org/content/publication/detail/799>

In Sacramento, California, a blighted area has been revitalized by the development of a transit-oriented, mixed-use community with affordable housing and commercial space. This project contains two developments: La Valentina Station, one- and two-bedroom units in two buildings, and La Valentina North, three-bedroom units. In these developments, most of the residential units are restricted to families earning 30% - 50% of the area median income. The ground floor of the buildings contains service and retail space. The development is next to a light-rail station and a busy downtown street, giving access to nearby amenities and other parts of Sacramento. Almost all of the energy needed for the development comes from rooftop solar panels. The development also has other energy-efficient features such as LED fixtures, permeable paving, drought-tolerant landscaping, and bike parking

[http://www.sacramentoexpress.com/headline/71999/Finished\\_La\\_Valentina\\_Project](http://www.sacramentoexpress.com/headline/71999/Finished_La_Valentina_Project)

<http://www.multifamilyexecutive.com/affordable-housing/multifamily-affordable-housing-development-brown-construction-merit-award.aspx>

[http://www.dbarchitect.com/project\\_detail/142/La%20Valentina%20Station.html](http://www.dbarchitect.com/project_detail/142/La%20Valentina%20Station.html)

A mixed-use, mixed-income infill development called 30 Haven in Reading, Massachusetts includes 23 one-bedroom units, 30 two-bedroom units, and 22,000 square feet of retail space, within walking distance of a commuter rail station, several bus lines, restaurants and retail shops.

30 Haven was developed under Reading's Downtown Smart Growth Overlay District zoning by-law: 20% of new residences in developments must be affordable. Eleven the 53 units are affordable to households earning up to 80% of area median income. The development is on the site of an abandoned grocery. Reading's downtown did not allow mixed-use or multifamily developments, but a re-zoning overlay now permits both.

[http://www.huduser.org/portal/sustainability/newsletter\\_013113\\_2.html](http://www.huduser.org/portal/sustainability/newsletter_013113_2.html)

## Challenges

There are several possible challenges to mixed-use development in Nashville. In addition to the cost of land for infill, a project may face extra costs per square foot because of additional requirements such as more extensive fire alarm and suppression systems, elevators, etc.

Mixed-use projects in Nashville face generic challenges that are the same for all cities. These challenges include:

- Higher Costs: Higher costs per square foot because of required elements, such as firewalls between ground-floor commercial and upper-floor residential units, elevators, and advanced fire suppression systems
- Large Financing Gaps: Cost gaps (the difference between development costs and financing obtainable) and affordability gaps (the difference between market lease or purchase rates and the amount that can reasonably be expected from potential users. Often, both housing and commercial mixed-use projects require significant public subsidies, for which there are relatively few financing sources.
- Unproven Market Demand: Lenders often are reluctant to provide financing for housing on busy commercial streets and transit routes, even though research has shown the opposite (see National

Association of Realtors 2013 study. <http://www.realtor.org/news-releases/2013/03/home-values-performed-42-percent-better-when-located-near-public-transportation-during-last>)

- Difficulty in Implementation: Mixing two fundamentally different uses, commercial and residential, makes projects more complex, more difficult to design, finance, and manage. <http://www.lisc.org/content/publication/detail/799>

## Benefits

Mixed-use developments in other localities have been praised because they can have benefits for a city's low-income working families, as well as for developers and small business owners. Mixed-use developers may be able to share some costs with nearby businesses, such as for parking, maintenance and security. Nashville needs more housing, and could offer incentives like allowing increased density and reduced parking requirements, tax reductions for multi-family developments that include affordable units, and others. Walkable neighborhoods, with amenities near housing, reduce traffic congestion and often cultivate a sense of neighborhood. Mixed-use developments can be designed to accommodate residents of various incomes.

<http://www.mrsc.org/publications/textaht.aspx#mixeduse>,  
<http://www.huduser.org/portal/periodicals/em/spring13/highlight1.html>

## Recommendations

In 2008, the Metro Council passed a resolution (RS2008-553) requesting the Planning Department to prepare a report about strategies and tools that Davidson County could use to encourage development of affordable housing, equitably distributed throughout the county. The resulting 2009 report recommended that the 1995-2015 Housing Plan in place at that time be updated because an estimated 20% of households needed housing assistance but could not be helped through existing programs. The comprehensive report presented definitions, effects of the lack of enough affordable housing, current efforts by government, for-profit and non-profit providers, and possible actions that local government could take to address the problem. Examples of the actions mentioned included possible zoning changes that would allow a diversity of housing types in an area, and provision of financial incentives to developers such as tax abatement programs, an example of which is the freezing of property taxes at a pre-determined level for a set number of years.

Two methods that could be used by Metro Nashville government are as follows:

- Infill Development uses vacant land in places already developed but which are not in use. This technique could use surplus or tax-delinquent property owned by Metro, sold below market rates in areas where surrounding land costs are high enough to discourage development, especially by non-profit affordable housing agencies, for example. This could be a neighborhood revitalization strategy if it encouraged mixed-use development that would bring increased activity.
- Adaptive reuse is a way to bring value back to older or vacant buildings such as old school buildings or warehouses, and can revitalize surrounding neighborhoods. Many of these projects convert unused space into retail and restaurant uses, and can be used effectively for mixed-use development. A local example is the Marathon building.

<http://www.mrsc.org/publications/textaht.aspx#mixeduse>

In Davidson County, mixed-use developments could be encouraged through coordination with the Barnes Trust, initially funded by local government to increase the amount of affordable housing. The Trust could solicit applications specifically for funding of mixed-use developments.

## Long-Term Services & Supports (Seniors)



### **Preventing Abuse, Neglect and Exploitation of Vulnerable Adults**

Early detection of abuse, neglect and exploitation of vulnerable adults has proven to be an effective strategy in addressing this growing problem among the elderly and disabled. Professionals and in-home care workers who provide ongoing services to this population can be early detectors of abuse, neglect and exploitation with proper training. Volunteers, caregivers and paid personnel who have daily contact with vulnerable adults could benefit from proper training in the detection and reporting of abuse, neglect and exploitation of vulnerable adults.

Traditional approaches of reporting abuse, neglect and exploitation of vulnerable adults focus on police, emergency personnel, neighbors and friends. While that approach continues to be needed, other persons who have contact with vulnerable adults are often overlooked as potential reporting sources. Training of direct service personnel (homemakers, meals on wheels providers, home health aides, nurses and social workers) could improve the early detection and reporting of suspected cases of abuse, neglect and exploitation of vulnerable adults to the proper authorities.

The Administration on Aging National Center on Elder Abuse reports that signs of elder abuse are often missed by professionals due to a lack of training on detecting abuse. Elderly persons are often reluctant to report abuse, neglect and exploitation for fear of retaliation by the abuser.

The findings from the report indicate that 7.5%-10% of the elderly adult population has experienced abuse or neglect within the past year. Similar data from state Adult Protective Services shows an increasing trend in the reporting of abuse and neglect, with a large number of cases that are undetected or unreported each year.

A New York Elder Abuse Prevalence Study found that only 1 in 14 cases were reported to the appropriate agency. Financial exploitation was self-reported in 41 of 1000 persons surveyed. The report is at the following link:

<http://www.ncea.aoa.gov/Library/Data/index.aspx>

Key findings from the National Institute of Justice's report from the National Elder Mistreatment Study include:

- Eleven percent of elderly people experienced mistreatment in the past year
- Financial exploitation was reported by 5.2% of elderly persons surveyed
- Risk of elder mistreatment was more prevalent in persons with low-incomes, who were unemployed or retired, in poor health and have low levels of social support

<https://www.ncjrs.gov/pdffiles1/nij/grants/226456.pdf>

With the increase of elderly and disabled persons who need in-home care, employees who provide these services should be able to identify and report suspected abuse and neglect to employers. Development of policies and procedures on how to report abuse/neglect are needed along with training for volunteers, caregivers and paid personnel on how to identify early signs of abuse/neglect.

The Tennessee Department of Human Services-Adult Protective Services has the legal and primary responsibility to investigate reports of abuse and neglect of vulnerable adults. Other regional and statewide groups have indicated a need to train additional persons in identifying and reporting suspected abuse and neglect. Tennessee Vulnerable Adult Coalition, Council on Aging, Tennessee Department of Human Services Adult



Protection Services, Tennessee Disability Coalition, Tennessee Commission on Aging and Disability and the Greater Nashville Regional Council have identified abuse/neglect and exploitation of the elderly and disabled as a growing concern in our area.

State law requires that persons with knowledge of elder abuse to report the abuse. Unfortunately, many people may not recognize the signs and symptoms of such abuse, so instances may not be reported until serious damage has occurred.

Some state and local governments are becoming more proactive in responding to abuse, neglect and financial exploitation. For example, Florida requires elder abuse training for law enforcement. In California, employees of financial institutions are required to participate in training on how to recognize financial abuse and are required to report it.

Illinois has recent legislation that persons involved in the care and treatment of the elderly and adults with disabilities must have special training on recognizing signs of abuse, neglect and exploitation. The legislation also creates a Statewide Fatality Review Team that will have the authority to investigate suspicious deaths relating to alleged, suspected or substantiated abuse or neglect. In addition, it prohibits the use of state funds for any paid caregiver when there is a verified and substantiated claim of abuse, neglect or financial exploitation.

Illinois legislation follows nationally-recognized best practices by creating an Adult Protective Services unit within the Department on Aging that will be responsible for investigating all suspected cases of abuse, neglect and financial exploitation of the elderly and adults with disabilities.

**Definitions:**

- **Abuse (physical, sexual, and emotional)** generally involves more extreme forms of harm to the adult, including the infliction of pain, injury, mental anguish, unreasonable confinement, or other cruel treatment.
- **Neglect** usually occurs when the basic needs of a dependent adult are not met by a caregiver. Neglect may be unintentional; neglect also may be due to the intentional failure of the caregiver to meet the adult's needs.
- **Self-Neglect** generally occurs when a dependent adult is unable to care for him/herself or to obtain needed care.
- **Financial Exploitation** occurs when a caregiver improperly uses funds intended for the care or use of the adult.

The Tennessee Commission on Aging and Disability's Vulnerable Adult Coalition promotes collaboration between public and private entities to prevent abuse, neglect and exploitation of vulnerable adults. Vulnerable adults are defined as "older persons, or persons with disabilities, who are in danger of being mistreated or neglected, are unable to protect themselves, and have no one to assist them."

<http://www.tn.gov/comaging/TVAC.html>

The Tennessee Commission on Aging and Disability (TCAD) identified “training for aid workers who help older adults and people with disabilities” as one of their top ten priorities in their Tennessee State Plan on Aging 2014-2018 report. Elder abuse was cited as a growing concern in the report and training was identified as an effective strategy in addressing the issue.

TCAD conducted selected focus groups and included a question asking participants to identify the difficult challenges that baby boomers face. These groups indicated that Supportive Services, including elder abuse services, were highlighted as an increased need. Other identified issues needing services included protection from elder abuse and exploitation, laws changed or made to better help vulnerable seniors, and exploitation by family members.

<http://www.tn.gov/comaging/documents/State%20Plan%20Assembled.pdf>

The Tennessee Department of Human Services’ Adult Protective Services (APS) investigates reports of abuse, neglect (including self-neglect) or financial exploitation of adults who are unable to protect themselves due to a physical or mental limitation. APS staff members assess the need for protective services and provide services to reduce the identified risk to the adult.

### **Benefits to Davidson County**

State agencies have responsibilities to serve and protect vulnerable adults. However, elder abuse, neglect and exploitation have elements related to the local responsibilities of policing and crime prevention. Because of these shared responsibilities, protecting vulnerable adults is important for both levels of government, particularly with the increasing number of seniors.

Protection of vulnerable adults by early identification of abuse, neglect and exploitation can prevent unnecessary hospitalization, create awareness and improve the safety concerns of this increasing population. Increasing the number of trained Metropolitan Government personnel could expedite the identification of persons at risk and provide early interventions.

The Metropolitan Government already provides an array of mandatory and voluntary training programs for employees that benefit the public, so a training curriculum for early identification could be developed. Newly hired employees could receive training as part of their orientation and existing employees could receive the training over time. The training could be beneficial to any Metro employee who interacts with the public.

Training could be provided by experienced personnel from various government agencies and other organizations. Potential trainers could be from Metro and State Departments, including but not limited to Metro Police Department, Health Department, Tennessee Bureau of Investigation, Tennessee Department of Human Services, Hospitals and financial institutions and other agencies working with vulnerable adults.

Vulnerable adults in Davidson County could benefit from having their abuse, neglect or exploitation identified early so that appropriate interventions could occur. As the population ages, the need for people to have awareness and appropriate training to identify and report suspected abuse, neglect and exploitation increases.

Davidson County’s Child Death Review team model could be used to investigate abuse, neglect and exploitation of vulnerable adults to review policies and procedures that could be implemented to identify and prevent these activities. Davidson County’s Child Death Review team is made up of law enforcement officers, juvenile court, Metro health Department, Metro Social Services, medical professionals who meet to review all child deaths in the county to determine if the deaths could have been prevented and suggest appropriate interventions.

Forming elderly fatality review teams similar Child Death Review Team could lead to improved training for direct care workers in the early detection of elder abuse and neglect and improving laws that mandate abuse reporting of vulnerable adults.

## **Recommendations**

The Metropolitan Government of Nashville and Davidson County could identify employees who have daily, weekly or monthly contact with vulnerable adults. The Metro Health Department, Metro Action Commission and Metro Social Services have staff such as nurses, homemakers, social workers, home delivered meal drivers, family counselors and commodities food drivers who make home visits to vulnerable adults as part of their duties. Employees of other Metro Government agencies are also in direct contact with vulnerable adults as they transact business with various departments.

- Establish or support existing protocols for reporting suspected abuse, neglect and exploitation.
- Train employees on how to address reported abuse and neglect.
- Develop informational material to highlight tips on early detection of abuse, neglect and exploitation that could be used by Metro employees and distributed to family members as part of initial and ongoing client assessments.

*Additional information is available from a variety of sources:*

### **Report Abuse and Neglect – Statewide Toll Free Number**

Toll free **1-888-APS-TENN (1-888-277-8366)**

Tennessee Department of Human Services

[http://www.tn.gov/humanserv/adfam/aps\\_what.html](http://www.tn.gov/humanserv/adfam/aps_what.html)

### **Tennessee Commission on Aging and Disability – Statewide Plan 2014-2018**

<http://www.tn.gov/comaging/documents/State%20Plan%20Assembled.pdf>

[Tennessee Vulnerable Adult Coalition](http://www.tn.gov/comaging/TVAC.html)

<http://www.tn.gov/comaging/TVAC.html>

[Council on Aging – Elder Abuse Group](http://www.councilonaging-midtn.org/)

<http://www.councilonaging-midtn.org/>

Arizona Attorney General's Abuse, Neglect and Exploitation of the Elderly Information Guide

[https://www.azag.gov/sites/default/files/sites/all/docs/seniors/TASA\\_InfoBook.pdf](https://www.azag.gov/sites/default/files/sites/all/docs/seniors/TASA_InfoBook.pdf)

The Elder Abuse Training Institute

[http://www.centeronelderabuse.org/education\\_overview.asp](http://www.centeronelderabuse.org/education_overview.asp)



## **Age-Friendly Communities**

Age-friendly communities recognize the importance of older adults in decision making, identify strategies to enhance community efforts to address senior needs, and support ongoing efforts to prepare for an increasingly aging population. Age-Friendly cities are those that are friendly for people of all ages and abilities.

Enhancing the quality of life for older persons has become more important as the number of seniors continues to increase. Davidson County's population age 65 and over is expected to increase from 65,403 persons in 2010 to 133,012 by 2040, according to the University of Tennessee's Center for Business and Economic Research. With this increase comes an opportunity to respond appropriately to the needs of older adults through identifying and planning.

Elderly persons are less likely to move than younger people and most seniors stay within the same county or state. With elderly persons choosing to remain in place and the increase in the number of elderly persons, the need is growing to consider the needs of this population in local and regional planning.

### **World Health Organization Model**

In order to help local governments effectively meet the needs of their older residents, the World Health Organization (WHO) created a global network of Age-friendly Cities and Communities. This network promotes the sharing of experience and mutual learning among localities that participate (any city/community in the world that is committed to "creating inclusive and accessible urban environments to benefit the aging populations is welcome to join").

The World Health Organization defines age-friendly cities as those that recognize the diversity among older adults, promote inclusion in all aspects of community life by older adults, respect decisions and lifestyle choices, and anticipate and respond flexibly to aging related needs and preferences. WHO noted that for cities to become friendlier and more accessible for older adults, it was important for seniors to be involved in the early planning stages of physical changes and social services delivery systems. It noted the importance of policy makers recognizing the needs of older adults to ensure their involvement.

The Age-friendly Cities and Communities network participants share ideas and practices to improve aging communities. The network also provides technical assistance and publicity support for communities that are committed to creating inclusive and accessible urban environments to benefit their aging populations.

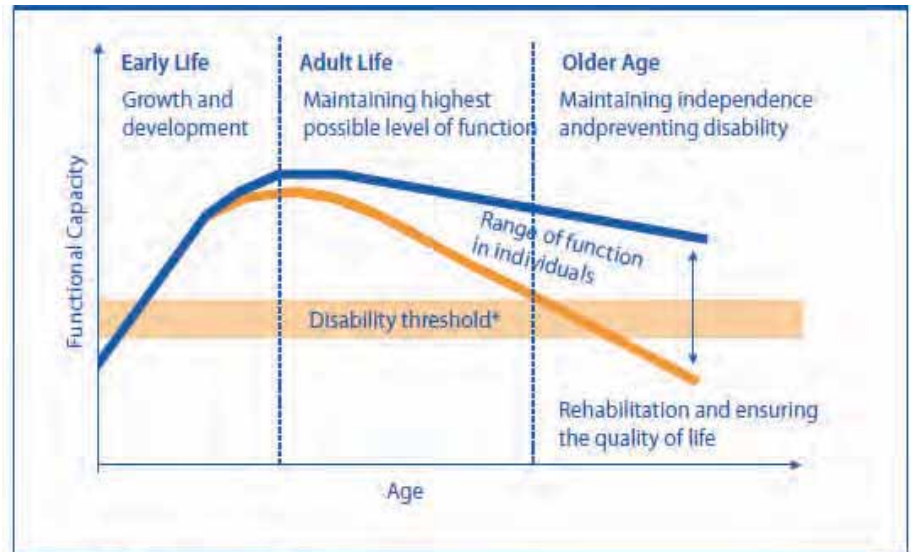
[http://www.who.int/ageing/age\\_friendly\\_cities\\_network/en/index.html](http://www.who.int/ageing/age_friendly_cities_network/en/index.html)

The World Health Organization developed a *Checklist of Essential Features of Age-friendly Cities*, to guide the improvements needed to benefit older residents of participating cities. The checklist includes an array of issues, including outdoor spaces and buildings, transportation, housing, civic participation, employment, social inclusion, information and communication. In 2007, WHO published *Global Age-friendly Cities: A Guide* that described how localities could enhance outdoor space and buildings, transportation, housing, social participation, respect and social inclusion, civic participation, employment, communication and information, community support and health services.

The *Guide* indicates the specific determinants of active aging, which include economic, social, physical environmental, personal, behavioral, health and social services. It explains that there are many differences among people who are the same age.

The adjacent graphic shows the direction of functional capacity across a person's life. It reflects the influence of the active gain on how well a person functions. It is in the best interest of not only the individual but of the community to maximize the functional range of older persons. It benefits the individual by improving quality of life and benefits the community because it extends the time during which a person is a contributing member of society and decreases the reliance on expensive supportive services.

[http://www.who.int/ageing/age\\_friendly\\_cities\\_guide/en/index.html](http://www.who.int/ageing/age_friendly_cities_guide/en/index.html)



Source: Kalache & Kickbusch (12).

Various cities around the U.S. have used the Age-Friendly model to identify areas needing change, develop a plan to improve and make the needed changes. The examples below briefly describe what other cities have done.

Portland, Oregon, involved seniors in the early planning stages of physical or social changes. Senior focus groups were formed to gain a better understanding of their everyday experiences and challenges in getting around in the city. Portland State University's Institute on Aging and School of Community Health provide funding for the Age-Friendly Cities Project in Portland Oregon.

Portland's Age-Friendly Cities Project identified a number of strategies designed to make the city more age-friendly. Strategies included making parks and recreation facilities more accessible for persons with limited mobility, providing safe and easy access to necessary retail outlets such as pharmacies, grocery stores and medical providers, providing multiple transportation options, encourage the co-location of services for seniors and train service providers on the specific needs of seniors.

The solutions that were identified and implemented included:

- More designated parking at recreational sites
- Additional park and ride locations that were supported by retail outlets
- Covered walkways and awnings were erected between parking lots and buildings to provide protection during inclement weather
- A special transportation cooperative was recommended that would allow seniors to pre-pay for service and increased awareness of transportation options for seniors through a travel training program

[http://www.pdx.edu/sites/www.pdx.edu.ioa/files/ioa\\_who\\_summaryoffindings.pdf](http://www.pdx.edu/sites/www.pdx.edu.ioa/files/ioa_who_summaryoffindings.pdf)

Policymakers in New York City recognized the needs of older adults and developed a collaborative initiative between the city and an educational institution. The Mayor, City Council and the New York Academy of Medicine collaborated to apply for funding from the World Health Organization to create an Age-Friendly City. An Age-Friendly Commission was established to ensure public and private sector collaboration to identify and prepare for what was described as an “aging revolution” in the city. New York City population of persons age 65 and over is expected to increase by 50% within the next 25 years.

New York City created an Age-Friendly Commission that assessed the age-friendliness of programs and services provided by city government and other agencies. The Commission conducted seminars on topics that promoted active aging and assessed universal design of infrastructures that affect seniors. Policymakers and senior adults developed initiatives to improve the quality of life for older adults in the areas of community and civic participation, housing, public spaces and transportation, and health and social services.

The goals of New York City’s initiatives were to promote the inclusion in and contributions of older adults in all aspects of community life in New York City. The commission reported several improvements to assist the elderly and others:

- 1,000 new benches were placed to provide more seating areas in public locations
- 15 public pools now have senior swim hours
- New bus shelters were designed to protect persons from harsh weather conditions
- Hundreds of businesses developed strategies to make their facilities more age friendly
- 400 cultural institutions were recruited to review policies and infrastructure barriers to make their facilities more age friendly

[http://www.nyam.org/agefriendlynyc/docs/NYC\\_Age\\_Friendly\\_reportEnhancing-Livability.pdf](http://www.nyam.org/agefriendlynyc/docs/NYC_Age_Friendly_reportEnhancing-Livability.pdf)

New York’s Age-Friendly Commission designated the Bedford-Stuyvesant area (the north central area of the Borough of Brooklyn) as an Age-Friendly District (Age Friendly Districts are area specific and adapted to what local elderly citizens desire) operated by the nonprofit Coalition for the Improvement of Bedford-Stuyvesant. The Bedford-Stuyvesant strategies included working with local businesses to provide seats for seniors in supermarket checkout lines, more sidewalk benches, seniors-only hours at area banks to help seniors become more familiar with electronic banking and inviting input on neighborhood design from seniors to facilitate navigation for the elderly.

<http://www.dnainfo.com/new-york/20120428/bedford-stuyvesant/bed-stuy-named-aging-improvement-district>

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

In addition to Bedford-Stuyvesant, Age Friendly Districts are also located in East Harlem and the Upper West Side. They provide tools, resources and progress reports, including directories of age-friendly local businesses.

<http://www.nyam.org/agefriendlynyc/initiatives/current/aging-improvement-districts.html>

<http://www.nyam.org/agefriendlynyc/tools-and-resources/>

While Portland, Oregon, and New York City primarily used the World Health Organizations Age-Friendly City model as their guide to addressing the needs of Older Adults, other organization and cities have developed programs such as Community AGEnda and Communities Innovations for Aging in Place that also supported age-friendly initiatives. The Community AGEnda initiative and Communities Innovations for Aging in Place initiative (described below) encourage cities to use Age Friendly concepts to prepare for the increase in the older population.

## Community AGEnda

Grantmakers in Aging's Community AGEnda (Improving America for All Ages) is an initiative of and is funded by the Pfizer Foundation. It seeks to enhance and accelerate age-friendly development work in communities across America. Grantmakers in Aging is a membership organization comprised of philanthropies with a common dedication to improving the experience of aging.

- In order to expand the benefits of this model, Community AGEnda with support from Grantmakers in Aging has funded cities through its Age-Friendly Community Initiatives, such as:
- Atlanta Regional Commission conducted a walkability assessment and planning workshop and survey for older adults along with health and wellness events promoting senior activities.
- Phoenix, Arizona, started a Regional Aging Place Network in partnership with a charitable trust to leverage the talents of older adults to make communities in the region age-friendly for older adults and all people. The network produced a video and published a book of local stories by older adults, sponsored workshops for seniors and hosted a connected caring community's conference.

[http://www.giaging.org/documents/130906\\_CA\\_Partner\\_Highlights\\_FINAL\\_web.pdf](http://www.giaging.org/documents/130906_CA_Partner_Highlights_FINAL_web.pdf)

<http://www.giaging.org/programs-events/community-agenda/>

## Communities Innovations for Aging in Place (CIAIP)

Communities Innovations for Aging in Place Initiative was authorized by Congress in the 2006 as part of the reauthorization of the Older Americans Act (OAA). It was developed to assist communities in their efforts to enable older adults to sustain their independence and age in place in their homes and communities. CIAIP promotes Age-Friendly Cities through grants and technical assistance

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

Projects have been developed in Boston, Kansas City, Albuquerque, Los Angeles, Philadelphia, New York and other places. Examples are described below:

- Austin, Texas Family Elder Care Program deliver services through a Service Coordinator who provides case management services to persons at risk of premature institutionalization and provides activities including evidenced based practices that impact aging in place. <http://www.ciaip.org/index.php?id=org8>
- Atlanta, Georgia Regional Commission developed the *Lifelong Mableton* in South Cobb County to increase awareness of Lifelong Community Principles among community leaders, improve health outcomes for frail elders, improve residents access to services and supports that facilitate aging in place, and increase civic engagement among older adults in the community. <http://www.ciaip.org/index.php?id=org1>

## Benefits

By developing a systematic approach and becoming an Age-Friendly City, Davidson County could enhance the quality of life for the aging population. This could be done by adapting one of the models described and using the Age-Friendly guidelines and checklist to measure progress. This designation would complement the other designations Nashville has been recognized for, such as the IT City, number 5 ranking on Forbes list of cities with strong business climates and U.S. News listing of Nashville as one of the top 15 inspirational cities or magnets of opportunity.

Nashville has undertaken previous efforts with mixed results to identify solutions and strategies to prepare for the anticipated needs of Baby Boomers. The Council on Aging has published reports on maintaining health for those 50+, including guidelines for nutrition, exercise and overall wellness, a directory of senior services, a transportation toolkit, and a resource book for caregivers.

## **Challenges**

The Age-Friendly Cities model would be a new concept to Nashville and would require planning and coordination of senior services with a variety of stakeholders. Council Members, the Mayor's Office, senior service providers, local businesses and nonprofits would need to assess senior needs and develop a coordinated plan to make the Age-Friendly Cities model a reality in Davidson County. Resources from the city, technical assistance from other Age-Friendly cities and input from consumers will be needed for the project to be successful.

## **Recommendations**

The Age-Friendly Cities model generally requires support from the highest-ranking elected official, the legislative body and at least one other significant entity. In Portland, Oregon, the Mayor, City Council and Portland State University began the Institute on Aging. In New York, the initiative was started by the Mayor, City Council and New York Academy of Medicine.

Davidson County has several initiatives that could be involved in and support the development of an Age-Friendly Community, requiring limited initial investments. Lipscomb University School of TransformAging, the Council on Aging of Greater Nashville and the Greater Nashville Regional Council could be partners in establishing Age-Friendly Communities along with the Mayor's Office and Metropolitan Council.

Aging Improvement Districts (small urban communities that have large populations of persons age 65 and over) could be created to support initiatives designed to enhance the lives of seniors. An Aging Improvement District provides the resident seniors with the opportunity to give input about how their own neighborhood could change to improve the quality of life of older adults who live there. Aging Improvement Districts engage older adults in identifying the assets and challenges of a particular neighborhood, bringing together community stakeholders to propose and implement solutions.

An Aging Improvement District model could be used to bring concerns and suggestions of older adults to local businesses, non-profits, elected officials and services providers to improve the lives of older adults and people of all ages in a specific council district. Strategies for Aging Improvement Districts could include:

- Increase senior access to electronic banking
- Improve access to healthy food for seniors
- Enhance neighborhood transit and walkability for seniors
- Establish age friendly small retail zones
- Support businesses to become age-friendly
- Develop Senior Safety Initiatives

Other suggestions come from senior focus groups and community forums led by elected officials or existing neighborhood organizations such as Fifty Forward, Council on Aging and NashVitality.



## Workforce and Economic Opportunity Evidence-Based Practices

As reported previously, employment opportunities for low-skilled workers have worsened for quite some time. The introduction of new technological modes of production that raised productivity, coupled with labor cost reduction approaches (such as the use of temporary workers) allowed employers to remain competitive. However, the effect was also to make it difficult for low-skilled workers to obtain and maintain employment. Some businesses were challenged by global factors that led them to relocate some of their operations in overseas production facilities. Other businesses that experienced healthy growth, such as light assembly manufacturing and warehouse distribution centers have since moved to the suburbs, where property values and rents are competitive, and local governments provide incentives for relocation.

The Great Recession of 2007-2009 came, exacerbating the already deteriorating job opportunities for low-skilled workers. Many studies report that it will take significant time and effort before employment returns to pre-recession levels. For workers that experienced long-term unemployment (27 weeks or more), their success at finding employment tends to decline with the length of their unemployment.

These trends changed business and industry landscapes that redefined the labor market and created a large pool of low-skilled low-income workers in the urban areas who are facing diminished employment opportunities. What has also created a larger pool of low-skilled/low-income workers is that middle skilled workers have been taking low-skilled jobs, thus reducing the opportunities for some low-skilled/low-income workers. Providers of employment assistance have come to the realization that their traditional job development practices are not evolving with the changing labor market, and will become outdated and obsolete. According to employers, the focus of job training and job development should be a combination of soft-skill development and opportunities for workers to acquire new skills to keep pace with the ever-evolving labor market landscape, and considers employer expectations of staying competitive.



### Industry-Based Approaches to Workforce Development

Industry-specific workforce practices target a specific occupation in an industry and then engage the employer. In other words, the industry-based approach considers not only the skills job seekers need to develop but also analyzes employer needs.

According to *Working with value: Industry-specific approaches to workforce development* by the Aspen Institute, industry-based programs adopt a broad systemic approach within a narrow occupational focus. They not only work on the supply side but also engage the employer and determine what it takes to obtain employment in that industry. The approach simultaneously improves the employability of low-skilled workers while improving productivity outcomes for targeted employers. In order to align industry needs with that of low-skilled workers, it requires job developers to acquire deep knowledge of both sides of the labor market, according to the study.

The principles of Industry-specific workforce development approach could be used by Workforce Investment Boards, community-based organizations, and any other collaborative effort that has the goal of enhancing employment opportunity for low-skilled workers in an evolving labor market.

The Aspen Institute's Economic Opportunity conducted a three-year participant study of well-established industry-based programs located in urban areas. The organizations include Asian Neighborhood Design (San Francisco, California), Garment Industry Development Corporation (New York, N.Y.), Focus: HOPE (Detroit,

Michigan), Jane Addams Resource Corporation (Chicago, Illinois), Paraprofessional Healthcare Institute (Bronx, New York), and Project QUEST (San Antonio, Texas).

The study tracked the labor market experiences of a sample of 732 individuals as they enrolled in one of these programs. The study tracked the earnings and the employment progress of the participants for two years following training completion. According to the study, evaluation of the participants of the industry-based trainings revealed that they improved the wages they earned as well as the number of hours that they worked during the year, leading to a large increase in overall earned income.

<http://www.aspeninstitute.org/sites/default/files/content/docs/WORKWITHVALUESYNTHESIS.PDF>

### **Benefits to Davidson County**

To improve job prospects for many of the unemployed in Davison County requires a change of approach. As the middle skilled workers have accepted low skilled jobs, it is apparent that many job opportunities for the low-skilled have disappeared. In addition, the landscape of employers continues to change, and some of the new employers require middle and high skills. In order to capitalize on opportunities that currently exist, future opportunities, and in order to meet employer expectations, a collective effort will be required in Davidson County to alter employer recruitment and job development practices of providers.

If properly developed, introduced and monitored, a collaborative approach by the members of the Nashville Workforce Network could positively affect the high unemployment among the low-skilled, low-income, and low educationally attained job seekers that continue to face long-term unemployment.

The collaborative approach will enhance the early nascent efforts of Nashville Workforce Network as it allows delivering tangible practices that would strengthen key partners, such as the community colleges, the Greater Nashville Chamber of Commerce, and city leaders.

### **Recommendations**

Benefits could be achieved from using this collaborative approach in Davidson County. Many community based organizations that provide employment services to the less-skilled and disadvantaged job seekers are still using traditional job development methods that have not evolved with a 21<sup>st</sup> century labor market that has been impacted by technology, globalization, and the need for improved educational attainment. Most Community Based Organizations (CBO) provide a traditional focus on the populations they serve with an array of services needed. Few CBOs in Davidson County make it their mission to focus specifically on employment and training services. These CBOs have had some recent success in not only connecting with employers and learning their needs but also incorporating those employer needs into their workforce training and job placement development services.

The adoption of the recommended collaborative approach will enhance the efficiency of providers with limited resources as they concentrate their job development efforts on targeted industries that are experiencing job growth.

The Nashville Workforce Network (NWN) and its members have demonstrated their ability to organize initial engagement with employment service providers and area employers, replicating the efforts made by a local CBO. The NWN could facilitate workshops about this approach as it carried out in the past other workshops related to improving employment opportunities for a number of disadvantaged job seekers. The introduction of this approach to all CBOs that provide workforce services to their clientele can be accomplished without additional resources, but will require the motivation and flexibility to change the traditional job development methods currently used by providers. It would involve a new way of understanding labor market trends,

targeting specific industries, and engaging both job seekers and employers. Additionally, it would be beneficial to also engage the local Workforce Board, local Chamber of Commerce, Metro Government agencies and other employer groups in a broader discussion of preparing low-skilled/low-income unemployed adults in Davidson County for job training opportunities, further educational opportunities, and, ultimately, jobs that will sustain the job seeker and/or his family.



### **Collaborations Among Community Colleges and Other Nonprofit Organizations**

One of the most effective ways to reduce unemployment and increase earnings is through improved educational attainment. In the wake of the great recession, there is even more need to attain higher education as many low-skilled workers face diminished opportunities in the labor market. Data continues to show the strong correlation between educational attainment and employment as well as income.

In addition, there is an increased need for advanced skills as more and more businesses adopt new technologies and processes in the work place. Linking local community colleges to nonprofits would combine the strengths of community colleges and local workforce nonprofits to serve students more effectively than either could alone.

Community colleges play a critical role in training and equipping workers with the skills demanded by high-pay high growth sectors. Yet, most low-income adult learners face multiple barriers that prevent them from enrolling in the first place or from completing a degree that would lead them to secure appropriate employment. Many nonprofit organizations provide support service and job development to these same low-skilled unemployed workers. In some communities across the country, non-profits are teaming up with community colleges in order to help low-skilled workers chose and complete appropriate courses to obtain employment.

The Aspen Institute’s Workforce Strategies Initiative carried out three-year Courses to Employment (C2E) demonstration project funded by the Charles Stewart Mott Foundation to learn how a partnership between community colleges and non-profits are helping adult learners succeed in post-secondary education and the ultimately at the workplace. According to the Institute, the initiative grew out of the recognition that traditional approaches to higher education are not adequately serving many low-income students, as demonstrated by poor completion rates in academic and training programs.

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

The Aspen Institute’s Workforce Strategies Initiative conducted a study of six nonprofit-community college partnerships serving low-income communities and workers. The partnerships include:

- Automobile Career Pathways Project in Seattle is a partnership between the Workforce Development Council of Seattle-King County and Shoreline Community College. The partnership offers a short-term certificate, the General Service Technician (GST) that prepares students with low basic skills or limited English-language skills for entry-level careers in automotive servicing.  
<http://dev.aspenwsi.org/wordpress/wp-content/uploads/AutoCareer.pdf>
- In central Texas, a partnership between Capital IDEA, a nonprofit organization, and Austin Community College helps students make educational and employment gains in nursing and allied health care fields.  
<http://www.capitalidea.org/>
- Carreras en Salud (Careers in Health) in Chicago is a partnership between Instituto del Progreso (IDPL) Latino, Association House of Chicago, Wilbur Wright College Humboldt Park Vocational Education Center and the National Council of La Raza. Carreras en Salud works to address the shortage of bilingual health

care providers in the Chicago area and to provide career advancement opportunities to low-income Latino workers. [http://www.idpl.org/idpl\\_carreras\\_en\\_salud.html](http://www.idpl.org/idpl_carreras_en_salud.html)

- The Flint Healthcare Career Pathways Project in Flint, Michigan, is a partnership involving Mott Community College and Flint STRIVE. The project helps low-income residents of Genesee County advance from entry-level and certified nursing assistant jobs to nursing and allied health care positions. <http://dev.aspenwsi.org/wordpress/wp-content/uploads/flint.pdf>
- The Logistics/Transportation Academy in Los Angeles is a broad partnership involving Community Career Development, Inc., Los Angeles Valley Community College, East Los Angeles Community College and Los Angeles City Community College. The Academy prepares low-income adults for logistics and transportation jobs. <http://dev.aspenwsi.org/wordpress/wp-content/uploads/LosAngeles.pdf>
- The Training Futures program in Fairfax County, Virginia, is a partnership between Northern Virginia Community College (NOVA) and Northern Virginia Family Service (NVFS). Training Futures' curriculum provides 25 weeks of office skills training, including a three-week internship. [http://www.workfirst.wa.gov/reexam/reexamdocs/Promising20Practice20No2020VA20Family20Services\(3\).pdf](http://www.workfirst.wa.gov/reexam/reexamdocs/Promising20Practice20No2020VA20Family20Services(3).pdf)

These programs provide low-income participants a number of academic and non-academic supports to help them achieve educational and employment goals related to a particular industry sector.

At the end of the demonstration project, the Aspen Institute's Workforce Strategies reported that high percentages of participants completed programs, obtained employment after training and earned higher wages than they did prior to training. Furthermore, many graduates continued to do well in their education and employment experiences well after their initial training and job placement. The Institute reports that the outcomes the partnerships achieved outperforms with national statistics on completion at community colleges. <http://www.aspeninstitute.org/sites/default/files/content/docs/pubs/C2E.pdf>

### **Benefits to Davidson County**

Despite many positive economic indicators in Davidson County, unemployment remains high as the result of the Great Recession and other labor market factors. In addition, the growth in Nashville's economy is primarily in the service sectors of health care and the hospitality industry. This change in leading industry landscape requires a shift in how job seekers are trained and placed in jobs.

Davidson County has both private and public programs that provide workforce development services. Goodwill Industries of Middle Tennessee provides more than 10 skills training classes for entry-level job seekers to prepare them for a specific entry-level job in Davidson County. The Tennessee College of Applied Technology near Nashville State Community College provides longer-term skills training to candidates for middle skills jobs. The Nashville Workforce Network exists to connect all local workforce providers to enhance their workforce service delivery systems and to connect their unemployed clientele to meaningful jobs more quickly and more efficiently. As part of the Network's scope to enhance collaborations, matching community colleges with nonprofit organizations would improve the way adults enroll in community colleges, and succeed at the labor market once they graduate.

### **Challenges**

An intentional conversation about this collaboration has not yet begun in Davidson County. It is likely that both community colleges and the nonprofit job development/placement providers will tend to continue their tradition of striving to serve their customers with their single organization. The first step would be to change

the culture by identifying and encouraging opportunities for collaboration across multiple entities to pave the way for this initiative to succeed here.

### **Recommendations**

Increasing educational attainment is a necessity for Davidson County to remain competitive with its regional economic communities and national competitors to attract and maintain dynamic industries that lead its local economy. Community colleges play the role of educating the necessary workforce for a dynamic economy that meets that demand for a skilled workforce. However, some studies suggest that traditional approaches community colleges use to achieve that goal could be more effective. Other studies suggest that many low-income students, particularly minorities, are not performing well as they juggle family responsibilities, work, and school.

In order to change this trend, the development of a community college and nonprofit partnership would improve the completion and placement outcomes for those struggling to advance their skills and job prospects. Since local community colleges are under the State of Tennessee's Board of Regents, The Middle Tennessee Workforce Investment Board may be inclined to promote the introduction of this collaborative effort. The Nashville Career Advancement Center that has been serving the Davidson County workforce needs and has been instrumental in establishing the Nashville Workforce Network, with its outstanding experience, can also assist in implementing this approach.

<http://www.publicagenda.org/pages/index.php?qid=452>

[http://www.completecollege.org/docs/Time\\_Is\\_the\\_Enemy\\_Summary.pdf](http://www.completecollege.org/docs/Time_Is_the_Enemy_Summary.pdf)



### **Increasing Financial Capability Among Economically Vulnerable Youth**

Providers of financial stability and empowerment services have been overwhelmed by the increasing number of households that request financial assistance to meet their basic needs. Despite many efforts to provide financial literacy and other financial stability interventions intended to help low-income households manage their resources, there is a growing interest in introducing financial capability to youth in order to break the cycle of generational poverty. One of those initiatives is to increase financial capability among economically vulnerable youth. Financial capability involves equipping youth with peer learning and support system that helps them develop healthy financial habits to ensure that they transition into financially responsible adults.

An example of an initiative to enhance financial capability that has demonstrated success is the Mission SF Community Financial Center. It is a nationally-recognized San Francisco-based nonprofit organization that creates, tests and scales financial products and services that promote financial security and catalyze economic mobility for low-income, low-wealth people. It designed the *MY Path* initiative, a comprehensive suite of financial services targeting participants of various youth employment and youth development programs who are earning their first paychecks. Such programs typically target youth that are economically vulnerable and that have limited access and exposure to mainstream financial transactions.

*MY Path* is an innovative savings program designed to promote youth development and financial capability among low-income youth from unbanked and under-banked households. Using a hands-on, experiential approach, with an emphasis on peer learning and support, the program helps youth develop healthy financial habits and behaviors.

<http://csd.wustl.edu/Publications/Documents/RB12-44.pdf>

According to the Mission SF, My Path program, first piloted in 2009, is an incentivized youth savings program that familiarizes participants with basic banking skills and valuable financial concepts such as budgeting, saving and tracking expenses. Early results of the MY Path initiative include:

- Participants saved an average of \$507 over a six-month period. Including incentives, each youth had accumulated an average of \$735 through MY Path;
- Participants saved an average of 86% of their savings goal, and 46% fully met their savings goal.
- Consistent increases in youth financial knowledge after each training workshop; Increases in reported positive financial behaviors, such as budgeting, tracking spending, differentiating between needs and wants, and saving;
- Increases in confidence about making financial decisions and comfort in doing business with a
- mainstream financial institution and increase in sense of control over money.

The *MY Path* program has 5 key components:

1. Engagement with financial mainstream – in order to get youth participants away from check cashers, all participants are given credit union accounts at Community Trust, and are trained in how to use them.
2. Power of peers – the MY Path financial education curriculum is designed and delivered by youth, believing that youth can best support each other in meeting their savings goals and building healthy money management habits.
3. Setting goals – all participants in the MY Path program are supported in setting short and medium term financial goals, which are linked to their personal goals. Evidence shows that for youth to set and meet financial and personal goals is a transformative experience.
4. Rewarding Behavior Change – all MY Path participants receive monetary bonuses as a reward for engaging in positive money management habits such as budgeting and tracking their expenses, in addition to when they meet their savings goals. This year, participants can earn up to \$160 in bonuses.
5. Make saving easy and automatic – all MY Path participants are automatically enrolled in credit union accounts and direct deposit, so their ‘default’ is to save a certain percentage of their stipends/wages.

<http://www.missionsf.org/#!/my-path/c46p>

### **Benefits to Davidson County**

Some studies suggest that financial literacy alone has produced mixed results when it comes to financial stability. Helping children in low-income families acquire financial capability is considered one of the effective ways to break generational poverty. Children in the low- and middle-income households are more likely to grow households that are unbanked or underbanked. Without mainstream financial institution transactions, the likelihood of saving and becoming financially stable adults would be very slim.

[http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/Economic\\_Mobility/EMP\\_Savings\\_Report.pdf](http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/Economic_Mobility/EMP_Savings_Report.pdf)

There is a strong presence of both private and public youth programs in Davidson County intended to help low-income children obtain the support they need to complete education and grow into responsible citizens. There have also been significant efforts to spread financial literacy and education into many low-income families in order to help them become financially stable. The recent creation of Financial Empowerment Centers in Nashville could help the coordination of services as it continues to engage service providers. However, most programs that assist youth and children do not include an organized financial capability function that comprehensively affects financial behavior.

The creation of this initiative would benefit children and youth prepare themselves for financially responsible adulthood, and the likelihood of breaking generational poverty.

### Recommendations

As the number of people in poverty in Davidson County has grown, including some generational poverty, developing the *MY PATH* financial capability approach to our community would be one of the innovative ways to break the momentum of that cycle. In order to embrace a new approach and increase the likelihood of adopting it, the Nashville Alliance for Financial Independence and the Financial Empowerment Centers would need to disseminate information about *MY PATH* to the larger community of financial stability providers.

The leadership of the Economic Opportunity Team of the Nashville Poverty Reduction Initiative could assist by bringing together youth services providers, foundations, and financial stability providers to the table and take the task of replicating this successful approach in Nashville.

United Way of Metropolitan Nashville, working with the Mayor’s Office Financial Empowerment, could jointly work to identify seed money, whether from existing financial empowerment programs or other sources.



## DATA SNAPSHOT

### Workforce Characteristics - 2012 American Community Survey (U.S. Census Bureau)

	United States	Tennessee	Davidson County
In labor force	63.8%	61.1%	68.6%
Percent Unemployed Civilian Workforce	9.4%	9.5%	8.7%
All parents in family in labor force	70.6%	67.6%	66.9%
<b>COMMUTING TO WORK</b>			
Car, truck, or van -- drove alone	76.3%	83.6%	80.1%
Car, truck, or van -- carpooled	9.7%	9.4%	10.4%
Public transportation (excluding taxicab)	5.0%	0.8%	2.0%
Walked	2.8%	1.3%	1.7%
Other means	1.8%	1.2%	1.3%
Worked at home	4.4%	3.7%	4.4%
<b>OCCUPATION</b>			
Management, business, science, and arts occupations	36.1%	33.6%	40.0%
Service occupations	18.3%	16.9%	15.8%
Sales and office occupations	24.5%	25.5%	28.0%
Natural resources, construction, and maintenance occupations	9.0%	9.0%	6.1%
Production, transportation, and material moving occupations	12.2%	15.1%	10.0%
<b>INDUSTRY</b>			
Agriculture, forestry, fishing and hunting, and mining	2.0%	1.1%	0.3%
Construction	6.2%	6.5%	5.3%
Manufacturing	10.5%	12.8%	7.9%
Wholesale trade	2.6%	2.6%	1.9%
Retail trade	11.6%	12.2%	10.8%
Transportation and warehousing, and utilities	4.9%	6.3%	4.0%
Information	2.1%	2.0%	3.5%
Finance and insurance, and real estate and rental and leasing	6.6%	5.7%	7.1%
Professional, scientific, and management, and administrative and waste management services	10.9%	9.2%	13.0%
Educational services, and health care and social assistance	23.2%	23.3%	24.4%
Arts, entertainment, and recreation, and accommodation and food services	9.6%	9.3%	12.3%
Other services, except public administration	5.0%	4.8%	4.8%
Public administration	4.9%	4.3%	4.7%
<b>CLASS OF WORKER</b>			
Private wage and salary workers	79.2%	79.1%	82.0%
Government workers	14.5%	14.2%	11.2%
Self-employed in own not incorporated business workers	6.1%	6.6%	6.7%
Unpaid family workers	0.2%	0.1%	0.1%



**Poverty/Income - 2012 American Community Survey (U.S. Census Bureau)**

	United States	Tennessee	Davidson County
<b>HOUSEHOLD INCOME AND BENEFITS (IN 2012 INFLATION-ADJUSTED)</b>			
Less than \$10,000	7.7%	9.0%	8.6%
\$10,000 to \$14,999	5.6%	7.0%	6.5%
\$15,000 to \$24,999	11.1%	13.0%	12.1%
\$25,000 to \$34,999	10.4%	12.5%	12.7%
\$35,000 to \$49,999	13.8%	14.9%	14.9%
\$50,000 to \$74,999	18.0%	18.0%	17.4%
\$75,000 to \$99,999	11.9%	10.6%	11.2%
\$100,000 to \$149,999	12.4%	9.2%	9.3%
\$150,000 to \$199,999	4.6%	2.9%	3.5%
\$200,000 or more	4.6%	2.8%	3.8%
With earnings	77.7%	75.6%	82.5%
With Social Security	29.3%	32.2%	22.3%
With retirement income	18.0%	18.6%	13.0%
With Supplemental Security Income	5.4%	5.6%	4.5%
With cash public assistance income	2.9%	3.4%	4.8%
With Food Stamp/SNAP benefits in the past 12 months	13.6%	17.7%	16.4%
<b>PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL</b>			
All families	11.8%	13.7%	14.0%
With related children under 18 years	18.8%	21.9%	23.3%
With related children under 5 years only	19.3%	23.3%	18.7%
Married couple families	5.8%	6.8%	6.9%
With related children under 18 years	8.7%	10.1%	11.6%
With related children under 5 years only	7.1%	8.6%	5.8%
Families with female householder, no husband present	31.8%	36.0%	30.3%
With related children under 18 years	41.5%	46.4%	39.3%
With related children under 5 years only	48.0%	56.3%	42.7%
All people	15.9%	17.9%	18.9%
Under 18 years	22.6%	25.8%	29.4%
Related children under 18 years	22.3%	25.5%	29.1%
Related children under 5 years	25.6%	28.9%	30.3%
Related children 5 to 17 years	21.0%	24.2%	28.5%
18 years and over	13.9%	15.5%	16.0%
18 to 64 years	14.8%	16.8%	17.0%
65 years and over	9.5%	10.0%	9.4%
People in families	13.4%	15.4%	16.8%
Unrelated individuals 15 years and over	26.7%	29.3%	24.5%

**Households - 2012 American Community Survey (U.S. Census Bureau)**

	United States	Tennessee	Davidson County
<b>HOUSEHOLDS BY TYPE</b>			
Family households (families)	66.0%	66.2%	54.2%
With own children under 18 years	29.0%	27.5%	23.3%
Married-couple family	48.1%	48.4%	36.2%
With own children under 18 years	19.3%	18.0%	13.9%
Male householder, no wife present, family	4.8%	4.5%	4.4%
With own children under 18 years	2.3%	2.3%	1.8%
Female householder, no husband present, family	13.1%	13.3%	13.6%
With own children under 18 years	7.3%	7.2%	7.6%
Nonfamily households	34.0%	33.8%	45.8%
Householder living alone	27.8%	28.5%	36.5%
65 years and over	9.9%	9.8%	8.0%
Households with one or more people under 18 years	32.4%	31.4%	26.2%
Households with one or more people 65 years and over	26.0%	26.1%	19.3%
<b>RELATIONSHIP</b>			
Householder	37.9%	39.3%	41.4%
Spouse	18.2%	19.1%	14.9%
Child	30.7%	29.5%	27.7%
Other relatives	7.3%	7.0%	7.4%
Nonrelatives	5.9%	5.1%	8.6%
Unmarried partner	2.3%	2.0%	2.7%
<b>MARITAL STATUS - MALES</b>			
Never married	36.0%	32.2%	42.4%
Now married, except separated	49.8%	51.2%	41.5%
Separated	1.9%	2.0%	2.1%
Widowed	2.5%	2.7%	2.1%
Divorced	9.8%	11.9%	11.9%
<b>MARITAL STATUS - FEMALES</b>			
Never married	29.6%	26.4%	38.1%
Now married, except separated	46.3%	47.2%	36.7%
Separated	2.5%	2.5%	2.6%
Widowed	9.2%	9.9%	7.9%
Divorced	12.4%	14.0%	14.7%

<b>School/Education/Disability/Residence/Ancestry - 2012 American Community Survey (U.S. Census</b>			
	United States	Tennessee	Davidson County
<b>SCHOOL ENROLLMENT</b>			
Nursery school, preschool	6.1%	5.8%	5.8%
Kindergarten	5.1%	5.2%	4.4%
Elementary school (grades 1-8)	39.6%	41.4%	36.4%
High school (grades 9-12)	20.5%	21.1%	16.4%
College or graduate school	28.8%	26.5%	37.0%
<b>EDUCATIONAL ATTAINMENT (Over age 25)</b>			
Less than 9th grade	5.8%	5.7%	4.9%
9th to 12th grade, no diploma	7.9%	9.1%	7.7%
High school graduate (includes equivalency)	28.0%	33.1%	24.3%
Some college, no degree	21.3%	21.3%	20.3%
Associate's degree	8.0%	6.5%	5.7%
Bachelor's degree	18.2%	15.7%	23.5%
Graduate or professional degree	10.9%	8.6%	13.5%
Percent high school graduate or higher	86.4%	85.1%	87.3%
Percent bachelor's degree or higher	29.1%	24.3%	37.0%
<b>VETERAN STATUS</b>			
Civilian veterans	8.9%	9.6%	7.3%
<b>DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION</b>			
With a disability	12.2%	15.1%	11.7%
Under 18 With a disability	4.1%	4.6%	3.8%
18-64 With a disability	10.1%	13.5%	10.0%
65 and Over With a disability	35.9%	39.8%	38.8%
<b>RESIDENCE 1 YEAR AGO</b>			
Same house	85.0%	84.6%	80.0%
Different house in the U.S.	14.4%	15.1%	19.4%
Same county	9.0%	9.1%	11.6%
Different county	5.4%	5.9%	7.8%
Same state	3.2%	3.1%	3.4%
Different state	2.3%	2.8%	4.4%
Abroad	0.6%	0.3%	0.7%
<b>ANCESTRY</b>			
American	7.5%	17.3%	8.0%
Arab	0.6%	0.4%	1.6%
Czech	0.5%	0.2%	0.2%
Danish	0.4%	0.1%	0.2%
Dutch	1.4%	1.2%	0.8%
English	8.0%	9.9%	7.8%
French (except Basque)	2.7%	1.6%	1.7%
French Canadian	0.6%	0.3%	0.4%
German	14.9%	10.0%	9.2%
Greek	0.4%	0.2%	0.1%
Hungarian	0.5%	0.2%	0.2%
Irish	10.9%	10.5%	8.8%
Italian	5.5%	2.2%	2.5%
Lithuanian	0.2%	0.1%	0.2%
Norwegian	1.4%	0.4%	0.7%
Polish	3.0%	1.0%	1.1%
Portuguese	0.4%	0.1%	0.1%
Russian	0.9%	0.4%	0.6%
Scotch-Irish	1.0%	2.1%	2.0%
Scottish	1.7%	2.0%	2.0%
Slovak	0.2%	0.1%	0.0%
Subsaharan African	1.0%	0.9%	1.9%
Swedish	1.3%	0.5%	0.7%
Swiss	0.3%	0.2%	0.2%
Ukrainian	0.3%	0.1%	0.1%
Welsh	0.6%	0.5%	0.6%
West Indian (excluding Hispanic origin groups)	0.9%	0.2%	0.3%

Age Categories - Davidson County, 2008-2012 American Community Survey, 5-Year Summary (U. S. Census Bureau)

Metro Council District	Under 5 years	5 to 14 years	15 to 17 years	18 to 24 years	15 to 44 years	18 years and over	60 years and over	62 years and over	65 years and over	75 years and over	Median age	Age dependency ratio
1	5.0%	11.0%	3.7%	6.0%	34.2%	80.4%	26.8%	22.8%	18.5%	7.7%	44.9	61.6
2	7.8%	13.0%	4.2%	14.2%	40.1%	74.9%	18.3%	16.1%	13.1%	6.1%	34.3	61.9
3	6.6%	14.5%	4.7%	7.4%	38.8%	74.2%	18.6%	15.7%	12.3%	5.9%	38.6	61.4
4	5.9%	11.5%	2.6%	7.7%	39.1%	80.0%	22.5%	19.3%	16.4%	9.4%	39.3	57.3
5	10.6%	13.3%	4.7%	11.4%	45.5%	71.4%	12.9%	11.1%	9.1%	3.8%	30.2	60.4
6	6.4%	11.3%	3.4%	10.4%	51.5%	78.9%	10.7%	8.1%	5.8%	2.3%	33.2	36.8
7	6.0%	13.1%	3.2%	9.1%	43.4%	77.7%	17.0%	13.8%	11.2%	5.3%	37.1	50.3
8	8.3%	9.7%	2.7%	8.5%	43.6%	79.3%	15.4%	13.0%	10.8%	5.1%	35.2	45.9
9	7.1%	12.7%	4.4%	11.0%	44.1%	75.8%	16.3%	13.9%	10.8%	4.1%	34.8	53.9
10	6.1%	11.1%	2.9%	11.2%	40.9%	79.9%	19.8%	17.3%	13.9%	7.0%	36.4	51.7
11	6.2%	10.6%	3.0%	6.2%	36.9%	80.2%	22.6%	20.1%	17.3%	8.8%	41.7	59.0
12	8.5%	12.9%	3.7%	9.9%	46.5%	74.9%	12.2%	10.2%	7.7%	2.5%	32.8	48.7
13	10.1%	11.6%	1.6%	9.6%	49.6%	76.7%	10.0%	8.2%	6.2%	2.5%	31.1	41.8
14	5.3%	11.9%	2.1%	10.9%	47.1%	80.8%	13.4%	12.3%	10.1%	4.3%	36.4	41.4
15	7.2%	10.3%	2.8%	7.9%	44.1%	79.6%	19.1%	16.2%	13.8%	8.1%	37.1	52.0
16	8.8%	12.6%	2.4%	12.2%	47.4%	76.3%	12.8%	11.3%	9.8%	5.0%	31.9	50.4
17	8.0%	11.1%	3.2%	13.6%	42.6%	77.7%	17.4%	16.0%	12.8%	6.8%	33.6	54.1
18	3.3%	4.5%	0.8%	45.6%	73.7%	91.4%	7.9%	6.6%	5.6%	2.7%	23.4	16.5
19	5.7%	9.6%	2.6%	23.4%	58.4%	82.1%	10.1%	8.3%	6.4%	2.4%	28.3	32.1
20	8.0%	9.6%	2.8%	8.1%	50.7%	79.6%	15.5%	12.7%	9.5%	3.9%	33.8	42.6
21	5.7%	10.6%	4.7%	27.3%	54.1%	79.0%	14.0%	12.1%	9.9%	4.2%	25.7	44.7
22	4.9%	6.7%	3.6%	8.8%	44.8%	84.8%	22.4%	19.1%	16.0%	7.6%	40.9	45.3
23	5.3%	11.9%	4.0%	7.4%	38.6%	78.8%	21.3%	18.6%	15.0%	8.0%	41.1	56.8
24	6.7%	8.5%	2.2%	10.5%	50.5%	82.6%	18.5%	17.0%	14.2%	6.2%	33.7	46.2
25	4.6%	7.2%	2.9%	17.2%	50.8%	85.3%	20.4%	17.8%	15.3%	8.4%	33.8	42.8
26	7.8%	13.8%	2.2%	9.1%	43.9%	76.3%	16.2%	13.8%	10.6%	5.4%	34.6	52.2
27	9.0%	14.2%	2.7%	10.9%	50.7%	74.0%	11.8%	10.6%	9.2%	5.7%	29.9	54.3
28	7.5%	13.2%	4.0%	11.0%	53.3%	75.3%	7.0%	6.0%	4.8%	1.4%	31.6	41.7
29	7.5%	10.3%	4.5%	11.1%	49.6%	77.7%	12.0%	10.2%	7.9%	2.2%	34.0	43.2
30	9.6%	13.7%	3.0%	11.8%	50.5%	73.8%	10.5%	9.1%	7.4%	3.3%	30.1	50.7
31	7.2%	11.3%	2.5%	6.8%	48.0%	79.0%	13.6%	11.3%	8.2%	3.0%	35.3	41.2
32	9.4%	13.4%	4.1%	11.6%	52.5%	73.1%	6.7%	5.0%	3.6%	1.3%	30.1	43.9
33	7.2%	12.4%	3.4%	10.1%	52.1%	76.9%	8.8%	7.8%	6.0%	2.1%	31.5	40.9
34	4.5%	13.6%	4.1%	5.4%	31.4%	77.8%	25.4%	22.8%	18.4%	9.6%	45.2	68.3
35	7.9%	13.3%	3.7%	6.9%	38.8%	75.1%	16.8%	13.7%	10.1%	4.3%	38.9	53.7

**Income and Occupations - Davidson County, 2008-2012 American Community Survey 5-Year Summary (U. S. Census Bureau)**

Metro Council District	Median Household Income	Per Capita Income	Management, business, science & arts occupations	Service occupations	Sales and office occupations	Natural resources, construction, and maintenance occupations	Production, transportation, and material moving occupations
1	\$ 57,970	\$ 24,271	36.6%	17.9%	27.5%	7.3%	10.7%
2	\$ 28,536	\$ 17,868	23.3%	25.9%	26.8%	7.0%	17.0%
3	\$ 42,205	\$ 21,419	25.0%	21.2%	30.0%	6.9%	17.0%
4	\$ 35,892	\$ 21,075	25.5%	18.9%	26.1%	12.0%	17.5%
5	\$ 28,939	\$ 15,022	17.6%	24.6%	34.2%	10.1%	13.5%
6	\$ 38,140	\$ 25,221	44.7%	16.6%	28.1%	2.9%	7.8%
7	\$ 39,476	\$ 20,383	33.8%	22.7%	26.2%	6.6%	10.7%
8	\$ 42,302	\$ 22,463	33.3%	15.0%	30.9%	7.5%	13.3%
9	\$ 33,989	\$ 19,092	20.9%	20.7%	30.3%	12.0%	16.1%
10	\$ 45,051	\$ 23,480	28.6%	17.9%	33.5%	7.9%	12.1%
11	\$ 46,925	\$ 27,223	33.7%	19.2%	28.4%	7.7%	10.9%
12	\$ 56,662	\$ 27,782	40.0%	13.5%	30.4%	5.5%	10.7%
13	\$ 42,089	\$ 20,936	28.1%	22.2%	26.1%	10.4%	13.2%
14	\$ 44,907	\$ 24,573	34.9%	19.7%	27.0%	9.3%	9.0%
15	\$ 44,060	\$ 23,218	35.5%	18.1%	25.8%	8.7%	11.8%
16	\$ 34,181	\$ 17,684	22.4%	18.4%	23.6%	19.9%	15.8%
17	\$ 21,052	\$ 19,151	35.6%	20.0%	28.3%	5.7%	10.4%
18	\$ 57,317	\$ 39,101	57.5%	14.2%	23.9%	2.4%	2.0%
19	\$ 23,540	\$ 24,272	42.8%	23.7%	22.3%	2.2%	8.9%
20	\$ 39,567	\$ 17,618	26.0%	27.5%	22.4%	11.3%	12.7%
21	\$ 25,480	\$ 15,236	32.7%	23.2%	30.7%	3.9%	9.5%
22	\$ 53,596	\$ 33,977	52.4%	10.0%	29.2%	3.9%	4.5%
23	\$ 74,388	\$ 60,611	63.8%	9.4%	22.0%	2.9%	1.9%
24	\$ 62,196	\$ 51,468	59.7%	12.6%	21.8%	1.9%	4.0%
25	\$ 79,054	\$ 60,200	62.5%	10.8%	21.8%	1.2%	3.7%
26	\$ 43,866	\$ 23,498	36.0%	16.3%	29.1%	6.9%	11.8%
27	\$ 41,349	\$ 22,029	39.9%	17.8%	24.7%	7.3%	10.3%
28	\$ 40,547	\$ 16,972	20.3%	21.1%	28.3%	11.2%	19.1%
29	\$ 49,372	\$ 25,520	33.5%	16.9%	29.8%	5.6%	14.1%
30	\$ 36,891	\$ 15,944	15.2%	23.8%	21.0%	23.0%	17.0%
31	\$ 77,961	\$ 41,634	55.1%	9.7%	28.4%	3.8%	2.9%
32	\$ 48,573	\$ 24,685	32.6%	17.4%	32.8%	5.9%	11.3%
33	\$ 46,283	\$ 23,798	32.1%	18.2%	33.5%	6.6%	9.7%
34	\$ 117,543	\$ 73,258	68.5%	5.2%	22.2%	1.9%	2.3%
35	\$ 88,766	\$ 40,089	57.2%	9.5%	24.5%	4.2%	4.6%

Poverty Rate, Davidson County - 2008-2012 American Community Survey 5- Year Summary (U. S. Census Bureau)

Metro Council District	All People	All families	Under 18 years	18 to 64 years	65 years and over	All families	Married couple families	Single Mother Household with child under age 5
1	13.1%	8.5%	25.6%	10.6%	7.4%	8.5%	5.0%	9.3%
2	34.7%	29.2%	54.0%	29.2%	23.4%	29.2%	8.3%	75.9%
3	19.2%	15.5%	30.7%	16.4%	8.7%	15.5%	6.7%	18.4%
4	22.6%	17.0%	39.8%	19.6%	13.4%	17.0%	5.0%	68.1%
5	35.0%	31.4%	52.5%	30.1%	12.5%	31.4%	13.6%	58.2%
6	34.1%	31.4%	66.3%	25.9%	17.6%	31.4%	7.2%	92.7%
7	17.5%	12.3%	22.7%	16.2%	14.8%	12.3%	8.0%	9.8%
8	22.4%	19.5%	39.4%	19.1%	10.5%	19.5%	7.0%	77.3%
9	27.7%	22.8%	34.6%	27.1%	15.5%	22.8%	8.9%	32.5%
10	11.8%	8.9%	18.7%	10.9%	6.1%	8.9%	5.0%	19.4%
11	12.0%	6.9%	8.0%	13.6%	10.6%	6.9%	3.5%	0.0%
12	14.2%	11.2%	25.1%	11.2%	6.3%	11.2%	4.8%	23.6%
13	23.2%	22.3%	39.3%	19.2%	8.3%	22.3%	16.5%	73.6%
14	13.1%	10.1%	17.7%	12.9%	6.0%	10.1%	8.1%	100.0%
15	18.8%	14.7%	34.9%	16.7%	5.4%	14.7%	9.0%	35.4%
16	27.6%	21.2%	40.8%	25.7%	8.7%	21.2%	17.1%	45.7%
17	39.0%	33.5%	65.6%	32.8%	22.4%	33.5%	7.6%	87.3%
18	15.9%	3.4%	0.0%	18.8%	11.5%	3.4%	3.8%	-
19	44.4%	41.5%	70.1%	38.8%	31.4%	41.5%	10.6%	97.9%
20	23.8%	19.4%	41.0%	19.9%	10.3%	19.4%	6.0%	41.3%
21	40.3%	41.5%	66.5%	33.5%	22.3%	41.5%	14.1%	65.6%
22	8.1%	7.0%	7.0%	9.0%	5.3%	7.0%	5.8%	21.2%
23	7.3%	3.7%	12.6%	6.5%	3.0%	3.7%	1.3%	0.0%
24	13.8%	9.6%	23.4%	12.2%	9.8%	9.6%	2.5%	70.6%
25	9.0%	1.9%	1.3%	11.9%	3.7%	1.9%	0.5%	-
26	22.8%	17.6%	42.2%	17.8%	10.7%	17.6%	13.9%	19.1%
27	27.9%	25.1%	48.8%	22.1%	8.8%	25.1%	20.9%	81.2%
28	20.6%	17.8%	33.1%	16.8%	3.1%	17.8%	16.7%	43.1%
29	8.5%	3.2%	7.0%	9.4%	4.1%	3.2%	2.0%	0.0%
30	25.0%	20.9%	37.7%	21.6%	10.5%	20.9%	14.8%	21.6%
31	5.9%	3.4%	9.6%	5.4%	0.5%	3.4%	1.5%	8.0%
32	12.8%	10.2%	17.1%	11.7%	2.5%	10.2%	4.6%	31.6%
33	10.5%	9.1%	12.3%	9.6%	14.6%	9.1%	3.7%	36.2%
34	3.0%	1.2%	1.2%	3.4%	3.6%	1.2%	0.9%	-
35	4.9%	2.6%	3.6%	5.5%	4.0%	2.6%	1.3%	100.0%

**Miscellaneous - Davidson County, 2008-2012 American Community Survey, 5-Year Summary (U. S. Census Bureau)**

Metro Council District	% HS grad	% Bachelor or Higher	Civilian veterans	With a disability	Married, not separated	Householder living alone	Households including someone under 18	Households including someone 65 and over	No vehicle available
1	85.1%	25.5%	12.9%	13.9%	46.4%	22.2%	29.7%	32.5%	3.5%
2	81.5%	17.8%	8.9%	18.4%	18.7%	34.1%	33.1%	26.1%	19.8%
3	81.5%	18.5%	8.8%	14.9%	37.3%	27.5%	34.5%	21.7%	9.4%
4	84.1%	18.5%	9.2%	15.0%	34.7%	41.3%	24.2%	27.7%	14.9%
5	71.5%	15.5%	8.3%	16.2%	25.2%	28.6%	38.6%	20.2%	13.7%
6	81.4%	37.1%	6.3%	14.5%	26.8%	43.1%	22.9%	10.0%	18.5%
7	80.2%	24.7%	10.3%	17.4%	36.0%	30.9%	27.8%	21.7%	8.6%
8	77.7%	26.3%	8.7%	15.5%	37.0%	35.5%	26.0%	18.9%	9.0%
9	72.2%	11.9%	8.3%	16.9%	31.9%	36.3%	31.4%	20.4%	11.3%
10	84.5%	23.3%	12.7%	13.3%	38.9%	32.8%	27.4%	23.2%	4.4%
11	86.5%	24.0%	11.2%	16.8%	47.8%	34.1%	25.0%	29.7%	6.3%
12	93.1%	35.7%	10.3%	9.0%	43.7%	26.4%	33.0%	16.2%	2.7%
13	81.9%	29.8%	6.0%	8.8%	38.9%	37.1%	28.8%	10.4%	4.6%
14	86.3%	24.5%	8.5%	11.1%	38.2%	44.2%	20.3%	16.2%	3.2%
15	86.0%	29.6%	10.5%	12.2%	41.4%	34.1%	29.0%	24.4%	3.4%
16	73.9%	16.6%	5.5%	12.5%	36.2%	38.4%	29.2%	18.7%	8.2%
17	78.7%	28.3%	7.3%	17.5%	21.0%	49.8%	22.5%	21.3%	28.0%
18	95.9%	73.1%	3.7%	5.0%	22.6%	44.8%	15.1%	14.0%	7.7%
19	80.0%	35.3%	4.3%	14.5%	13.7%	54.8%	19.7%	12.1%	25.5%
20	74.2%	17.0%	8.1%	12.0%	30.7%	38.7%	27.9%	20.4%	6.0%
21	81.8%	24.8%	6.9%	14.9%	11.6%	50.9%	24.8%	20.2%	23.6%
22	93.1%	46.9%	7.8%	12.3%	41.4%	40.1%	19.3%	25.1%	2.5%
23	96.5%	66.1%	7.6%	8.7%	48.2%	35.9%	23.8%	24.3%	2.3%
24	93.4%	63.5%	5.4%	9.9%	39.0%	43.9%	18.4%	22.3%	6.3%
25	98.7%	71.9%	7.2%	7.9%	36.8%	39.8%	18.9%	24.7%	6.5%
26	83.3%	35.2%	8.2%	11.3%	44.6%	32.9%	29.7%	20.5%	7.0%
27	84.8%	37.4%	7.4%	8.6%	33.9%	37.1%	31.4%	15.6%	5.8%
28	76.0%	18.0%	7.5%	9.4%	40.7%	28.4%	41.0%	11.4%	3.8%
29	89.0%	30.3%	8.1%	8.6%	39.9%	30.5%	29.6%	13.3%	2.3%
30	69.9%	12.7%	5.2%	9.2%	38.7%	24.9%	38.8%	16.9%	7.5%
31	96.9%	58.4%	6.5%	4.4%	53.3%	30.6%	26.9%	13.1%	1.0%
32	91.0%	31.7%	7.4%	6.1%	40.1%	31.0%	38.7%	7.2%	3.3%
33	91.8%	31.4%	10.2%	5.9%	37.8%	36.5%	29.8%	9.3%	3.9%
34	98.0%	74.3%	9.5%	7.7%	59.5%	25.0%	26.8%	31.0%	2.5%
35	95.2%	56.0%	7.7%	7.1%	61.1%	21.5%	35.8%	18.2%	1.0%

# Community Needs Survey – Davidson County, Tennessee

YOUR OPINION IS IMPORTANT TO US

Metropolitan Social Services wants to know what you think are the greatest social service needs in Nashville. We're asking a lot of people in Nashville to take this survey, and the results will be used for evaluating and planning social services for Davidson County, and will be shared with community leaders and on our web site. **All answers are confidential, so please do not write your name on the survey.** Choose one answer for each question and fill in the circle next to your answer. Thank you!

Please fill in circles like this:  NOT with an X or a ✓

1. Please indicate the ZIP CODE where you live: \_\_\_\_\_

2. Please mark Nashville's greatest need in FOOD & NUTRITION.

- Food Boxes/Food Pantries
- Food for Elderly or Disabled Persons
- Food for Infants and Young Children
- Food for School Children
- Food Stamps
- Other (please specify) \_\_\_\_\_

3. Please mark Nashville's greatest need in HOUSING & RELATED ASSISTANCE.

- Emergency Shelter
- Help Paying Mortgage Payments
- Help Paying Utility Bills
- Help with Rent Payments
- Homeowner Education and Training
- Public Housing Units
- Section 8 Vouchers
- Other (please specify) \_\_\_\_\_

4. Please mark Nashville's greatest need in HEALTH.

- Preventive Care
- Basic Health Care for Uninsured and Underserved
- Specialty Care (dental, vision, etc.)
- Mental Health Care or Substance Abuse Treatment
- Other (please specify) \_\_\_\_\_

Please turn this page over. A few more questions are on the back. THANK YOU.



5. Please mark Nashville's greatest need in WORKFORCE & ECONOMIC OPPORTUNITY.

- College or Junior College
- GED Assistance, Adult Education
- Help Finding a Job/Job Placement
- Job Training
- Life Skills Counseling, Case Management
- Public Benefits, including SSI, SSA, TANF, etc.
- Training About Money and Finances
- Vocational Training
- Other (please specify) \_\_\_\_\_

6. Please mark Nashville's greatest need in HOME & COMMUNITY BASED SERVICES.

- Child Care Closer to My Home
- Help Paying for Child Care
- Homemaker Services for Elderly or Disabled People
- Homemaker Services for Relative Caregivers (raising the children of relatives)
- More Infant Child Care
- Other (please specify) \_\_\_\_\_

7. Please mark Nashville's greatest need in NEIGHBORHOOD DEVELOPMENT.

- Crime Prevention/Public Safety
- Diverse Housing Options
- Access to Public Transportation
- Active Neighborhood Associations
- Other (please specify) \_\_\_\_\_

8. Which social/human service need has the largest gap between the services now available and what is needed?

- Food & Nutrition
- Health
- Home & Community Based Services for Adults/Seniors
- Child Care
- Housing & Related Assistance
- Neighborhood Development
- Transportation
- Workforce & Economic Development
- Other (please specify) \_\_\_\_\_

Other Comments?