

2014 Community Needs Evaluation

6th Annual Edition



Metropolitan Social Services

Planning & Coordination – Social Data Analysis
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
800 Second Avenue North, Nashville, Tennessee 37201

615-862-6458 – Direct Services
615-862-6494 – Planning & Coordination-Social Data Analysis

2014 COMMUNITY NEEDS EVALUATION

METROPOLITAN SOCIAL SERVICES – PLANNING & COORDINATION-SOCIAL DATA ANALYSIS

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ONLINE RESOURCES

- 2014 Community Needs Evaluation and previous Community Needs Evaluations - <http://www.nashville.gov/Social-Services/Planning-And-Coordination/Community-Needs.aspx>
- Additional maps - <http://www.nashville.gov/Social-Services/Planning-And-Coordination/Maps.aspx>
- Issue Papers and Reports - <http://www.nashville.gov/Social-Services/Planning-And-Coordination/Resource-Guides-and-Reports.aspx>
- Newsletters - <http://www.nashville.gov/Social-Services/Newsletters-and-Videos.aspx>

KARL F. DEAN
MAYOR

RENEE PRATT
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



METROPOLITAN SOCIAL SERVICES
800 Second Avenue North
Nashville, Tennessee 37201

Mailing Address:
P. O. Box 196300
Nashville, Tennessee 37219-6300

Message from the Metropolitan Social Services Commission

Mary Rolando, Board Chair

Metropolitan Social Services is pleased to present the 6th 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 2014 Community Needs Evaluation report uses a broad approach to describe complex factors related to poverty and unmet needs, including sections on Food & Nutrition, Health & Human Development, Housing & Neighborhoods, Aging & Disability and Workforce & Economic Opportunity. Data from national sources (U. S. Census Bureau, U. S. Bureau of Labor Statistics, etc.) and local sources (Grassroots Community Survey collected since 2009, United Way's 2-1-1 data collected since 2007 and data from Nashville's new Financial Assistance Coalition) reflect economic and social disparities in Davidson County.

For the fourth 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.

Special thanks are due the work of the Metro Social Services Executive Director, Renee Pratt, Planning & Coordination/Social Data Analyst Director Dinah Gregory, and Social Data Analysts Abdelghani Barre, Lee Stewart, 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.

Sincerely,

Mary Rolando

Board Chair
Metropolitan Social Services

Status of Davidson County

Many Davidson County residents live in challenging situations, such as in poverty or near-poverty, in inadequate housing or in disadvantaged neighborhoods. As described in previous editions of the Community Needs Evaluation, there is tremendous variation in the social and economic circumstances for Nashvillians, influenced by age, race, ethnicity, gender, educational attainment and other characteristics.

Some of Nashville is prosperous, with the household income of 24.7% of residents exceeding \$100,000, compared to 23.9% of households with income below \$25,000. Data in this report describes many who continue to struggle with low-incomes and poverty. Nashville, like much of the U.S., has experienced slow recovery after the 2007-2009 Great Recession. There was a slight drop in Davidson County's 2012 poverty from 18.9% (about 122,000 people) to 17.8% (about 117,000 people in a population of 658,602) for 2013, but still higher than the 2007 poverty rate of 11.4%.



According to the U. S. Census Bureau's 2013 American Community Survey (released in Fall 2014):

- 30.5% of Davidson County residents under age 18 lived in poverty, with 39.6% single mothers of children under 18 in poverty.
- 30,467 Davidson County households had incomes less than \$15,000.
- Davidson County residents in poverty included 13.6% White, 24.9% Black, 12% Asian, and 30.9% Hispanic.
- In Davidson County, 12.7% of adults do not have a high school education and 27.1% of those live in poverty, compared to 5.3% of college graduates in poverty.

The Local Studies and Information section demonstrates the types of unmet needs in Nashville, using data from a variety of sources. As in past years, United Way's 2-1-1 data, Grassroots Community Survey data (almost 7,000 Davidson County residents have been surveyed since 2009) and Metro Social Services program services data was used. In addition, this 2014 Community Needs Evaluation includes data collected from the Financial Assistance Coalition comprised of Nashville organizations that provide financial assistance to those in need.

The combined local data and data from the U.S. Census and other sources suggest a continuing unmet need for financial assistance for basic needs, particularly rental payments and utility bills. As discussed in the Local Studies and Information section, the Financial Assistance Coalition data indicates that there is a substantial shortfall between the need for financial assistance and the resources available. Another frequently identified unmet need is for help finding a job, followed by job training and food.



Methodology

The 2014 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, Aging & Disability and Workforce and Economic Opportunity. It includes 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.

Planning & Coordination/Social Data Analysis was created by Metropolitan Social Services to enhance awareness about poverty, to identify unmet social/human service needs and to facilitate collaborations, as well as encouraging evidence-based practices. Community Needs Evaluations are provided to Davidson County to provide key information about people who live in our community, with demographic, social and socioeconomic data and data about unmet need in the areas of Aging & Disability, Food & Nutrition, Health & Human Development, Housing & Neighborhoods and Workforce & Economic Opportunity. The need in Nashville is great and it takes many organizations working together to address the issues.

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

Primary Data

For the sixth 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 2014, 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).
- The 2014 Grassroots Community Survey was conducted with 360 customers from social service organizations, including Goodwill Industries, Habitat for Humanity, Metro Nashville Health Department, Financial Empowerment Center, Nashville CARES and Project Return.

The Local Studies and Information section demonstrates the types of unmet needs in Nashville, from United Way's 2-1-1 data and Metro Social Services program services data. In addition, this 2014 Community Needs Evaluation includes data collected from the Financial Assistance Coalition that includes Nashville organizations that provide financial assistance to those in need. The Financial Assistance Coalition data was from Ladies of Charity, Nashville Financial Empowerment Center, NeedLink, Project Return, Rooftop, St. Luke's Community House and Metropolitan Action Commission.

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 2013 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 Supplemental Poverty Measure data from the CPS was used, which compared the official poverty measure with the supplemental poverty measure.

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

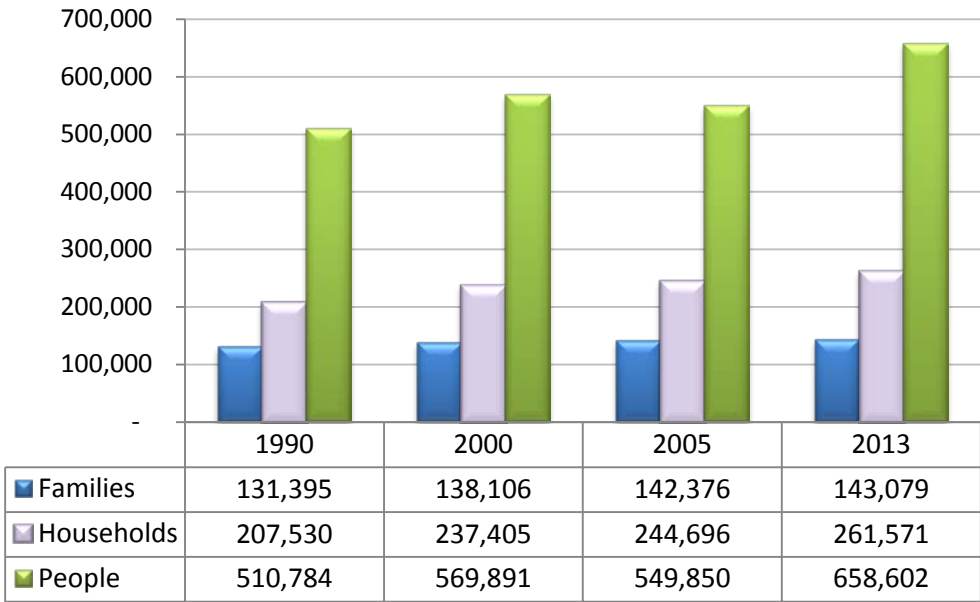
An Executive Summary has been developed for the 2014 Community Needs Evaluation. The summary and the full evaluation are both available online - <http://www.nashville.gov/Social-Services/Planning-And-Coordination/Community-Needs.aspx>.

Demographic and Social Profile

This section provides demographic and social data about Davidson County, Tennessee and the United States. The most recent data from the U. S. Census Bureau was used, including the 2013 American Community Survey that was released on September 23, 2014. Limited information is provided from the U. S. Census Bureau’s Current Population Survey and other census products as noted.

Chart 1 reflects a gradual increase in the number of families, households and people, from 1990 through 2013.

Chart 1: Number of Families, Households and People
Davidson County, 1990, 2000, 2005, 2013



Source: U. S. Census Bureau, 1990 and 2000 Census, 2005 and 2013 American Community Survey

The table below shows the average/mean size of households and families in Davidson County, in 1990, 2000, 2005 and 2013. It reflects the modest changes that occurred, with the average household size the same in 2014 as it was in 1990. The average family size increased slightly to 3.3 in 2013 from 3.0 in 1990.

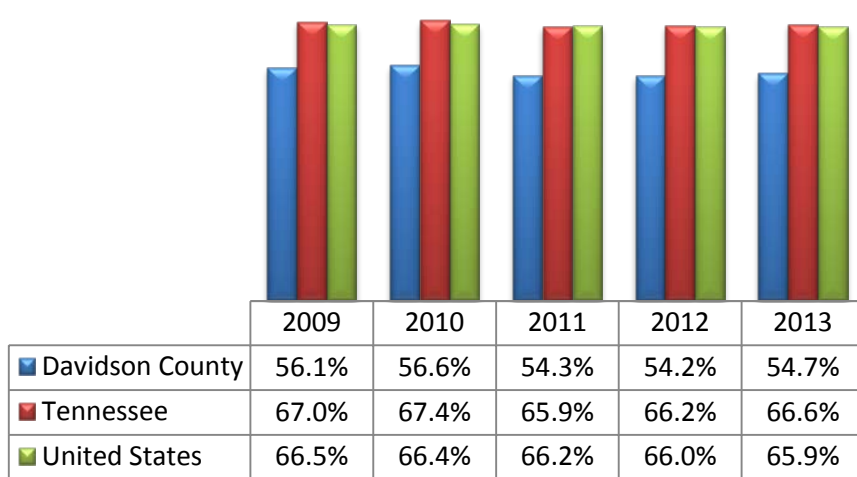
Size of Household by Type	1990	2000	2005	2013	Trend
Average household size	2.4	2.3	2.3	2.4	— — — ■
Average family size	3.0	3.0	2.9	3.3	— — — ■

While Davidson County’s population generally has increased over time, there have been fluctuations, such as the decrease in 2005.

Gender	1990	2000	2005	2013	Trend
Male	242,492	275,865	266,684	318,763	— — — ■
Female	268,292	294,026	283,166	339,839	— — — ■

Chart 2 shows that the percent of family households is noticeably lower in Davidson County than for the State of Tennessee and the United States. Family households include related family persons, while nonfamily households generally include a householder living alone or with nonrelatives.

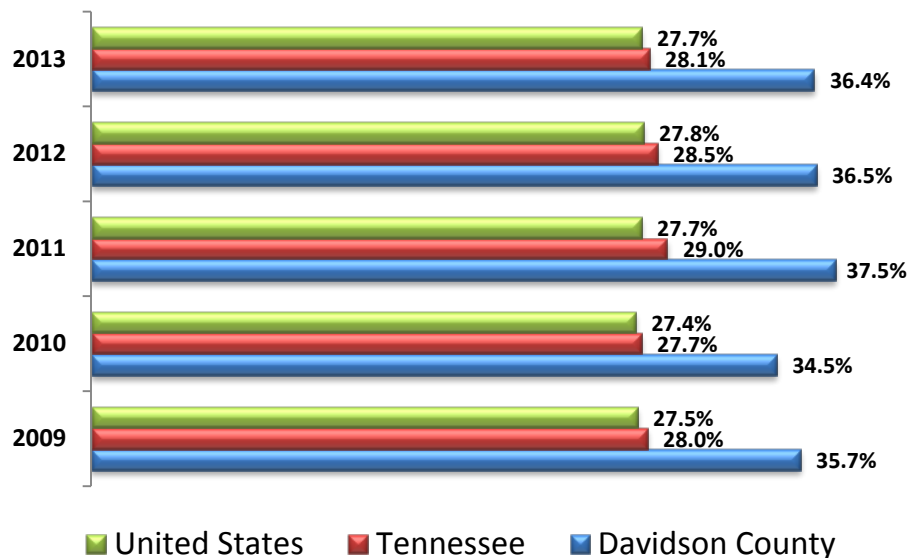
Chart 2: Percent of Family Households
U. S., Tennessee, Davidson County, 2009-2013



Source: U. S. Census Bureau, 2009-2013 American Community Survey

As shown in Chart 3, Davidson County’s percentage of householders living alone at 36.4% in 2013 is considerably higher than Tennessee and the U.S. This is consistent with Davidson County’s lower percent of family households. A nationwide trend has been noted of the increase in people living alone, particularly older people.

Chart 3: Percentage of Householders Living Alone
U. S., Tennessee, Davidson County, 2009-2013



Source: U. S. Census Bureau, 2009-2013 American Community Surveys

Chart 4 shows the percent enrolled in various levels of school, comparing Davidson County with Tennessee and the U.S. It reflects the slightly lower enrollment in Davidson County, except for the category “college or graduate school.”

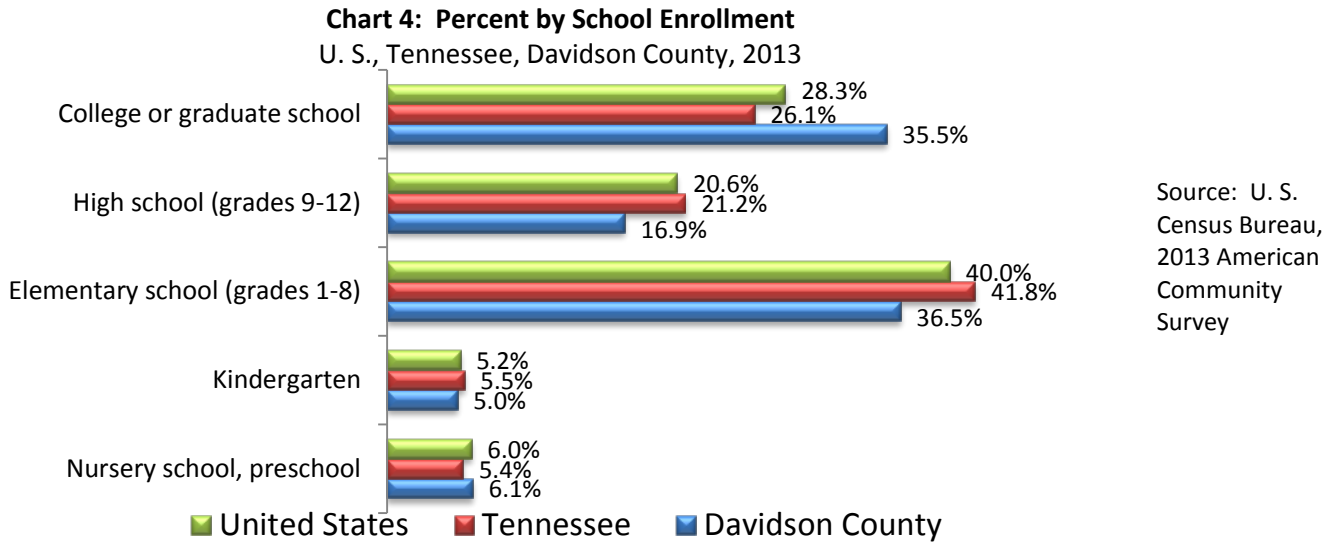
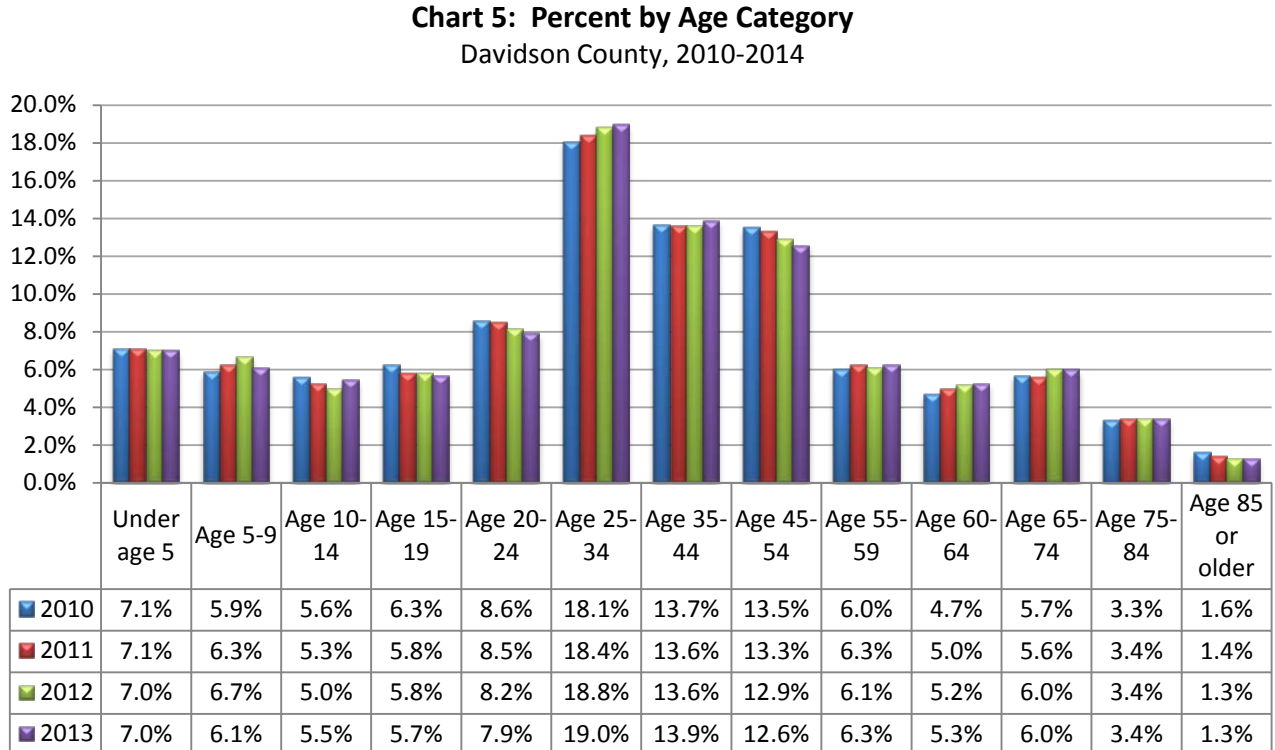


Chart 5 compares the age categories in Davidson County from 2010 through 2013, which show a relatively consistent pattern during that time.



Source: U. S. Census Bureau, 2010-2013 American Community Surveys

The table below shows a slight change in the median age for Davidson County. After a slight decrease in the median age in 2011, there has been an increase back to the level in 2000, although not to the level in 2005. The U. S. Census Bureau’s American Community Survey reports that the median age is lower in Davidson County than for Tennessee (38.5%) and for the U.S. (37.5%).

Median Age	2000	2005	2011	2013	Trend
Davidson County	34.1	36.2	33.9	34.2	— ■ — —

The map below reflects the median age by Metro Council Districts. Five districts (34, 1, 23, 11, and 22) have median ages of over 40, with the highest in District 34 at 45.8 years. Five other districts (18, 21, 19, 5 and 32) have median ages under 30, with the youngest in District 18 at 23.4 years.

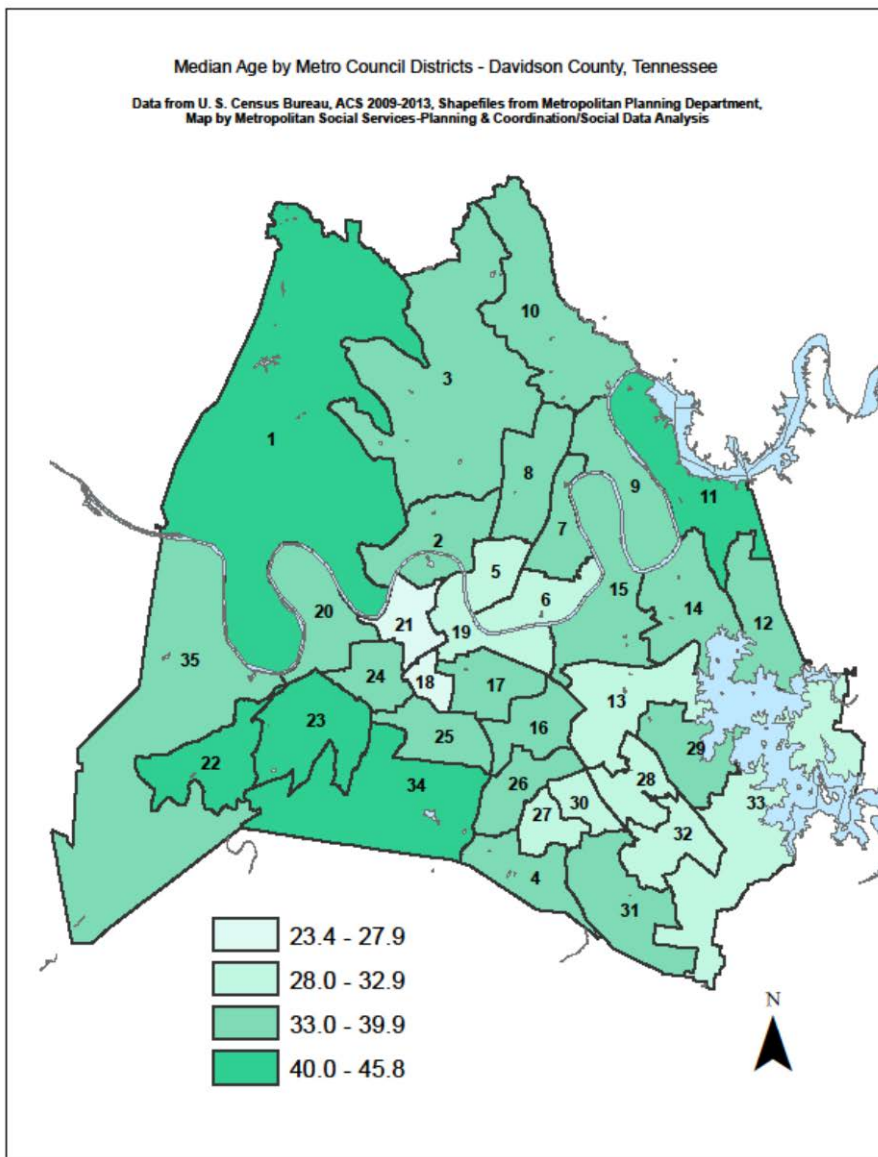
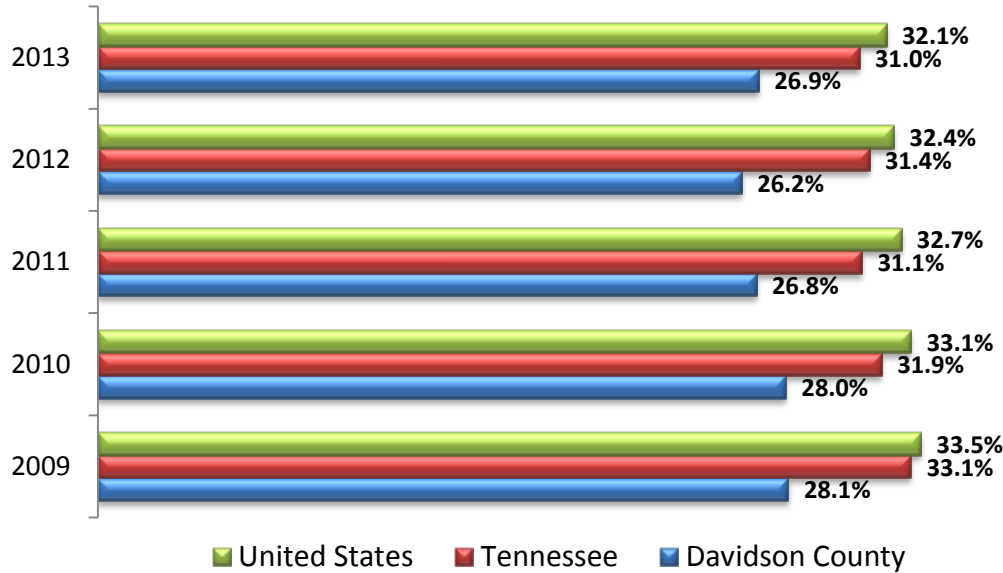


Chart 6 shows that Davidson County consistently has a lower percent of households that include one or more people under age 18, when compared with Tennessee and the U. S. during 2009-2013.

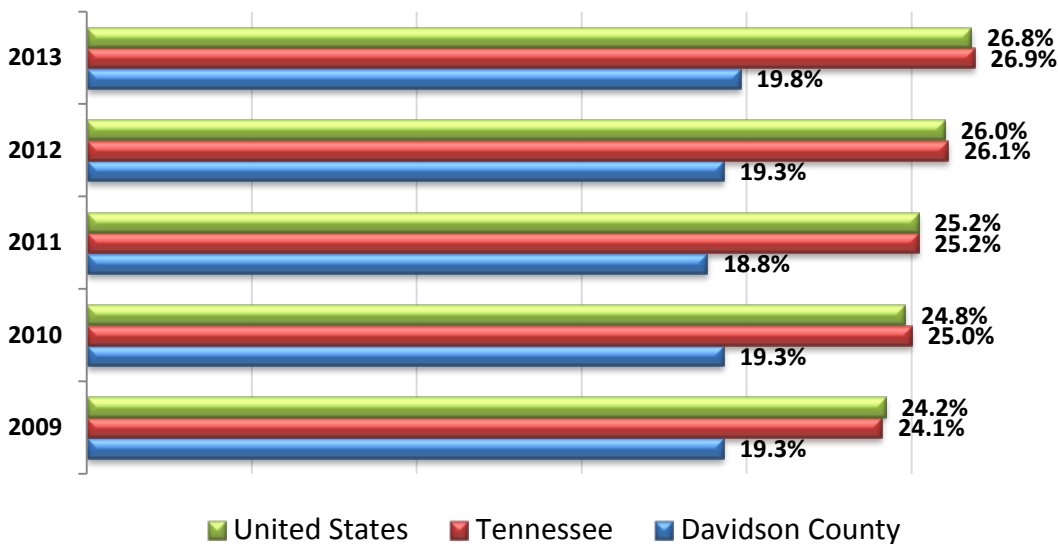
Chart 6: Households with one or more People under Age 18
U. S., Tennessee, Davidson County, 2009-2013



Source: U. S. Census Bureau, 2009-2013 American Community Surveys

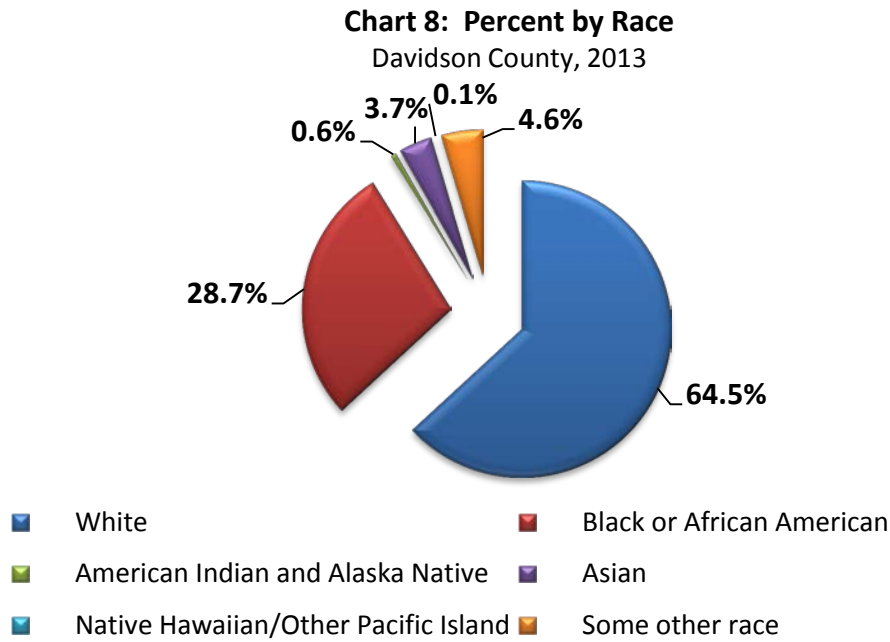
Chart 7 shows that Davidson County has a lower percent of households that include one or more people age 65 or over, compared to Tennessee and the U.S. during the previous 5 years. With smaller percentages for both the under 18 and 65 and over categories, it suggests that there is a larger proportion of people of typical working age, 18-64.

Chart 7: Households with one or more People Age 65 or Over
U. S., Tennessee, Davidson County, 2009-2013



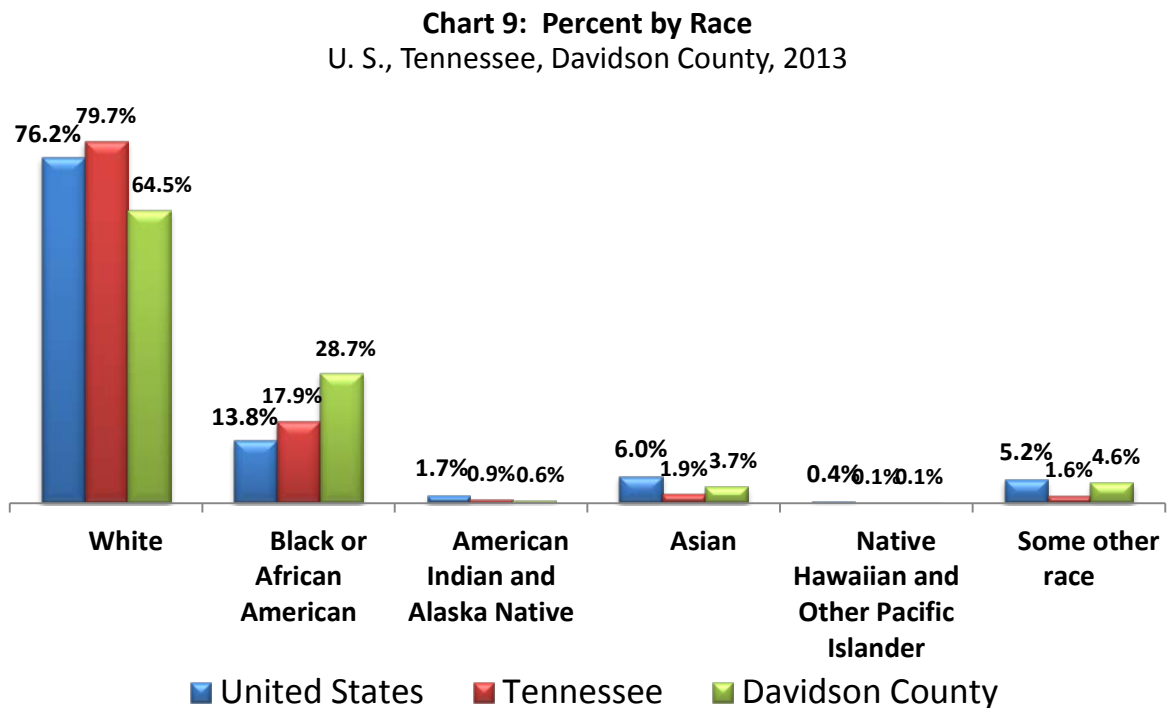
Source: U. S. Census Bureau, 2009-2013 American Community Surveys

Chart 8 reflects the racial composition of Davidson County in 2013, with the two predominant racial groups 27.8% Black or African American and 64.5% White.



Source: U. S. Census Bureau, 2013 American Community Survey

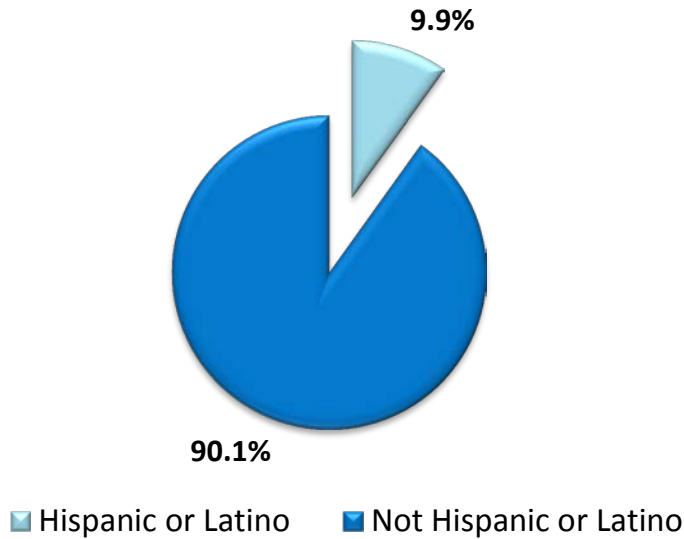
Chart 9 shows that Davidson County has a higher percentage of African Americans than Tennessee and the U.S., and a higher percent of Asians than the U.S.



Source: U. S. Census Bureau, 2013 American Community Surveys

Chart 10 reflects Davidson’s percentage of those who are Hispanic/Latino, which is 9.9% as reported in the 2013 American Community Survey.

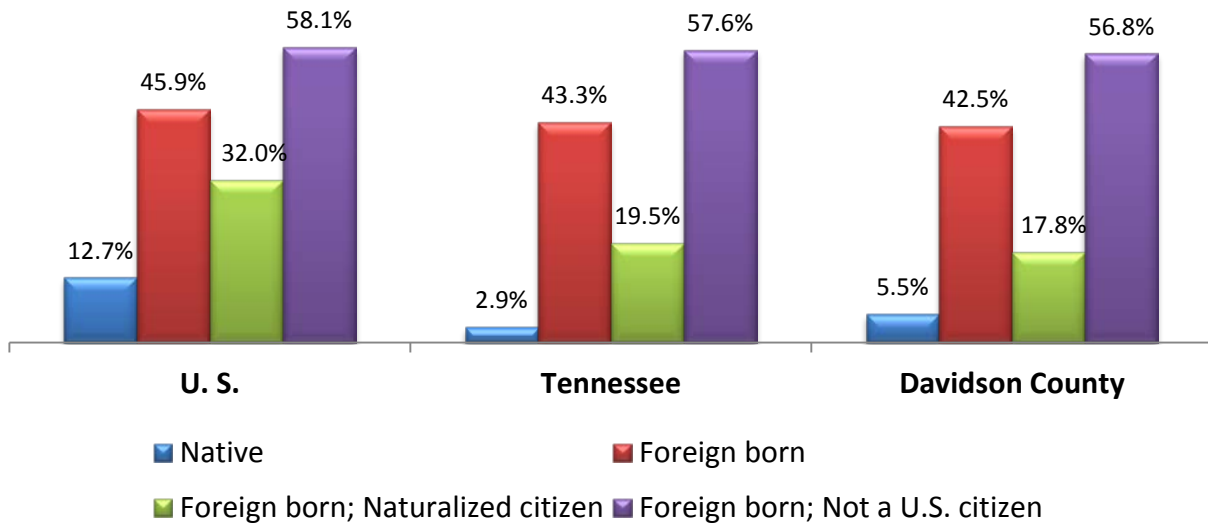
Chart 10: Percent by Ethnicity
Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

Chart 11 reflects the percent of Hispanic/Latinos in the U. S., Tennessee and Davidson County, by nativity.

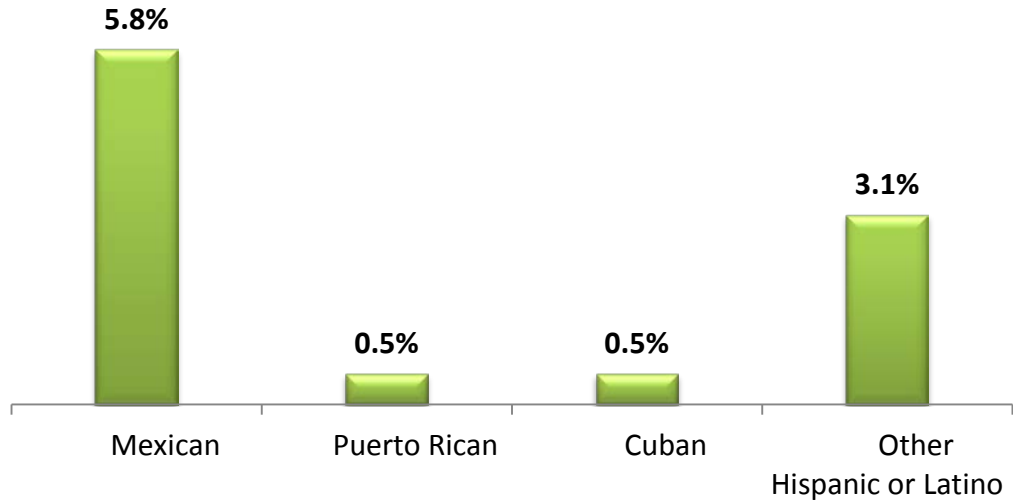
Chart 11: Percent Hispanic/Latino by Nativity
U. S., Tennessee, Davidson County, 2013



Source: U. S. Census Bureau, 2009-2013 American Community Surveys

Chart 12 shows that of the 9.9% Hispanic/Latino Population of Davidson County, 5.8% came from Mexico.

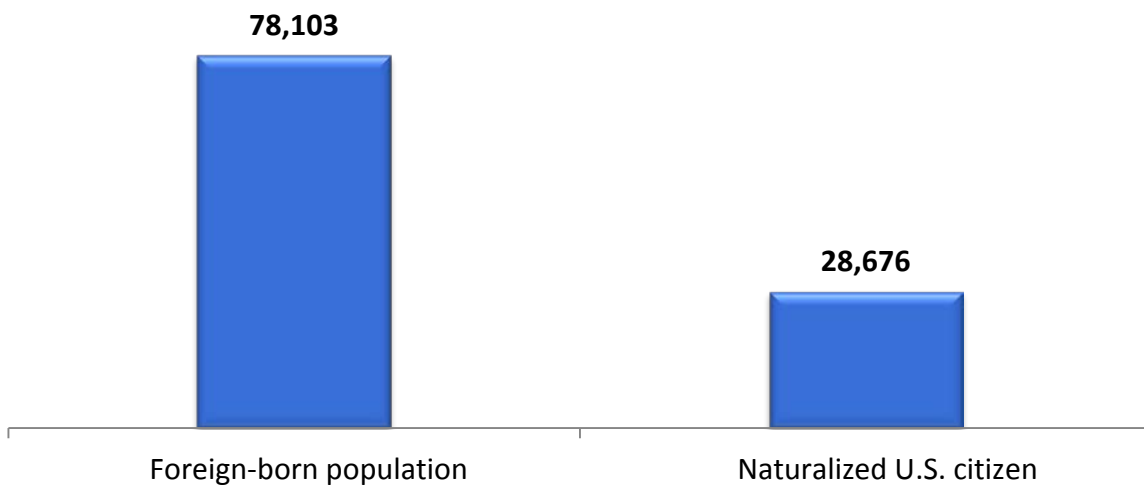
Chart 12: Hispanic/Latino Population by Origin
Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

Chart 13 indicates that the number of foreign-born residents in Davidson County was 78,103, with 28,676 of those being naturalized U. S. citizens.

Chart 13: Number of Naturalized Citizens and Foreign-Born
Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

The map below shows the number of foreign-born persons by Metro Council District. The number ranges from 279 foreign-born residents in District 1 to 6,982 in District 30. Most of those live in the southeast quadrant of Davidson County.

Twelve districts have fewer than 1,000 estimated foreign-born residents, while seven districts have more than 4,000 (30, 32, 16, 13, 27, 28 and 31).

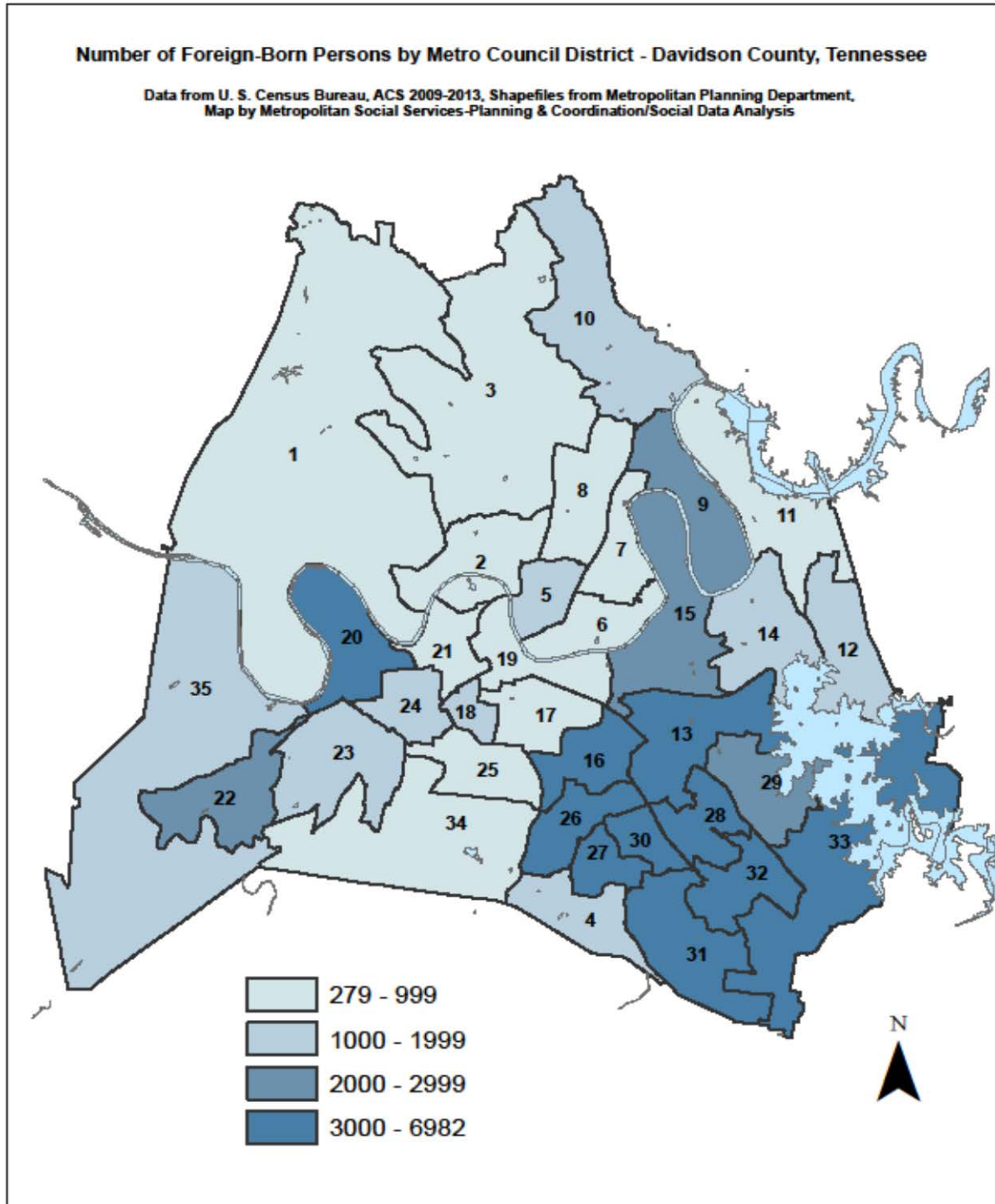
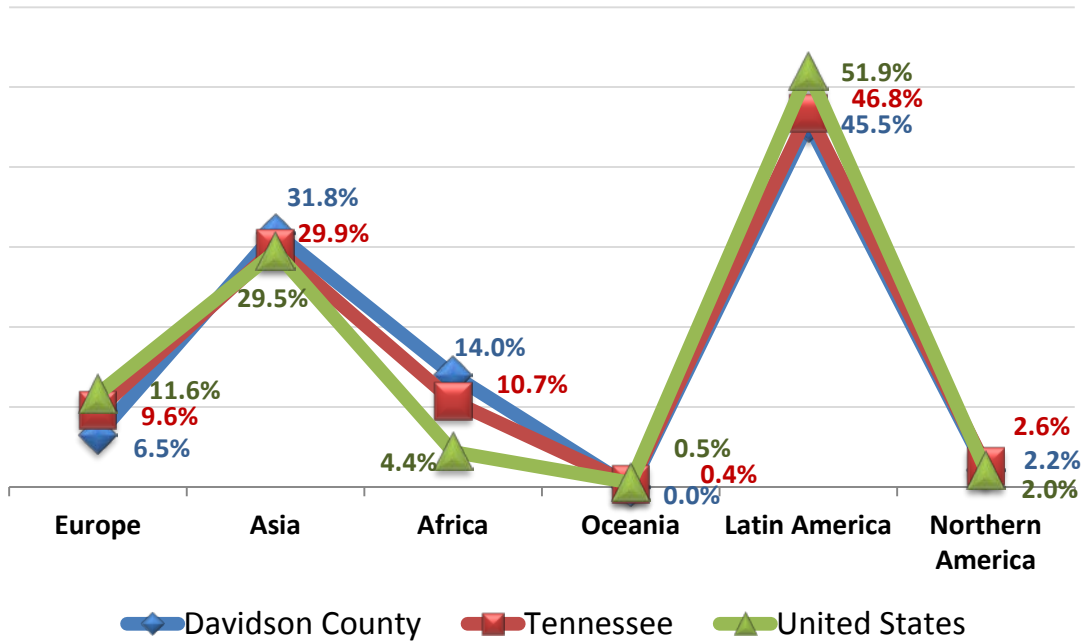


Chart 14 shows the region of birth for foreign-born residents of the U.S., Tennessee and Davidson County. Latin America is the most represented region of birth for the foreign-born, followed by Asia.

Chart 14: Region of Birth for Foreign-Born
U. S., Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

The 2013 American Community Survey also provides the number of foreign-born residents in each county and their country of birth, as shown below. It has been suggested that the estimated number of foreign-born residents is lower than the number who actually reside in Davidson County and other areas in the U.S.

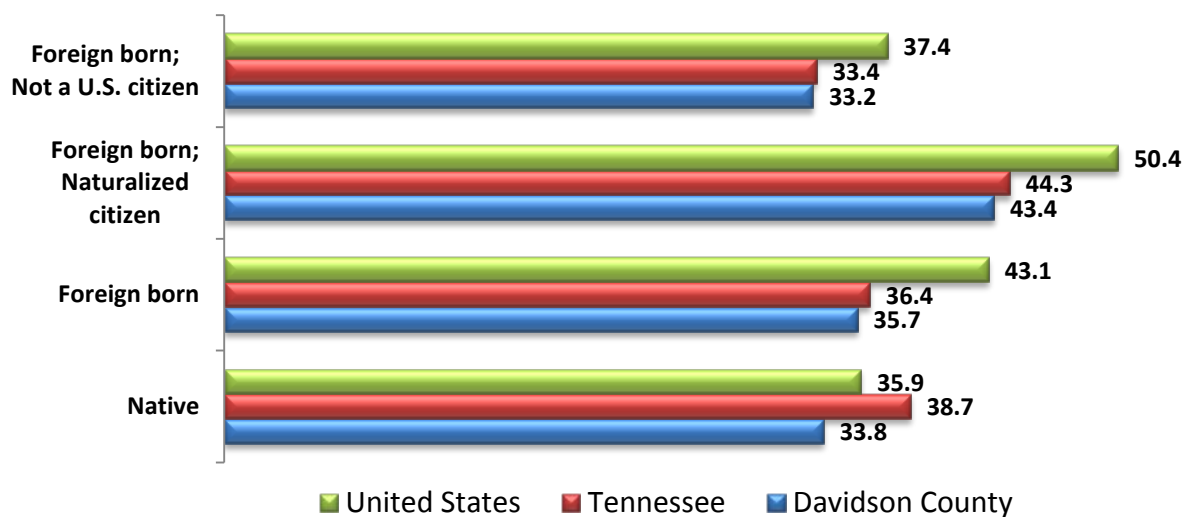
Location of Birth for Foreign Born	Davidson County 2013 American Community Survey
Mexico	18,814
Other Western Asia	6,191
Northern Africa	5,863
Other Central America	5,362
El Salvador	4,762
India	3,567
Other South Eastern Asia	3,439
Western Africa	2,800
Vietnam	2,570
Other Eastern Europe	2,260
Other South Central Asia	2,124
Other South America	2,120
Korea	1,790
Canada	1,720
China, excluding Taiwan	1,526
Cuba	1,511
Eastern Africa	1,446

Colombia	1,297
Other Caribbean	1,137
Germany	808
Philippines	794
Japan	729
United Kingdom, excluding England	648
Lebanon	595
Iran	569
Africa, n.e.c.	531
Taiwan	529
Israel	416
Jamaica	405
Other Western Europe	356
Middle and Southern Africa	307
France	249
Other Northern Europe	214
England	151
Ireland	137
Other Southern Europe	126
Brazil	110
Italy	88
Russia	42
TOTAL	78,103

Chart 15 shows the median age of native and foreign-born residents in the U. S., Tennessee and Davidson County by birth status.

Chart 15: Median Age of U.S./Foreign-Born by Birth Status

U. S., Davidson County, Tennessee 2013



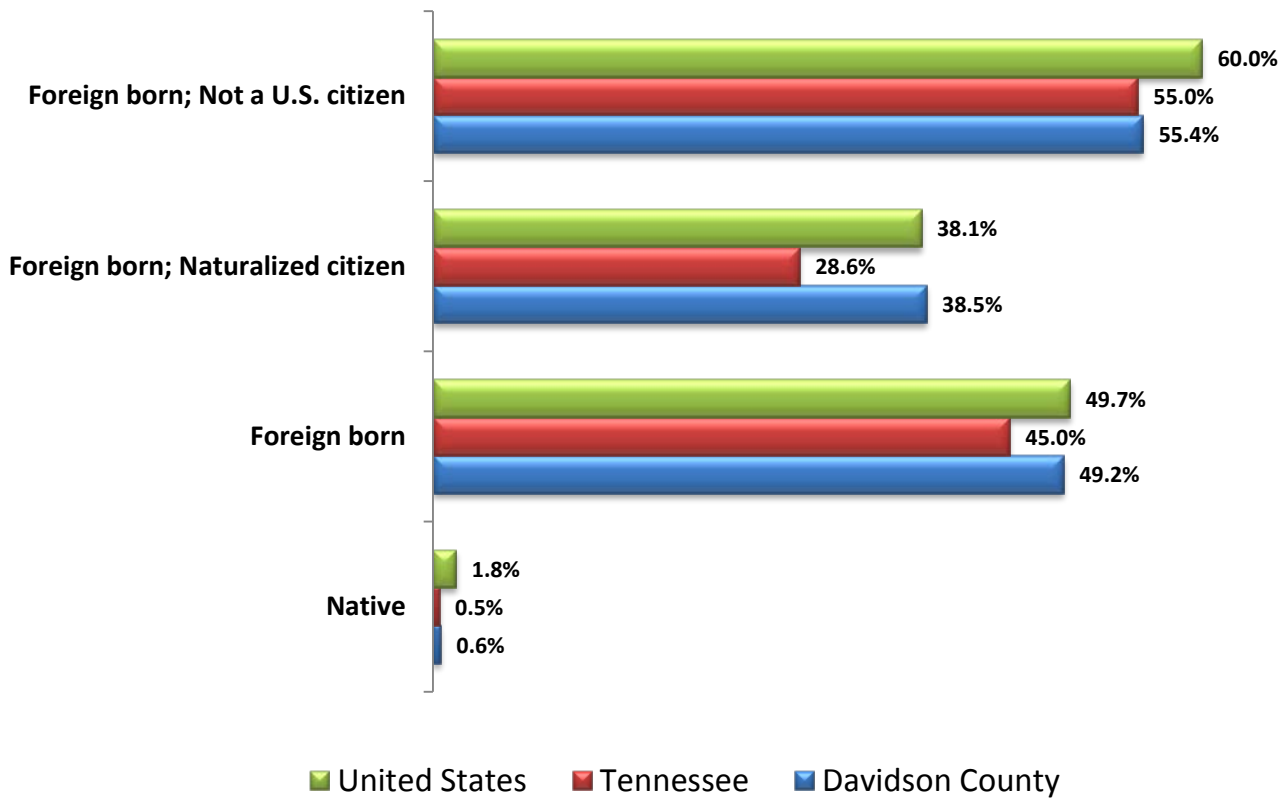
Source: U. S. Census Bureau, 2013 American Community Survey

Chart 16 compares the percentage of the population over age 5 who speak English less than “very well” by nativity and across the U.S., Tennessee and Davidson County. It shows that there is a very small percentage of those who are native born and cannot speak English very well. However, for those who are foreign-born and are not citizens, there are high percentages (about 50-60%) who lack the ability to speak English “very well.”

Those who have become naturalized citizens are more likely to speak English very well than those who have not become naturalized citizens. However, the foreign-born population has a significant number who speak English less than “very well.”



Chart 16: Population over Age 5 who speak English less than "Very Well" by Nativity
U.S., Tennessee, Davidson County, 2013

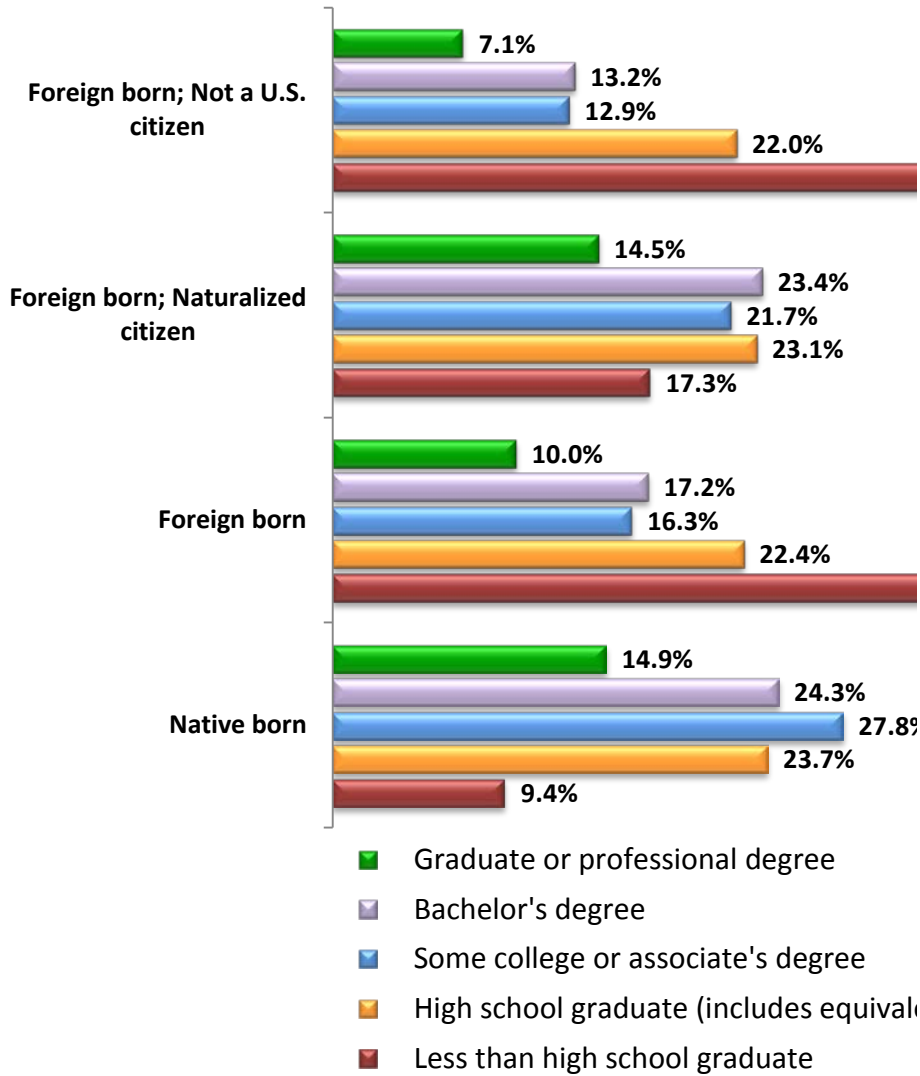


Source: U. S. Census Bureau, 2013 American Community Survey

Chart 17 shows education attainment by nativity for Davidson County residents ages 25 and over. The percentage with a bachelor’s or higher degree is slightly higher for native-born (39.2%) than naturalized citizens (37.9%). However, foreign-born residents are less likely to have completed a high school education (34.1%), especially those who are non-U.S. citizens (44.9%).

As described later in this evaluation, the large percentage of those who are foreign-born and lack a high school education is significant. Not only does it affect employment and income, it also affects the anticipated educational level of the family's children.

Chart 17: Percent Age 25 and Over Educational Attainment
Davidson County, 2013

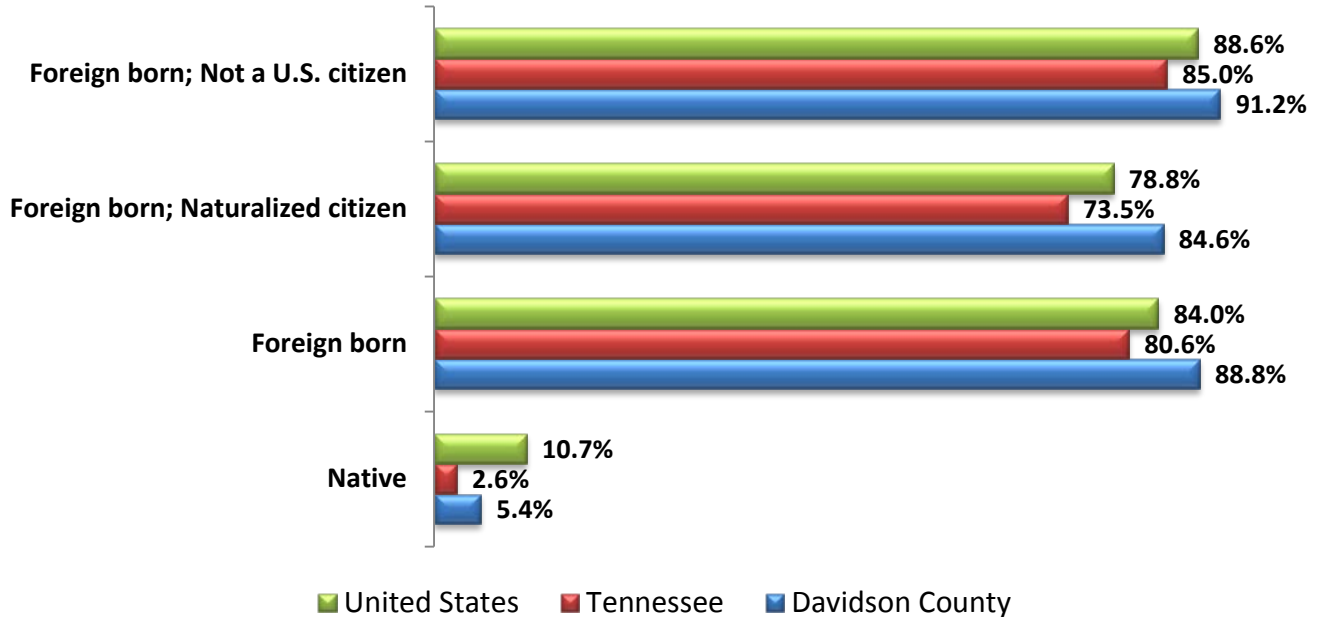


Source: U. S. Census Bureau, 2013 American Community Survey



Chart 18 shows that few native-born people in the U. S. speak a language other than English, with Davidson County (5.4%) and Tennessee (2.6%) far below the rate for the U.S (10.7%). The foreign-born population is much more likely to speak a language other than English.

Chart 18: Population Over Age 5 who Speak a Language other than English by Nativity
U. S., Tennessee, Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

Chart 19 compares the native-born and foreign-born percent of Davidson County households that do not have someone age 14 or older who speaks English “very well” or speak English only. It shows that among foreign-born households, almost 1/3 of the households do not have someone 14 or older who speaks English “very well” or English only.

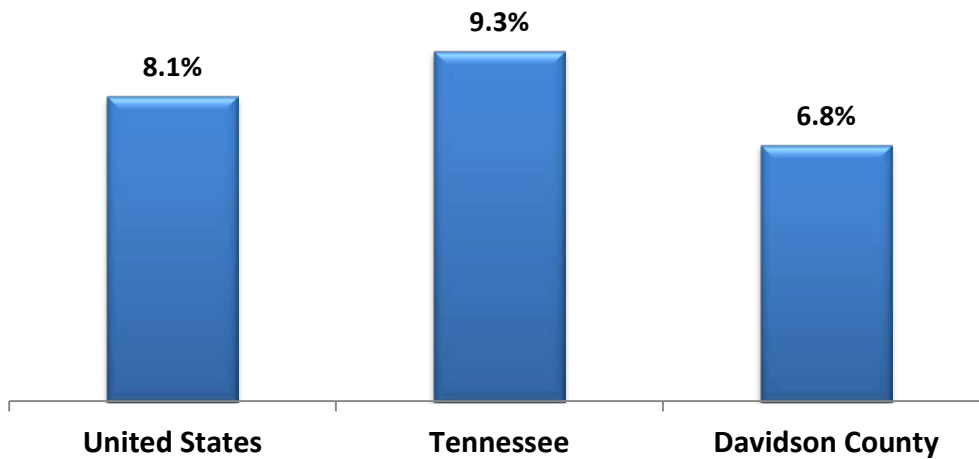
Chart 19: Percent of Households without someone 14 or older who speaks English "very well" or English only
Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

Chart 20 shows that the percentage of veterans in Davidson County is less than either Tennessee or the United States.

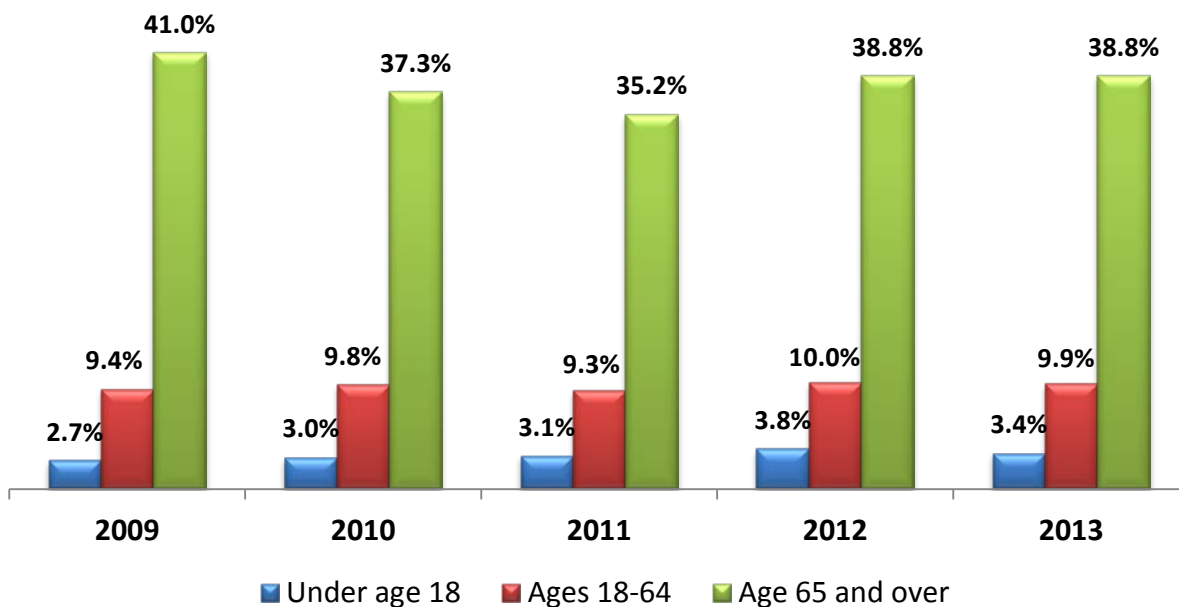
Chart 20: Percent of Veterans
U.S., Tennessee, Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

Chart 21 shows the percentage of Davidson County residents with a disability from 2009 through 2013 by age category. The likelihood of disability increases with age, as reflected each year. For example, in 2013, someone age 65 and over was more than 11 times as likely to have a disability as someone under age 18 and almost 4 times as likely as someone between age 18 and 64.

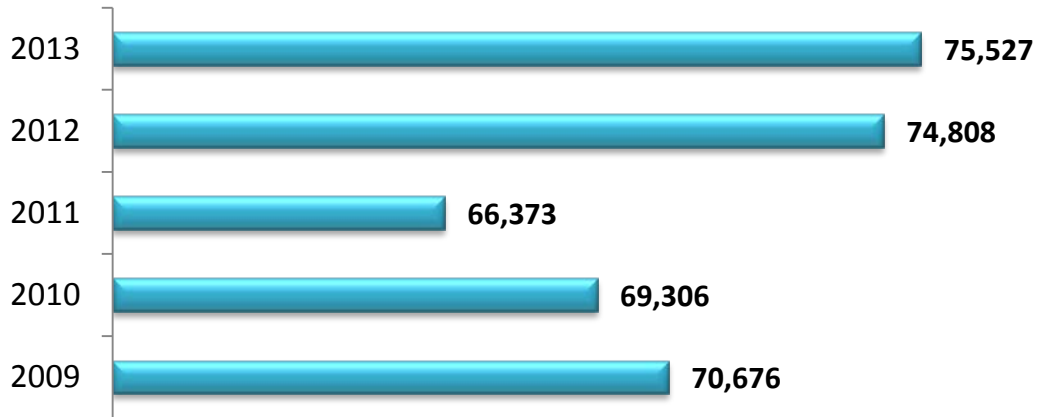
Chart 21: Percent with a Disability by Age Category
Davidson County, 2009-2013



Source: U. S. Census Bureau, 2009-2013 American Community Surveys

Chart 22 shows the number of people in Davidson County who had a disability from 2009-2013. During that time, there have been slight differences from year to year, but the number of people who have a disability is higher now than previously at 75,527.

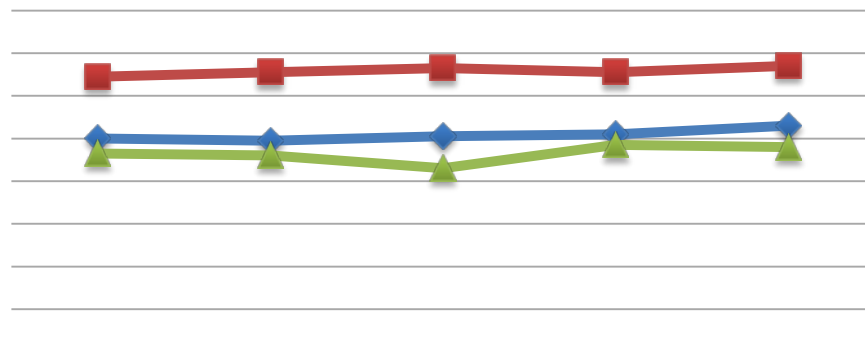
Chart 22: Number of People with a Disability
Davidson County, 2009-2013



Source: U. S. Census Bureau, 2009-2013 American Community Surveys

Chart 23 compares the percent of people with a disability in Davidson County, Tennessee and the U.S. from 2009 through 2013. It reflects a slightly lower rate of disability in Davidson County than in the U.S., compared to the rate for Tennessee, which is higher than either Davidson County or the U.S. for all 5 years.

Chart 23: Percent with a Disability
U. S., Tennessee, Davidson County, 2009-2013

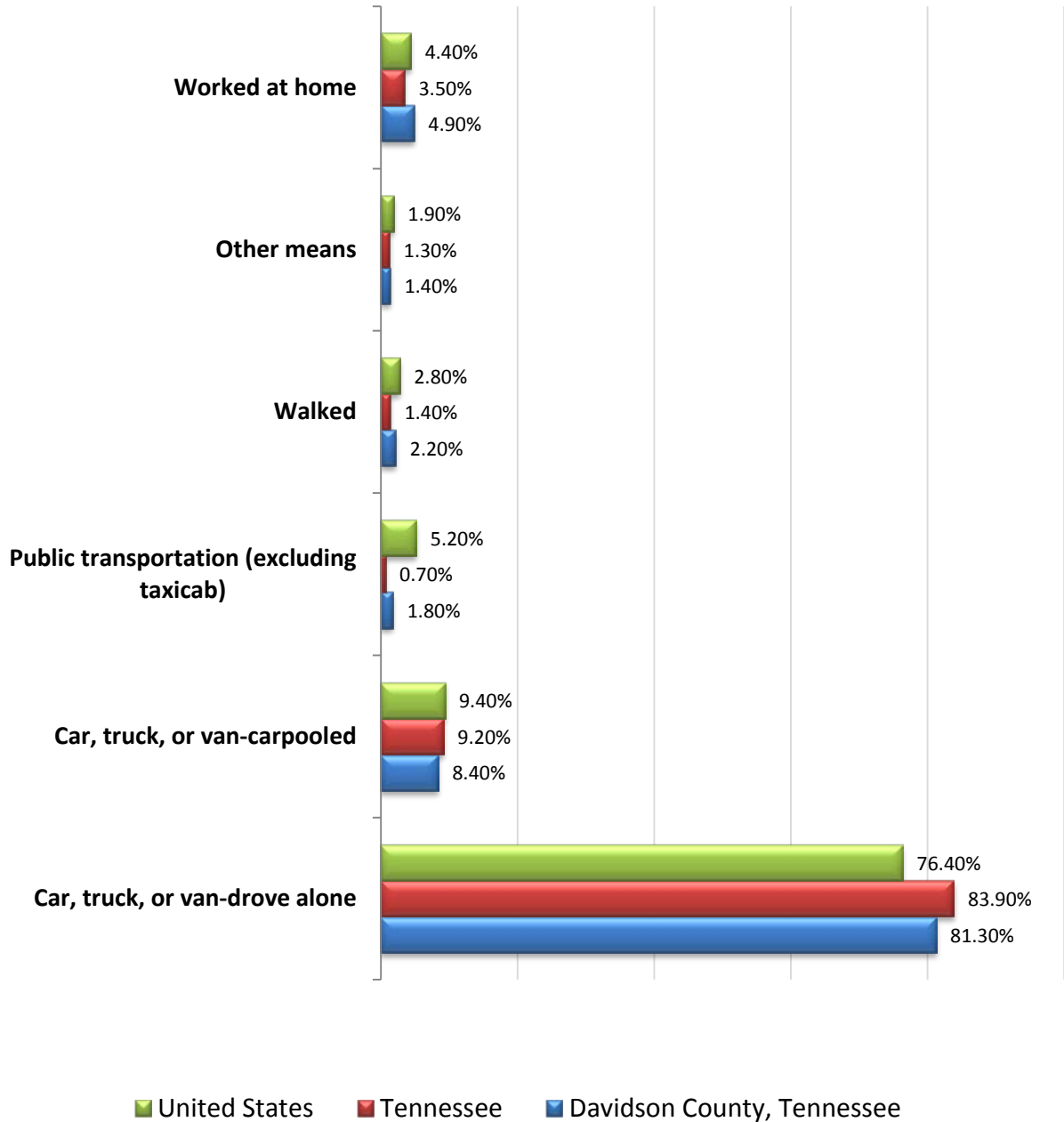


	2009	2010	2011	2012	2013
United States	12.0%	11.9%	12.1%	12.2%	12.6%
Tennessee	14.9%	15.1%	15.3%	15.1%	15.4%
Davidson County	11.3%	11.2%	10.6%	11.7%	11.6%

Source: U. S. Census Bureau, 2009-2013 American Community Surveys

Chart 24 shows how people commute to work in Davidson County, Tennessee and the U.S. By far, the most frequent among commuters was “car, truck, or van-drove alone.”

Chart 24: Percent Commuting to Work Method
U. S., Tennessee, Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

Some households in Davidson County have no vehicle available. The map below shows the percentage with no vehicle available by Census Tracts.

There are Census Tracts in several Metro Council Districts in which 15% or more of the households lack access to a vehicle.

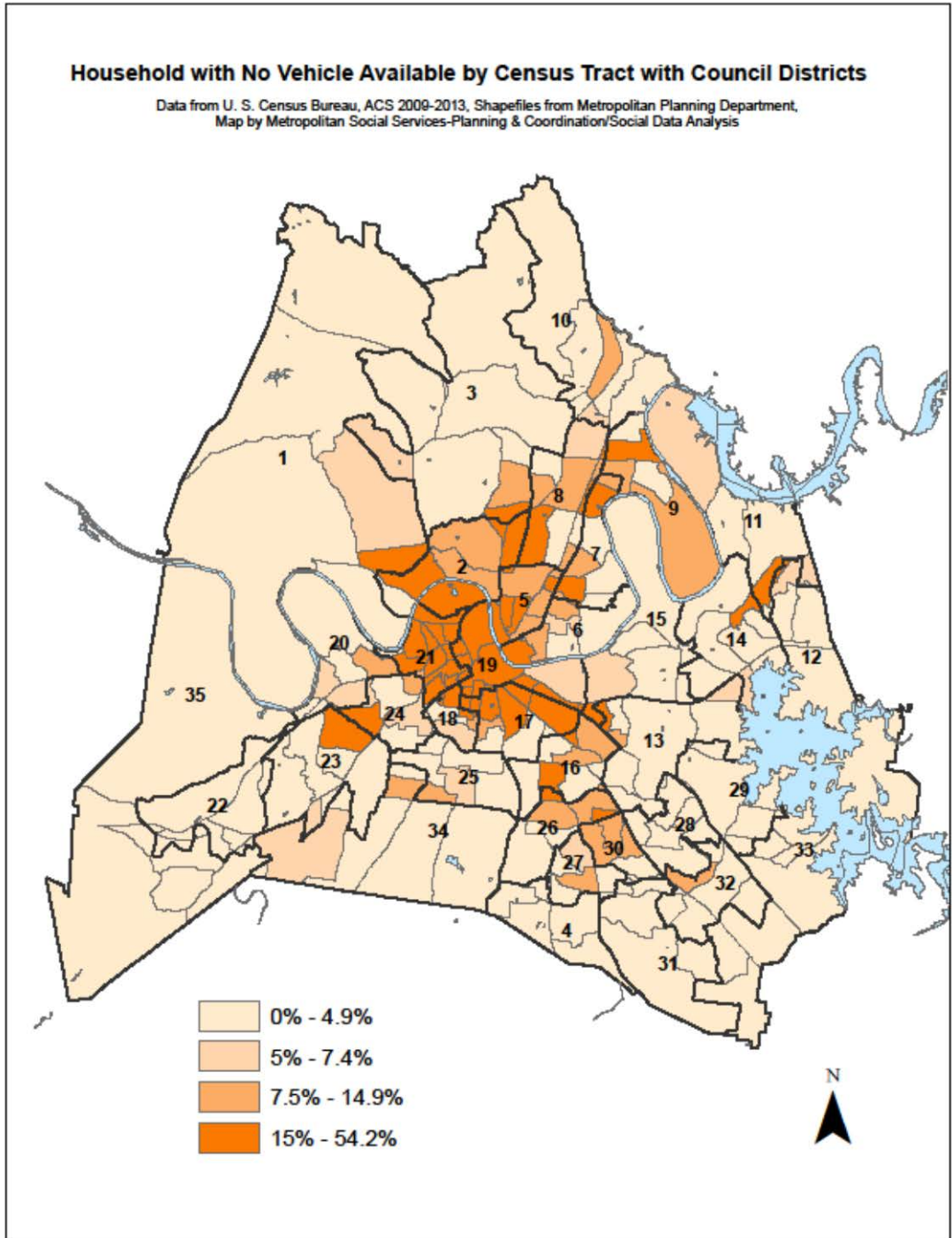
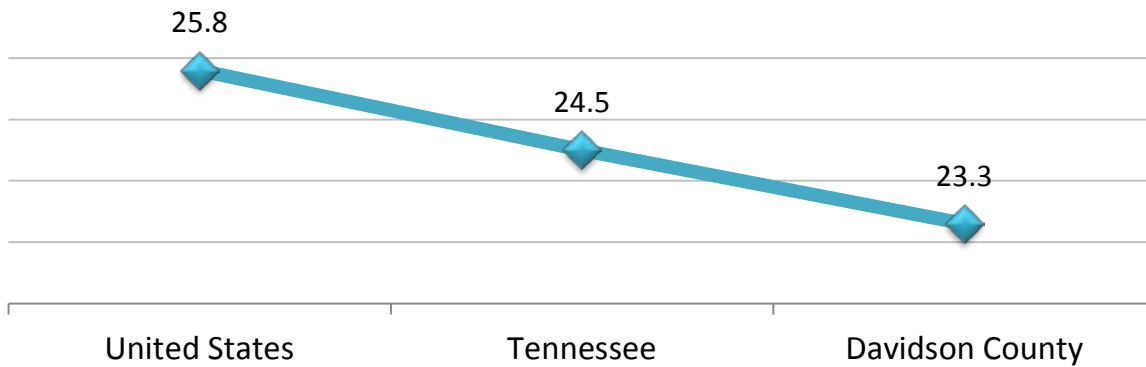


Chart 25 shows the mean travel time to work in minutes, with Tennessee slightly lower than the U.S. and Davidson County slightly lower than Tennessee.

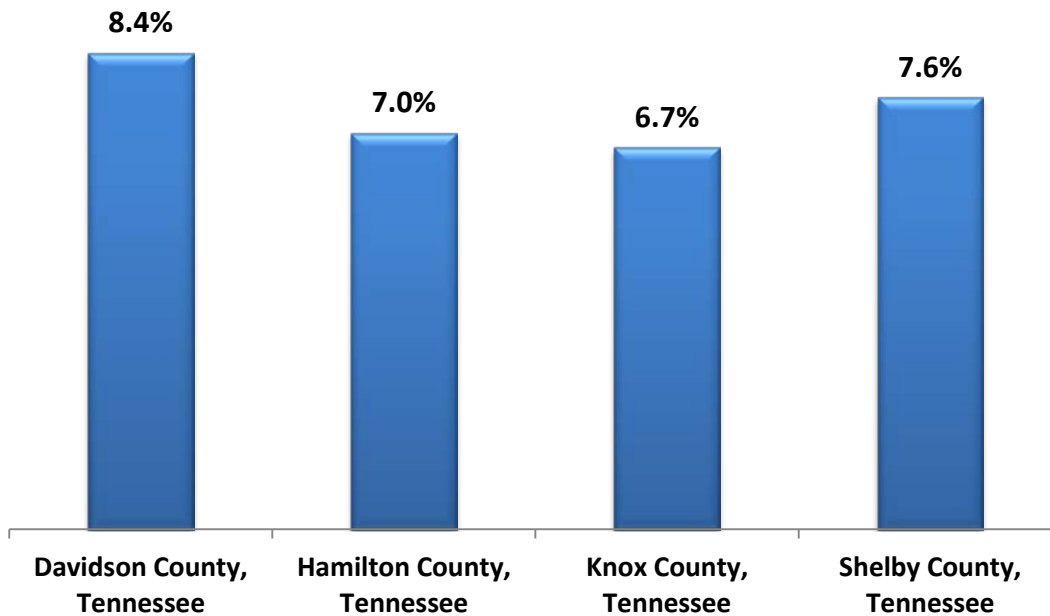
Chart 25: Mean Travel Time to Work in Minutes
U. S., Tennessee, Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

Chart 26 shows the percent of residents in Davidson, Hamilton, Knox, and Shelby counties who commute over 45 minutes. Davidson County has the highest percent of residents who commute over 45 minutes. Other counties with higher percentages of residents commuting over 45 minutes, not shown in Chart 26, probably reflect proximity to major job centers. For example, a large percentage of residents in Rutherford (20.5%), Sumner (20.1%), Wilson (18.6%), and Williamson (15.2%) counties, which are in close proximity to Davidson County, commutes over 45 minutes.

Chart 26: Percent Commuting over 45 minutes
Davidson, Hamilton, Knox and Shelby Counties, 2013

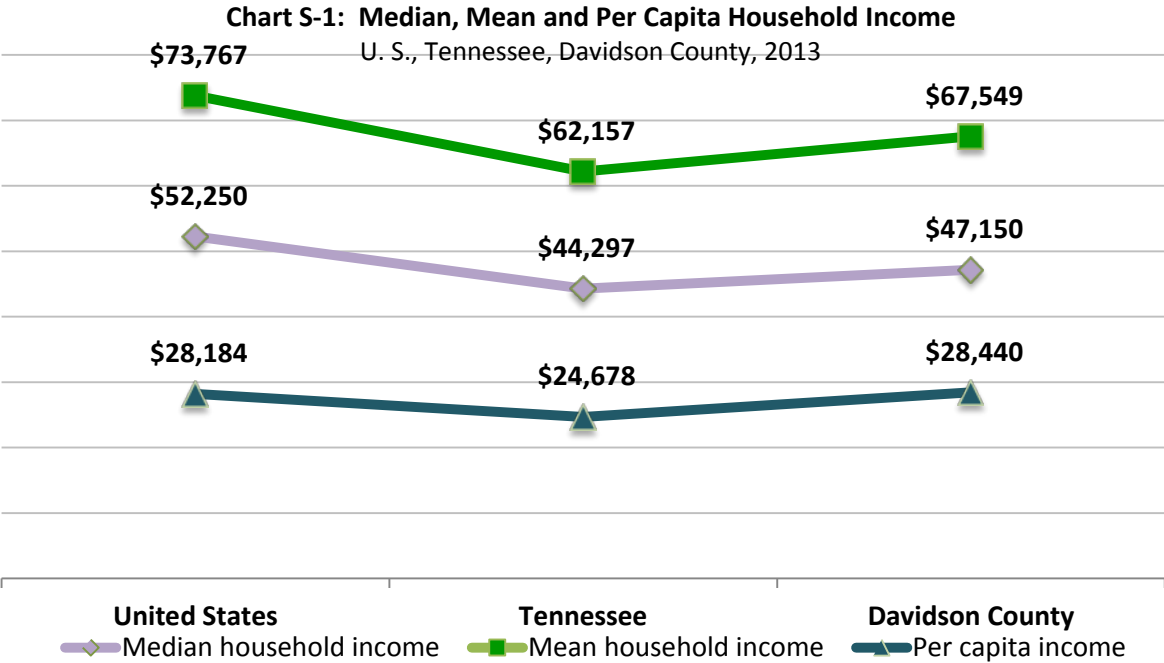


Source: U. S. Census Bureau, 2013 American Community Survey

Socioeconomic Profile

Income

Chart S-1 shows the median, mean and per capita households income for Davidson County, Tennessee and the U.S. for 2013. The U.S. has considerably higher median (50% above and 50% below) and mean (arithmetical “average”) incomes than either Davidson County or Tennessee. However, for the per capita income (mean income for every man, woman and child, excluding income from those under age 15) in Davidson County is slightly higher than Tennessee or the U.S.

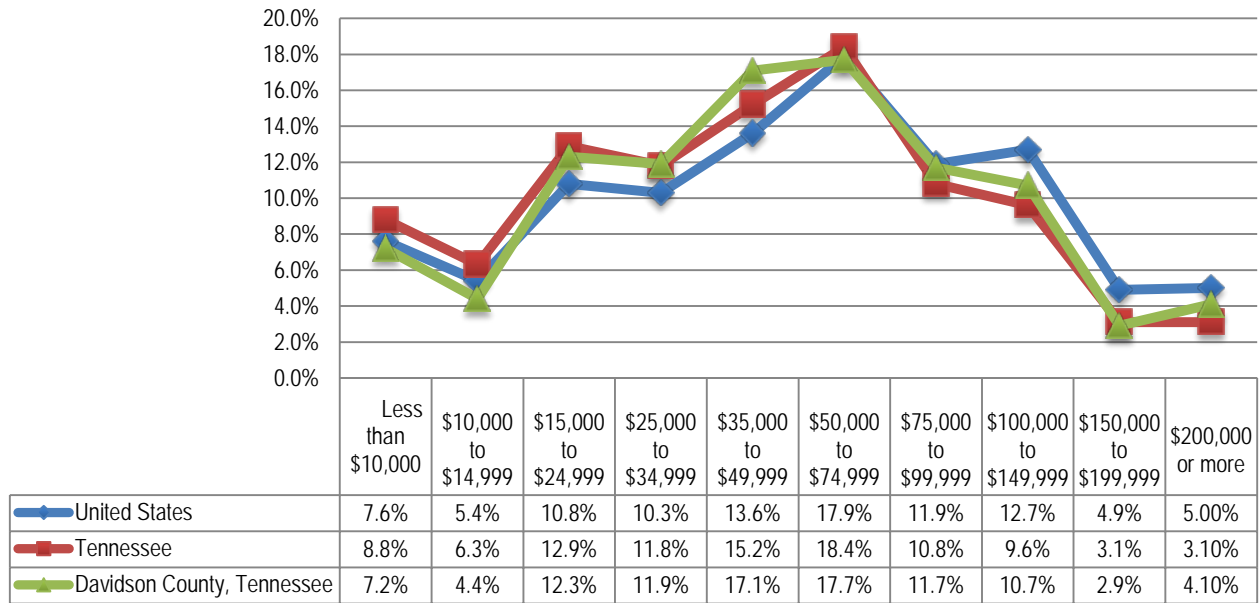


Source: U. S. Census Bureau, 2013 American Community Survey



Chart S-2 shows the percentages of households by income categories for Davidson County, Tennessee and the United States in 2013. As reported in previous years, the \$50,000-\$74,999 category generally has the largest number of households. Davidson County has 30,467 households with incomes less than \$15,000.

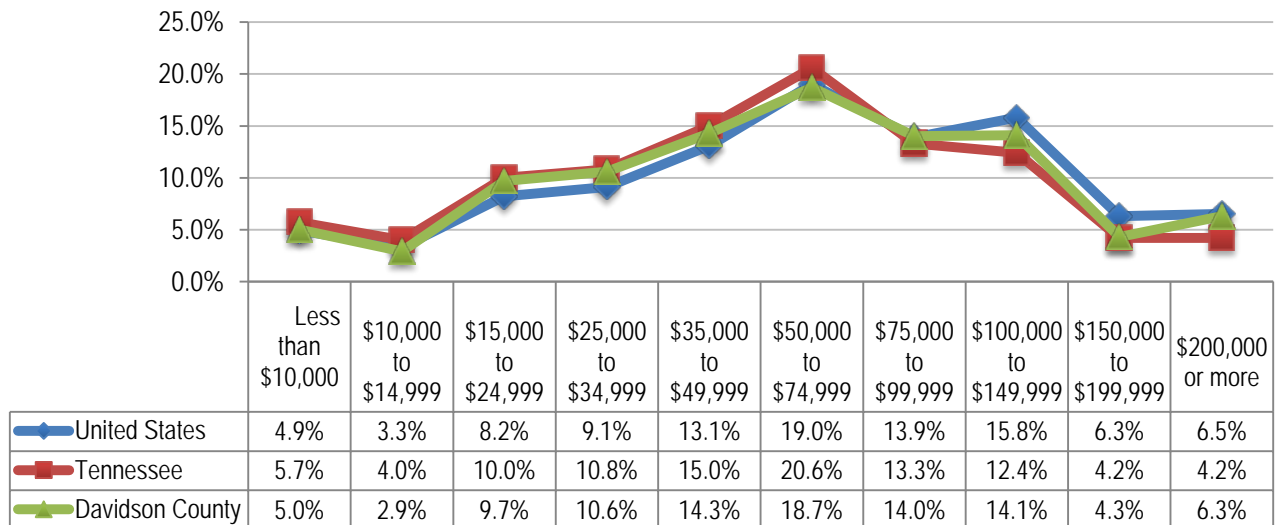
Chart S-2: Percent of Total Households by Income Category
U.S., Tennessee, Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

As shown in Chart S-3, the income distribution for families (related persons) is similar to those for total households shown in Chart S-2. Davidson County has 25,290 families with incomes below \$25,000, including 11,382 families with incomes lower than \$15,000.

Chart S-3: Percent of Families by Income Category
U.S., Tennessee, Davidson County, 2013

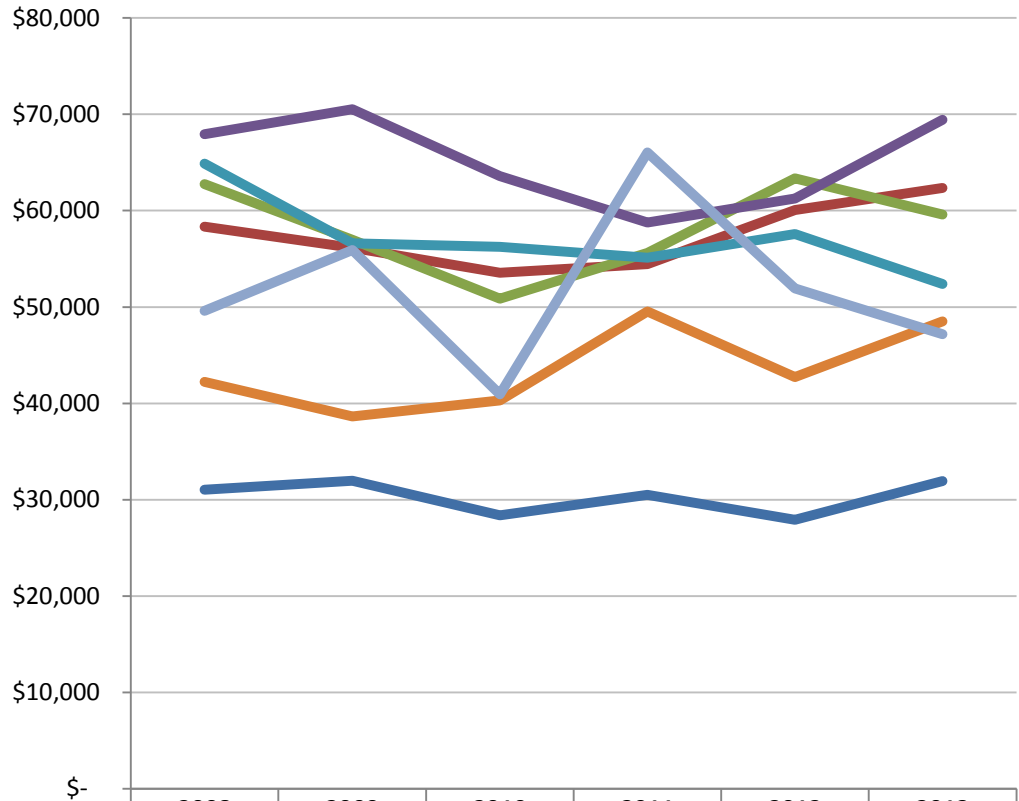


Source: U. S. Census Bureau, 2013 American Community Survey

Chart S-4 compares the Davidson County median household income by the size of the household. Because of the recession, incomes in most households dropped, with the increases in household income varying by size of household.

For 2-person households, the median household income for 2013 was higher than any other year since 2008. While there was relative stability for some size households, there was greater fluctuation, most noticeable in larger households.

Chart S-4: Median Household Income By Household Size
Davidson County, 2008-2013



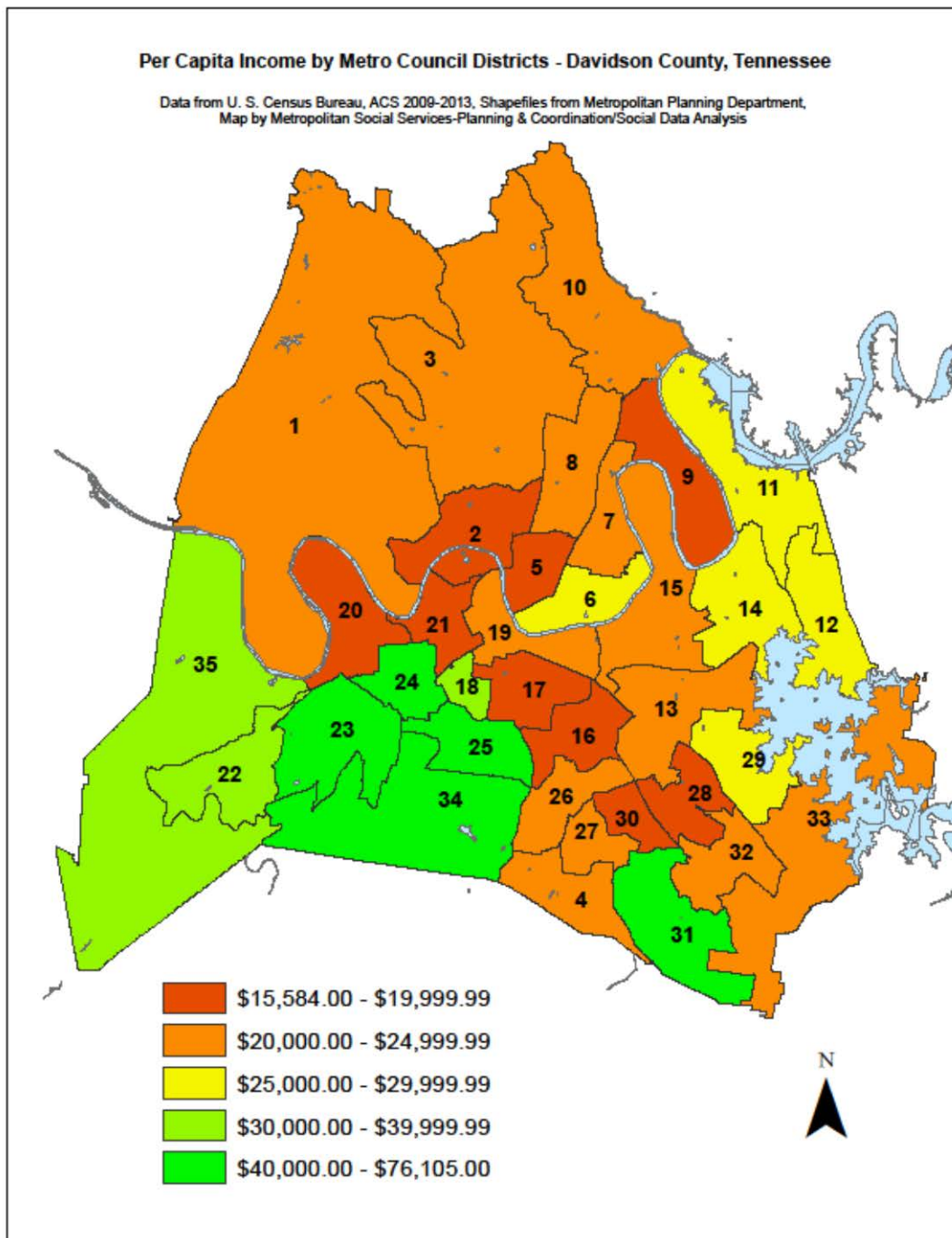
	2008	2009	2010	2011	2012	2013
1-person households	\$31,040	\$31,962	\$28,381	\$30,519	\$27,916	\$31,922
2-person households	\$58,339	\$56,142	\$53,563	\$54,466	\$60,049	\$62,354
3-person households	\$62,752	\$56,971	\$50,872	\$55,624	\$63,352	\$59,606
4-person households	\$67,942	\$70,523	\$63,586	\$58,779	\$61,268	\$69,412
5-person households	\$64,867	\$56,603	\$56,240	\$55,116	\$57,562	\$52,382
6-person households	\$42,241	\$38,659	\$40,313	\$49,528	\$42,724	\$48,520
7-or-more-person households	\$49,587	\$55,906	\$40,940	\$66,046	\$51,921	\$47,189

Source: U. S. Census Bureau, 2013 American Community Survey

Per capita income (computed by income for every man, woman and child in a geographic area, dividing the total income for everyone 15 and over by the total population) varies widely across Davidson County.

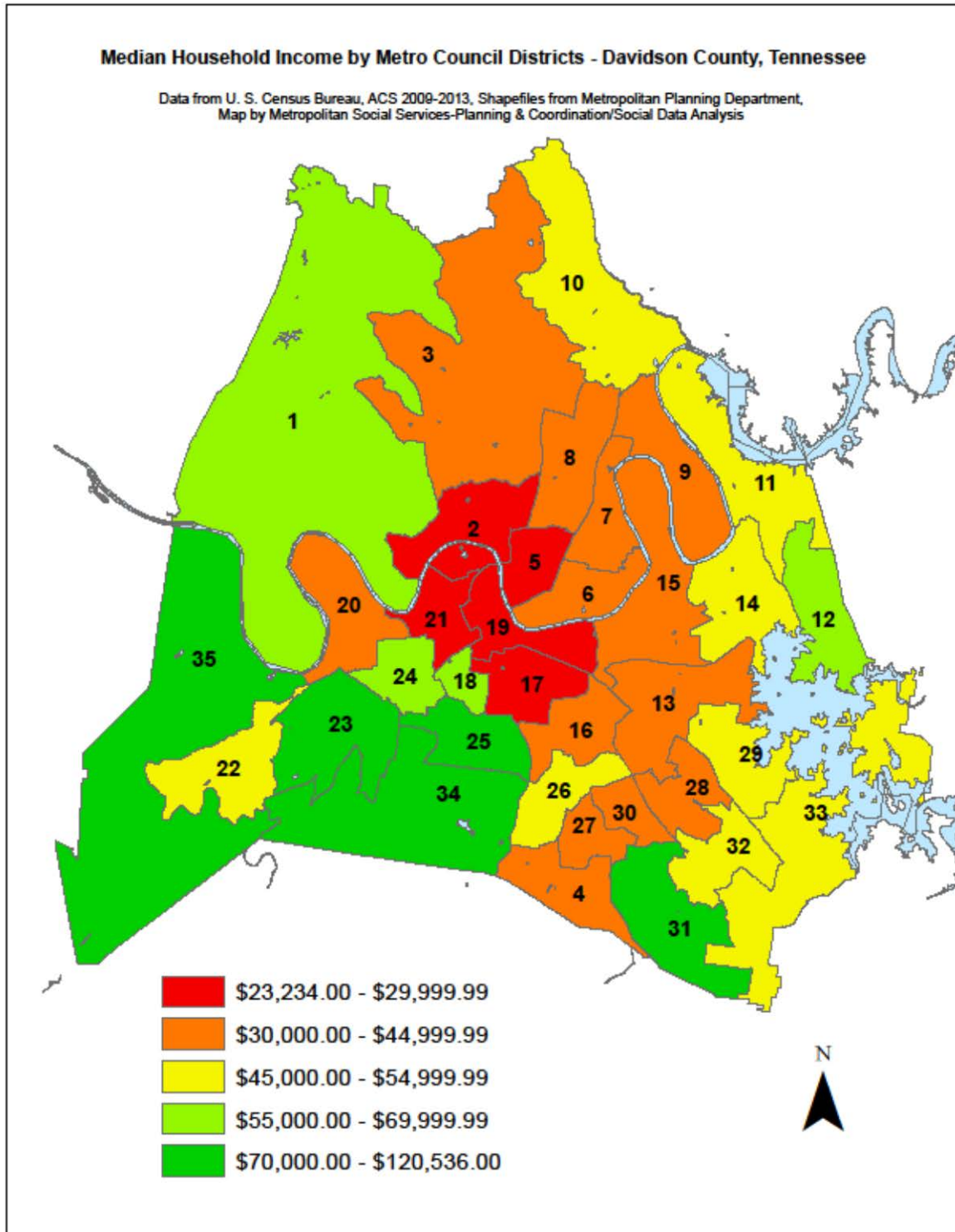
As shown in the map below, 9 Council Districts (30, 5, 21, 2, 20, 28, 16, 9, 17) have per capita income below \$20,000, with the lowest in District 30 at \$15,584.

The highest per capita income is in District 34 at \$76,105, followed by \$60,139 in District 23, \$56,467 in District 25, \$52,695 in District 24. All other districts range from about \$20,000 to about \$40,000.



The map below shows the median household income (half above and half below) varies across Davidson County. Five districts have median incomes below \$30,000, with the lowest in District 17 at \$23,234.

The two highest median incomes are in District 34 (\$120,536) and District 35 (\$90,794), with other Districts ranging from about \$35,000 to about \$75,000.

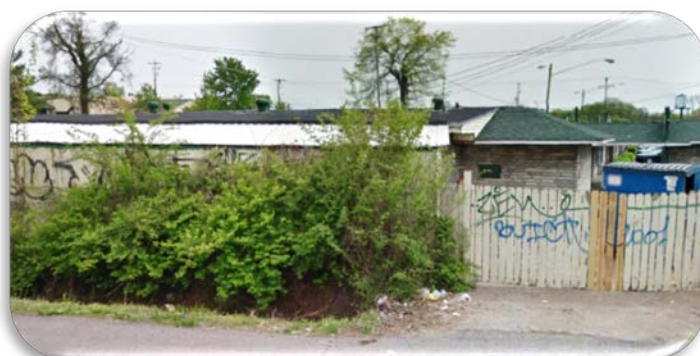


Poverty

The official U.S. poverty thresholds are based on the number of people in a household and their pre-tax income. The guidelines below are used to determine eligibility for participating in various federal programs. Eligible applicants are required to be at or below poverty (100%) for some programs, or at or below 125%, 150% or 200% of poverty for other programs. In recent years, the U. S. Census Bureau also developed a Supplemental Measure of Poverty that considers the benefits of federal programs as well as specific necessary expenditures.

The adjacent table indicates the poverty guidelines from the U. S. Department of Health & Human Services for 2014 (official poverty measure).

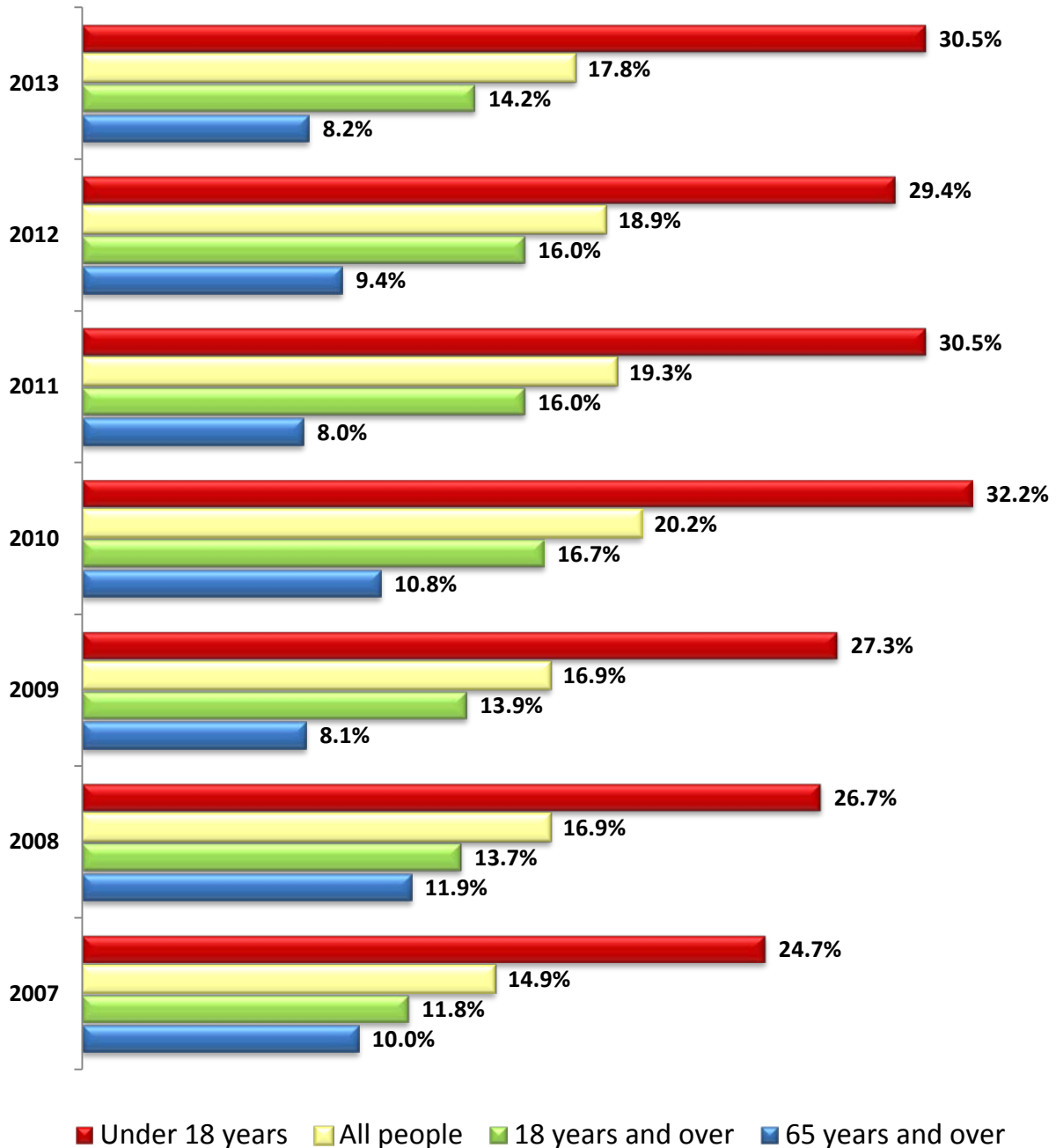
2014 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$11,670
2	15,730
3	19,790
4	23,850
5	27,910
6	31,970
7	36,030
8	40,090
For families/households with more than 8 persons, add \$4,060 for each additional person.	



Demographic and social characteristics are sometimes related to the rates of poverty in those categories. Generally, poverty is higher among those who are younger, have disabilities, have less education, are single with minor children, etc. As shown in Chart S-5, people below age 18 have poverty rates consistently and significantly higher than other ages. The rate of poverty for those under age 18 peaked in 2010 at 32.2% and remained at 30.5% in 2013, almost 6% higher than in 2007. As described in previous needs evaluations, there are often lasting detrimental effects for those who experience their youth in poverty, from decreased educational attainment to poor health status.

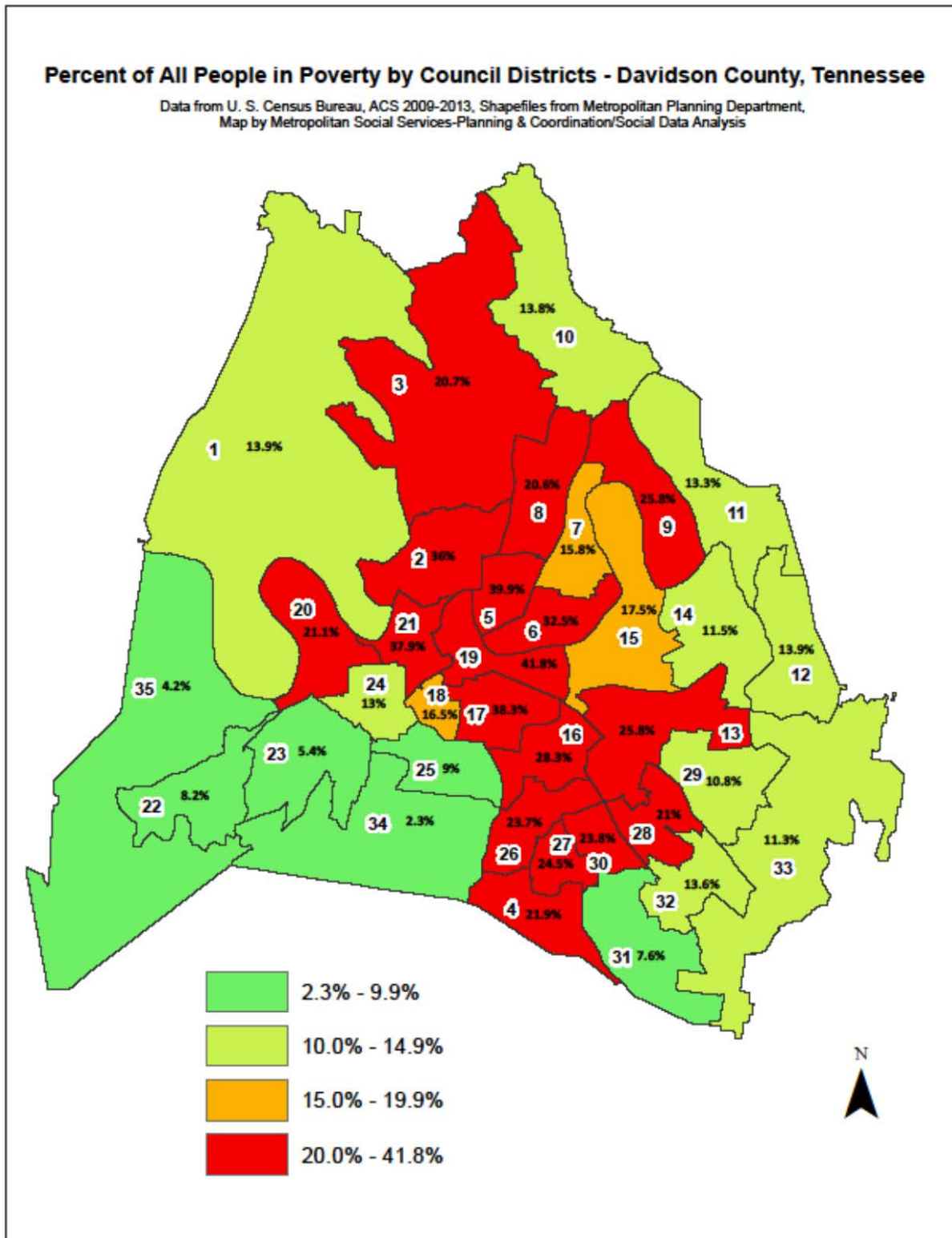
The age group with the lowest rate of poverty is for those 65 and over. However, many of those are burdened by unreimbursed medical expenditures that are not considered in determining the official rate of poverty (but are considered in the Supplemental Poverty Measure, described later in this section).

Chart S-5: Percentage of People in Poverty by Age
Davidson County, 2007-2013



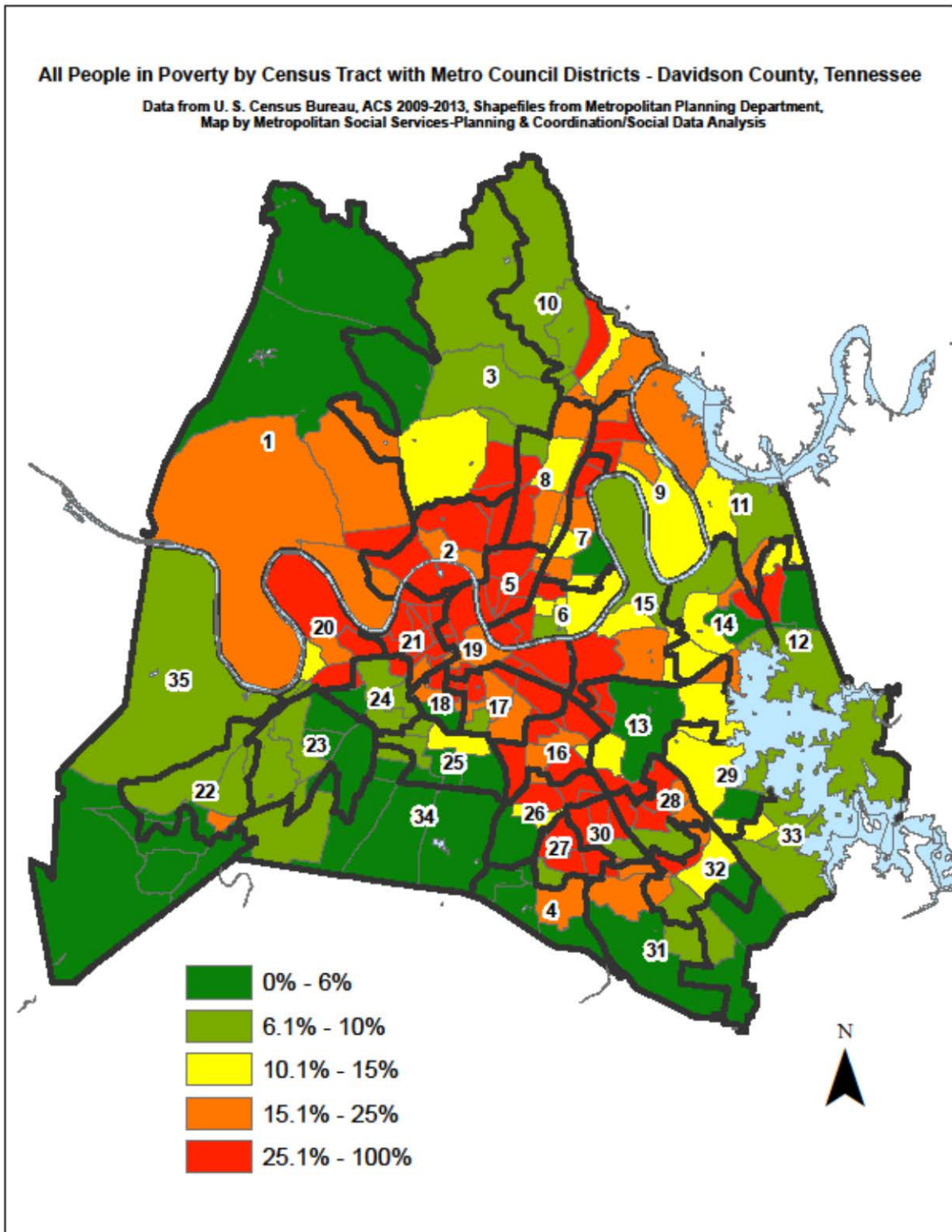
Source: U. S. Census Bureau, 2007-2013 American Community Survey

Poverty for all people in Davidson County is 17.8% overall. However, The map below shows the rate of all people in poverty in Davidson County by Metro Council Districts, which ranges from 2.3% in District 34 to 41.8% in District 19. Nineteen of Davidson County’s Council Districts have higher poverty levels than the U.S., while 17 Council Districts have higher poverty rates than the overall Davidson County poverty rate. The red areas have poverty rates over 20%.



By examining smaller geographic areas (Census Tracts, of which Davidson County has 161), concentrated areas of poverty can be seen.

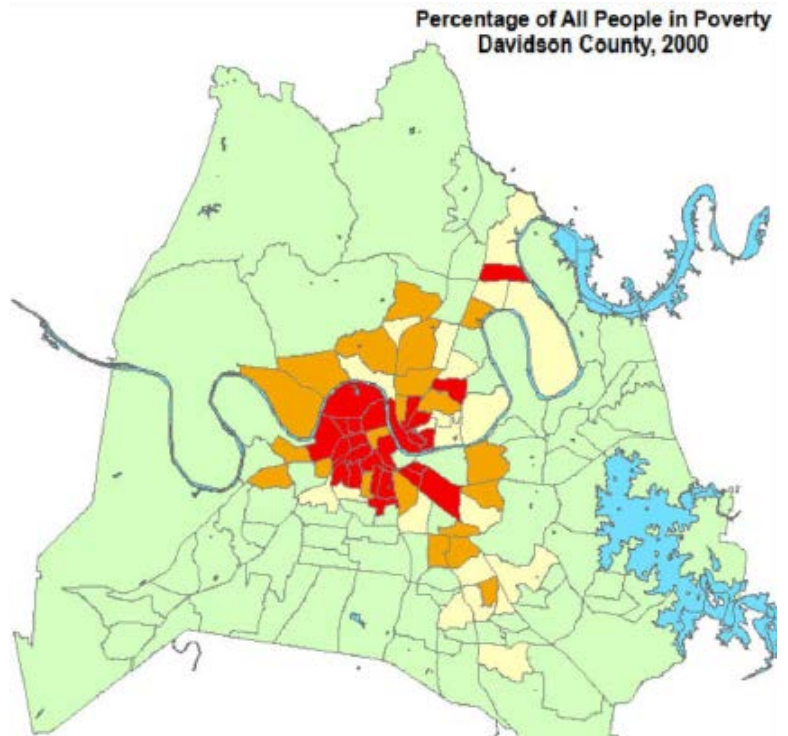
The map below shows areas in red are Census Tracts that have poverty rates of more than 25%, which are located in Council Districts 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 24, 26, 27, 28, 30 and 32.



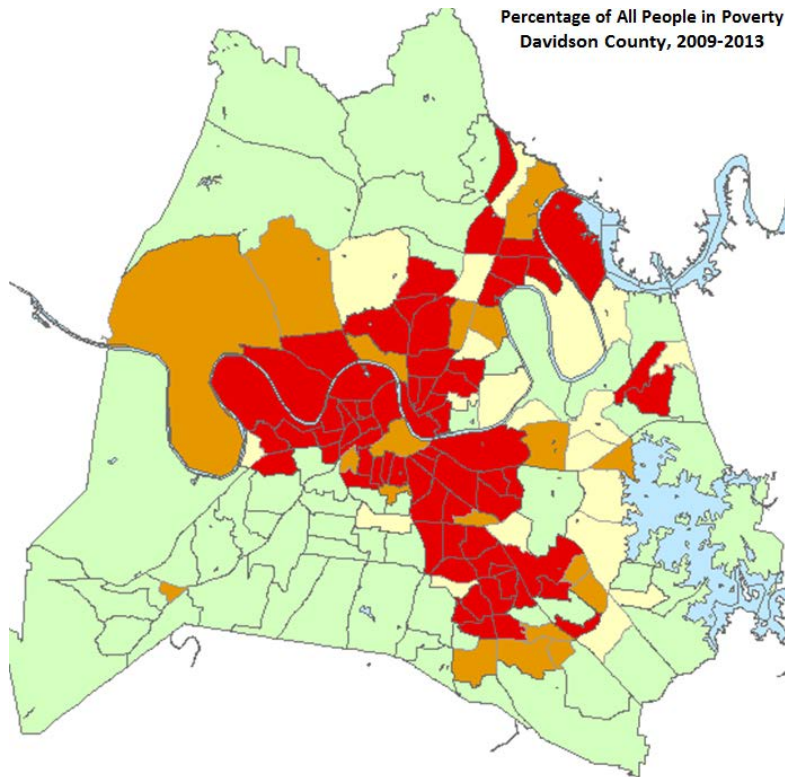
The two maps below reflect the growth of poverty in Davidson County. The red areas on both maps show areas where the poverty rate is above 20%.

The map at right shows the rate of poverty by census tracts in Davidson County, based on the 2000 Census.

The map below shows the rate of poverty by census tracts in Davidson County, based on the 2009-2013 American Community Survey, released by the U. S. Census Bureau in December 2014.



Percentage of All People in Poverty
Davidson County, 2009-2013



In Poverty

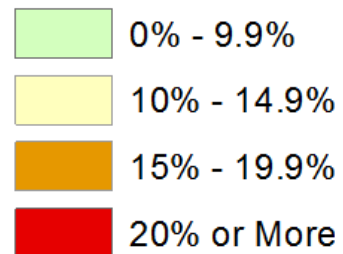
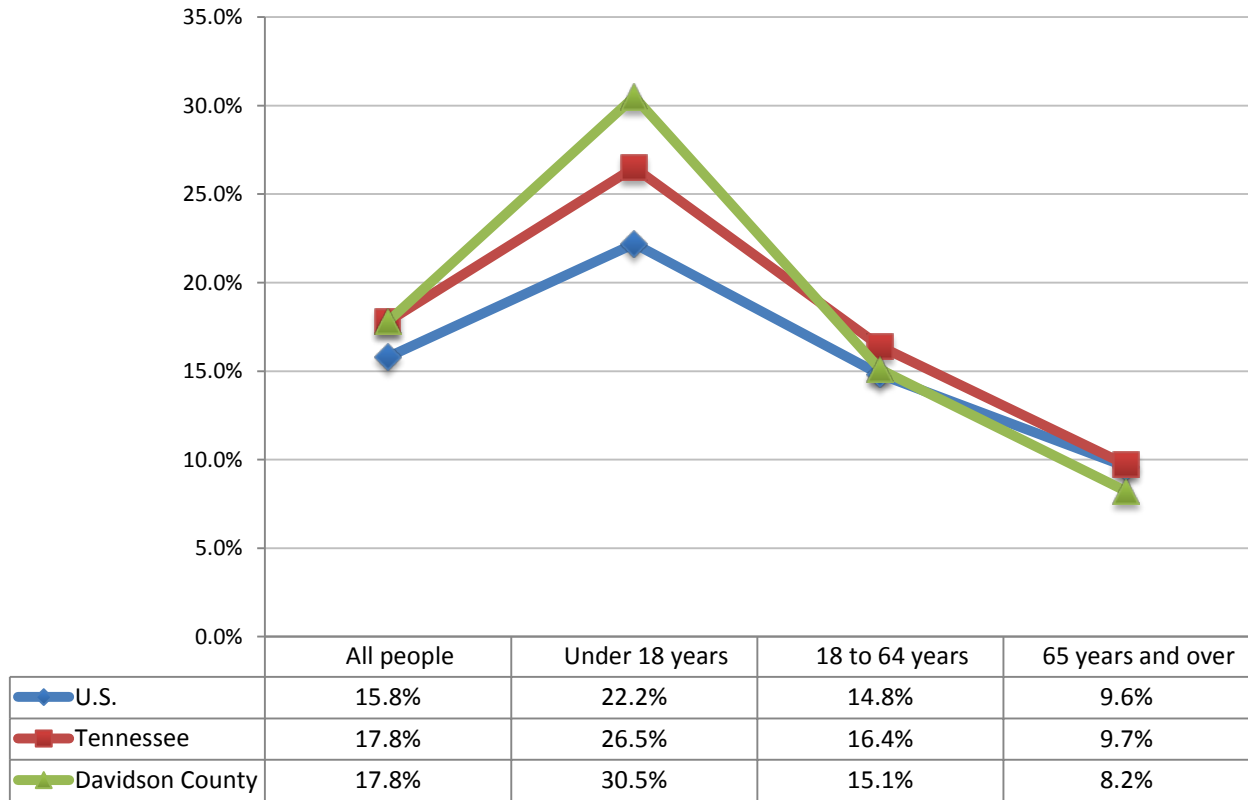


Chart S-6 compares the rates of poverty in 2013 for Davidson County, Tennessee and the U.S. The poverty rate for all people in Davidson County and Tennessee is 17.8% compared to the 15.8% for the U.S. For people under age 18, Davidson County's poverty rate of 30.5% is higher than Tennessee (26.5%) and the U.S. (22.2%).

Chart S-6: Percent of People in Poverty by Age
U.S., Tennessee, Davidson County, 2013

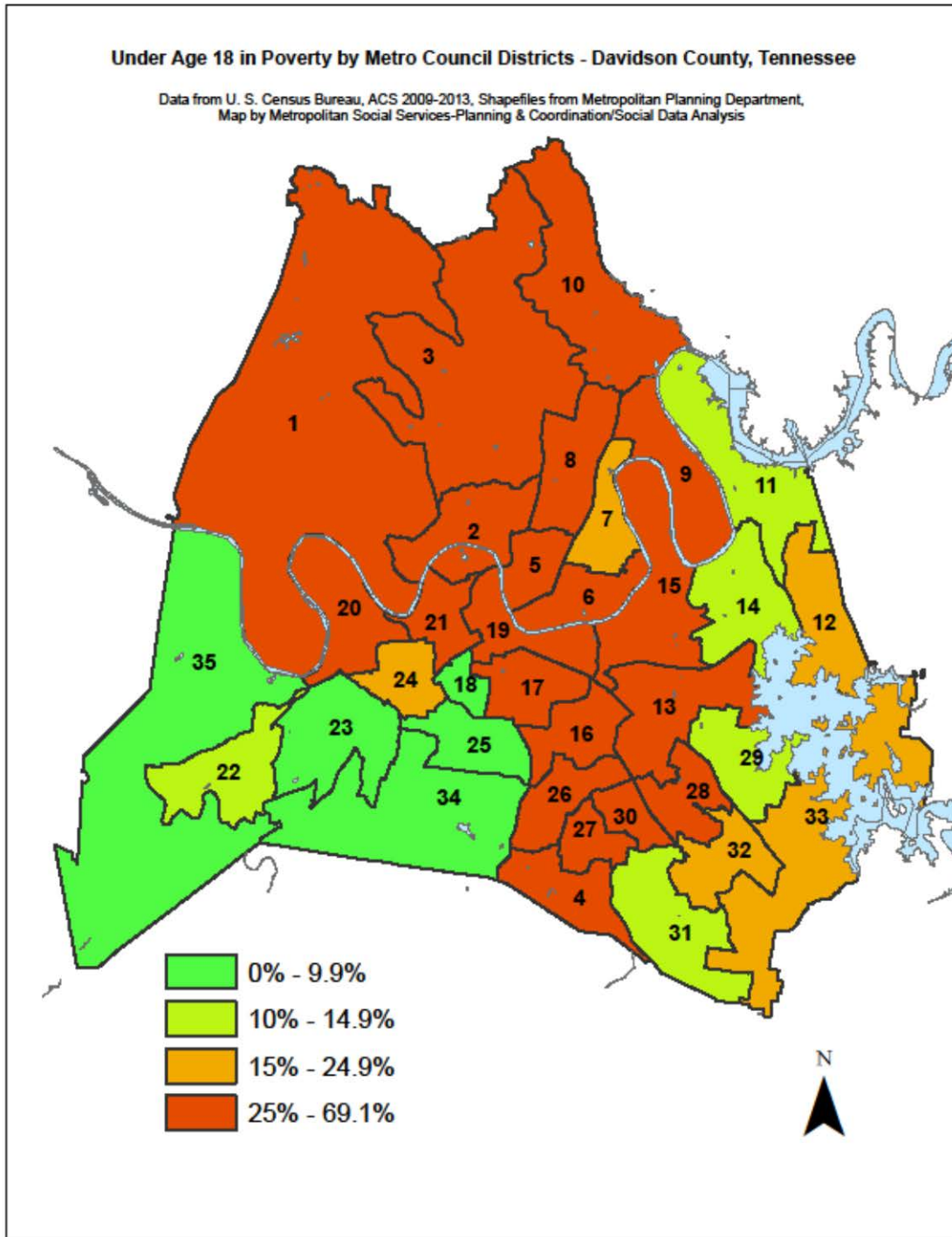


Source: U. S. Census Bureau, 2013 American Community Survey



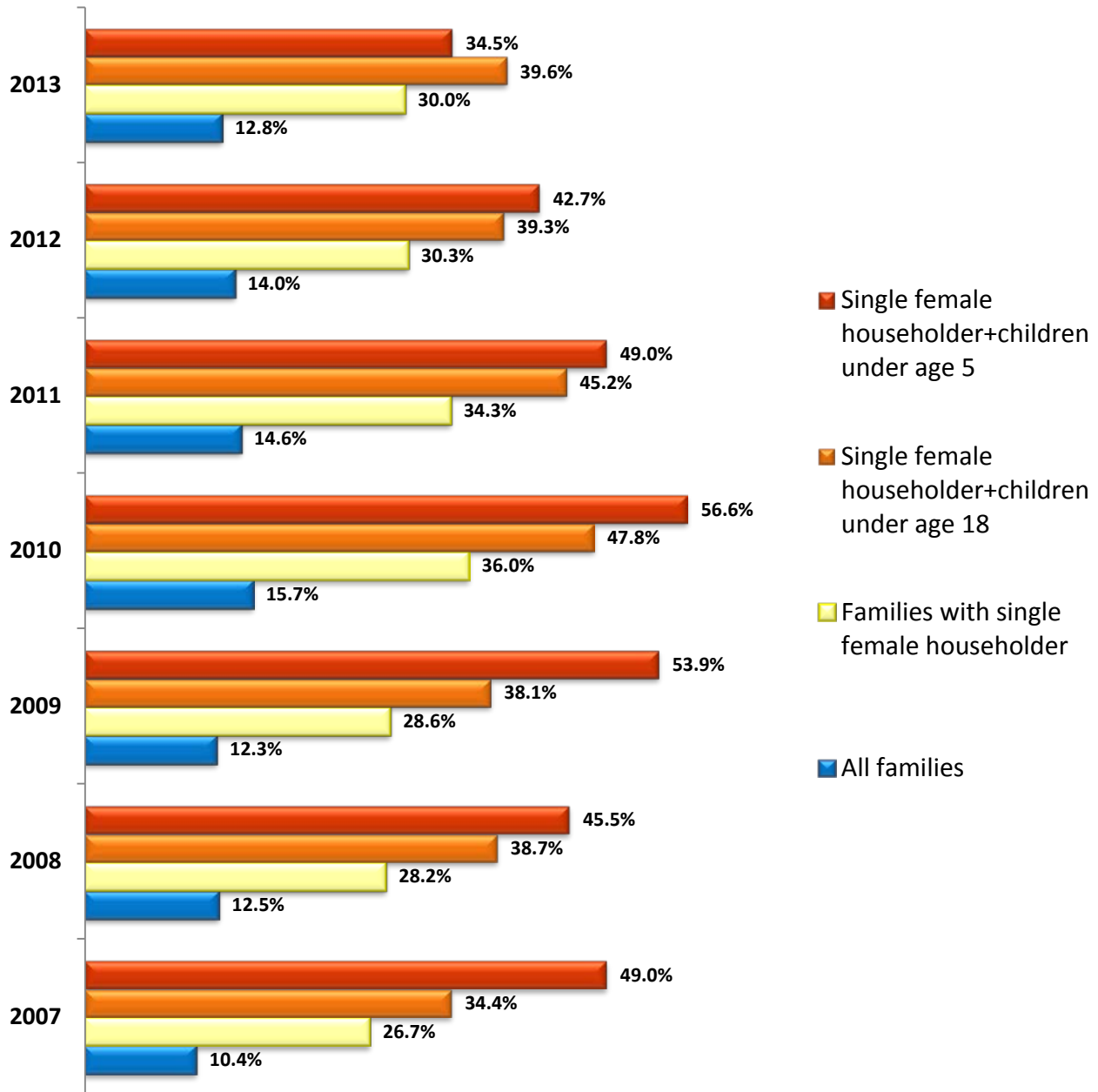
The people most likely to be in poverty in Davidson County are under age 18, as shown in the map below.

In 6 Council Districts (6, 17, 19, 5 and 21), the poverty rate for minor children (under 18) is at least 60.0%. In 20 Council Districts, the poverty rate for those under age 18 is at least 20%.



When comparing poverty in types of households from 2007 through 2013, Chart S-7 shows that single mothers with minor children are the largest type of household to be in poverty. After reaching a peak in 2010 with 56.5% of single female householders with children under age 5, the poverty rate gradually dropped to 34.5%. However, for the first time during that time, the single mothers with children under age 18 have a higher rate of poverty at 39.6% than those with children under age 5. The rate of poverty for all families has remained more consistent, peaking at 15.7% in 2010, which has decreased to 12.8% in 2013.

Chart S-7: Percentage of Families in Poverty by Household Type
Davidson County, 2007-2013



Source: U. S. Census Bureau, 2007-2013 American Community Survey

The table below has data from the 2013 American Community Survey and shows the rates of poverty for the U.S., Tennessee and Davidson County for 2013, with additional details about family structure.

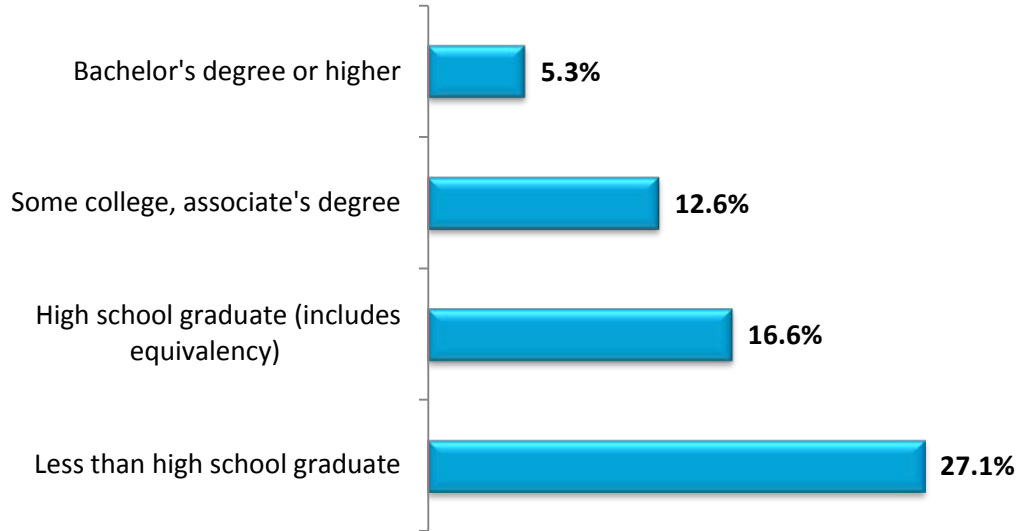
Percentage in Poverty	U. S.	Tennessee	Davidson County
All families	11.6%	13.3%	12.8%
With related children under 18 years	18.5%	22.0%	22.3%
With related children under 5 years only	18.3%	23.6%	18.3%
Married couple families	5.8%	6.5%	6.1%
With related children under 18 years	8.5%	9.8%	11.9%
With related children under 5 years only	7.0%	9.0%	11.2%
Families with female householder, no husband present	30.9%	35.6%	30.0%
With related children under 18 years	41.0%	47.9%	39.6%
With related children under 5 years only	46.2%	54.0%	34.5%
All people	15.8%	17.8%	17.8%
Under 18 years	22.2%	26.5%	30.5%
Related children under 18 years	21.9%	26.2%	30.2%
Related children under 5 years	24.8%	31.5%	30.2%
Related children 5 to 17 years	20.8%	24.3%	30.3%
18 years and over	13.9%	15.1%	14.2%
18 to 64 years	14.8%	16.4%	15.1%
65 years and over	9.6%	9.7%	8.2%
People in families	13.1%	15.2%	16.2%
Unrelated individuals 15 years and over	27.4%	29.6%	22.1%

The table below shows the rates of poverty for the U.S., Tennessee and Davidson County for 2013 by race and ethnicity.

Percent below Poverty Level by Race and Ethnicity	United States	Tennessee	Davidson County
White	13.0%	15.1%	13.6%
Black or African American	27.6%	28.9%	24.9%
American Indian and Alaska Native	28.9%	12.1%	n/a
Asian	12.7%	9.1%	12.0%
Native Hawaiian and Other Pacific Islander	20.1%	n/a	n/a
Some other race	27.0%	32.2%	31.0%
Two or more races	20.4%	28.6%	27.9%
Hispanic or Latino origin (of any race)	24.8%	33.9%	30.9%
White alone, not Hispanic or Latino	11.1%	14.2%	11.9%

As discussed further in the Workforce & Economic Opportunity section, the level of educational attainment is related to socioeconomic characteristics. Chart S-8 shows that poverty decreases with higher levels of educational attainment. For example, in Davidson County for 2013, the rate of poverty was 5 times higher for those who lack a high school education than for those who have a bachelor’s degree.

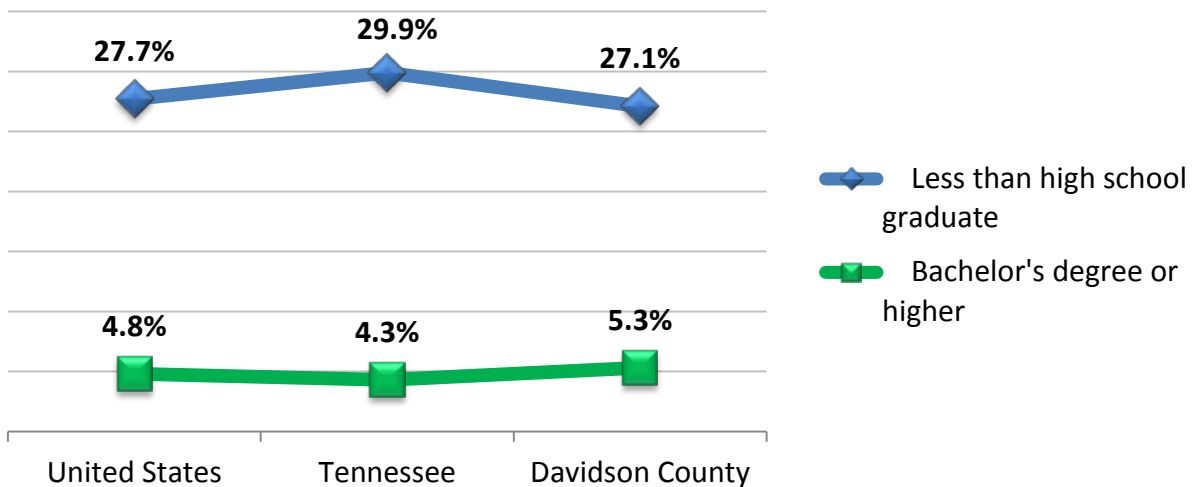
Chart S-8: Percent in Poverty by Educational Attainment
Davidson County, 2013



Source: U. S. Census Bureau, 2007-2013 American Community Survey

Chart S-9 shows that the poverty rate for those with less than a high school education is far greater than for those who received a Bachelor’s degree or higher, at the state, local and national levels.

Chart S-9: Poverty by Educational Attainment
U. S., Tennessee, Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

There are indications that in recent decades that the U.S. may be falling behind educationally compared to other developed countries. The Council on Foreign Relations' *Remedial Education: Federal Education Policy* explains that in international comparisons, there has been a deterioration of the U. S. education system, which has slipped ten spots in both high school and college graduation rates over the past 30 years. It describes an emerging workforce that is less educated than their parents, noting the "deep and growing achievement gap between socioeconomic groups that begins early and lasts through a student's academic career."

Redial Education – Federal Education Policy from Renewing America (June 2013) notes that the rest of the developed world is catching up, and in some instances, surpassing the U. S. in high school and college completion, while spending less per student. It indicates that the U.S. is fourth in the world in the amount of money spent per student in primary and secondary education, but that the resources are distributed differently than in other developed nations, which spend more resources per pupil in lower-income school districts than in higher-income school districts.

Among people ages 55-64 (among Organization for Economic Cooperation and Development-OCED countries), the U.S. ranks first in high school completion and third in post-secondary education. However, among people ages 25-34, the U.S. ranks 10th in high school completion and 13th in post-secondary education. This is of particular importance because educational attainment is closely aligned with quality of life issues such as income, unemployment and poverty.

<http://www.cfr.org/united-states/remedial-education-federal-education-policy/p30141>

Various types of disabilities can affect the quality of life in various ways. As described by the U. S. Centers for Disease Control and Prevention, "Anyone can have a disability and a disability can occur at any point in a person's life." Some disabilities may be visible while others may not and the same type of disability can affect people in different ways. Types of disabilities include vision, movement, thinking, remembering, learning, communicating, hearing, mental health and social relationships.

In 2001, the World Health Organization developed the *International Classification of Functioning Disability and Health*. It categorizes functioning activities and factors that affect how people can fully participate in society.



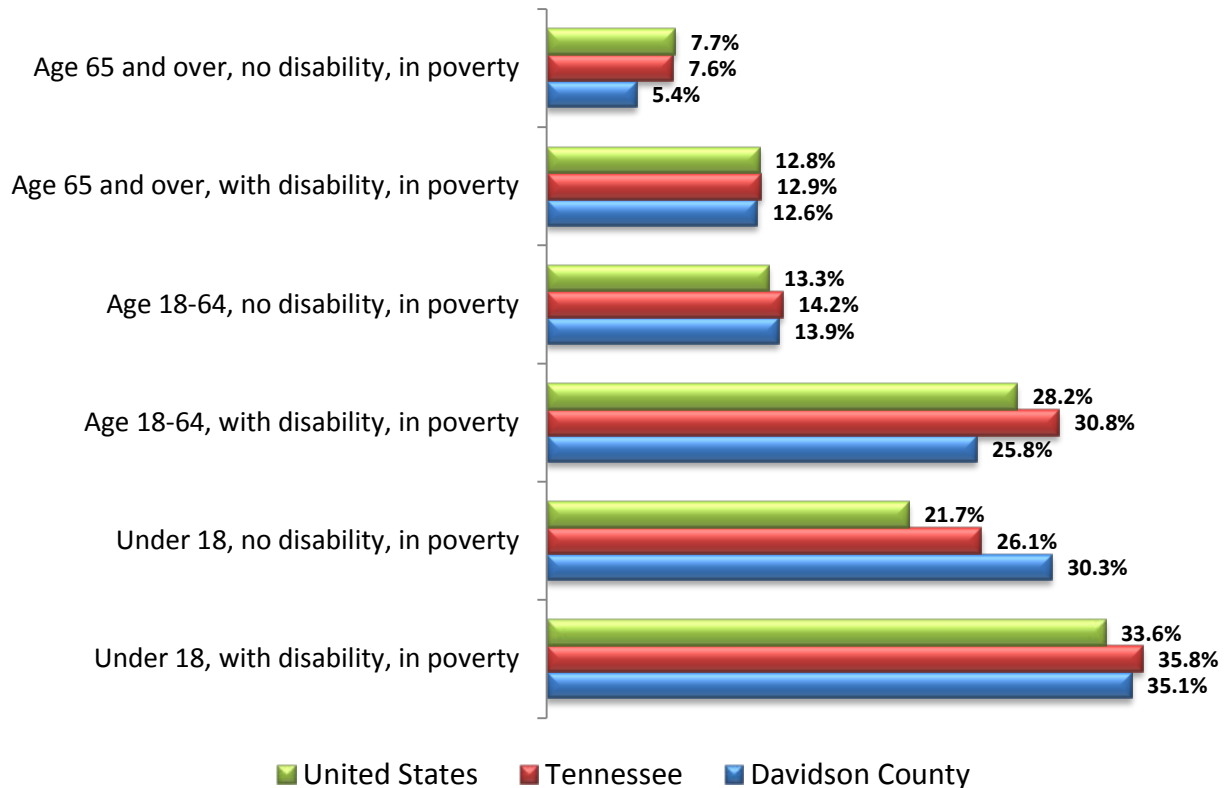
These include health conditions (illness, disease, disorder, injury, trauma), body structures (physical parts of the body), body functions (how body parts and systems work), functional limitations (difficulties completing activities), activity (doing a task or action), activity limitations (difficulty in doing activities), participation (in society), participation restrictions (problems a person may have in life situations), environmental factors (things in an environment that affect a person's life) and personal factors (age, gender, social status, life expectations, etc.).

<http://www.cdc.gov/ncbddd/disabilityandhealth/types.html>

<http://www.who.int/classifications/icf/en/>

As discussed further in the Aging & Disability section, increasing age is related to an increased likelihood of having a disability. As reflected in Chart S-10, those who have a disability are more likely to be in poverty, across all age categories.

Chart S-10: Percent in Poverty by Age, with/without Disability
U. S., Tennessee, Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

On September 14, 2014, the U. S. Senate’s Committee on Health, Education, Labor & Pensions released a majority staff report, *Fulfilling the Promise: Overcoming Persistent Barriers to Economic Self-Sufficiency for People with Disabilities*, which described how many with disabilities are marginalized. It acknowledged that there have been improvements since the enactment of the Americans With Disabilities Act, but noted "people with disabilities are often in the worst condition compared to almost any other group."

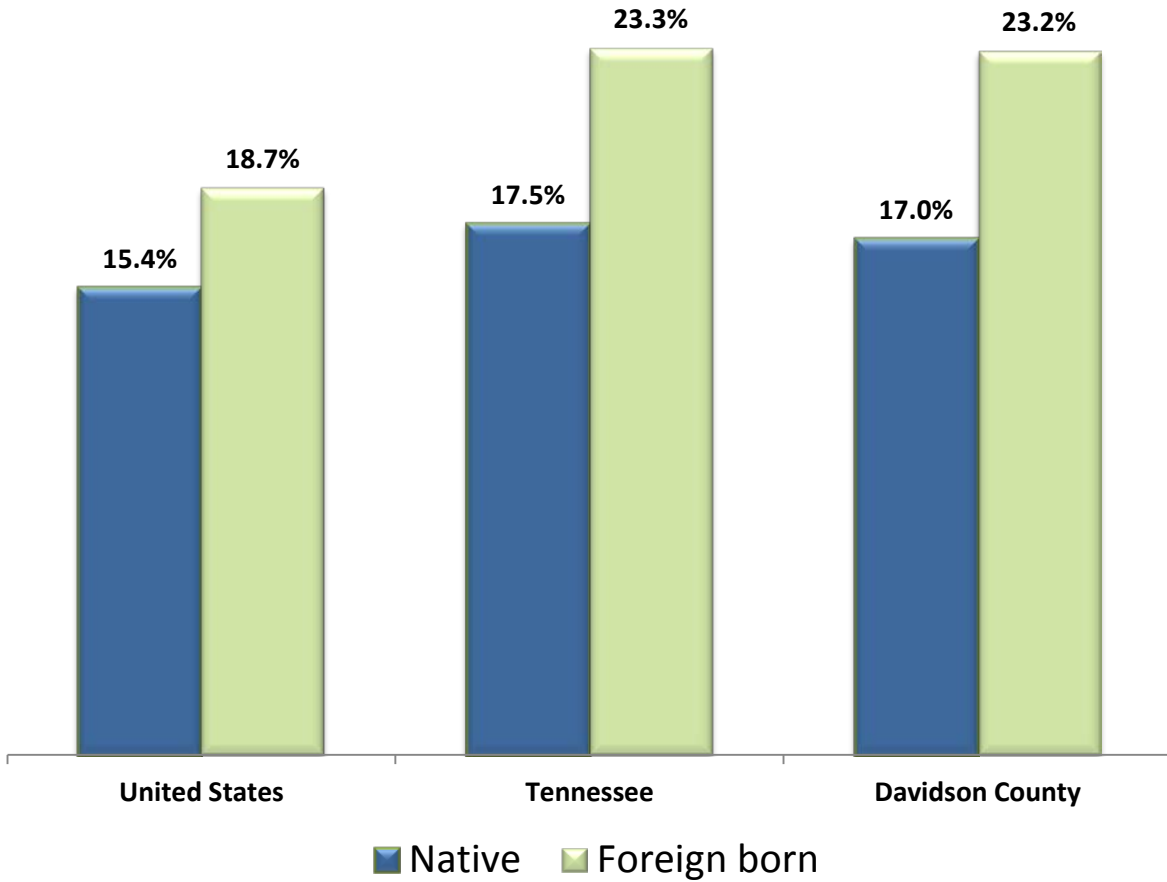
Fulfilling the Promise noted that in the U.S.:

- People with disabilities are more likely to live in poverty, with about twice the poverty rate of those without disabilities.
- Less than 30% of working-age (ages 18-64) people with disabilities participate in the workforce, compared to 78% of those without disabilities.
- U. S. households with an adult member with a disability have 38.4% less income than comparable households without a disability.

<http://www.help.senate.gov/imo/media/doc/HELP%20Committee%20Disability%20and%20Poverty%20Report.pdf>

Another characteristic related to poverty is nativity, with those who are foreign-born experiencing higher poverty rates than those who were native born. Chart S-11 shows that at the local, state and national level, foreign-born people have noticeably higher poverty rates than those born in the U.S.

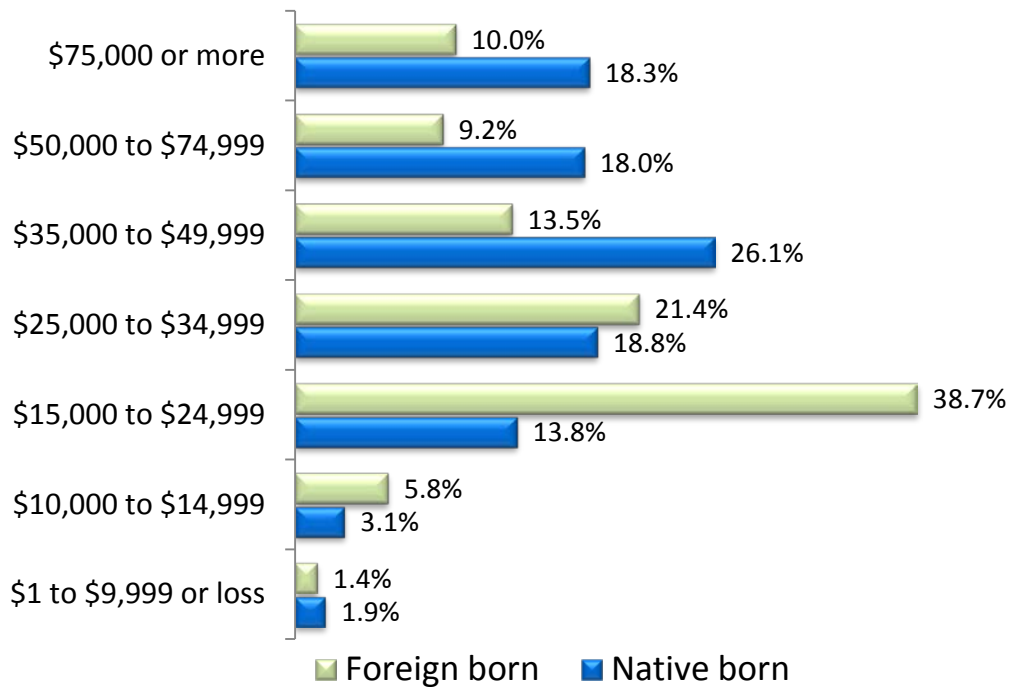
Chart S-11: Percent in Poverty by Nativity
U. S., Tennessee, Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

Chart S-12 shows income categories by nativity for full-time, year-around workers in Davidson County for 2013. Generally, lower income categories show a larger percentage of earnings by foreign-born workers. A larger percentage of native-born were in higher income categories (from \$35,000 through over \$75,000 or more).

Chart S-12: Full-time, Year-around Earnings by Nativity
Davidson County, 2013



Source: U. S. Census Bureau, 2013 American Community Survey

Current Population Survey

While most information in this needs evaluation is from the U. S. Census Bureau’s American Community Survey (an ongoing survey to provide data every year), additional data is available from the Current Population Survey (CPS) from a monthly survey of households conducted by the U. S. Census Bureau for the U.S. Bureau of Labor Statistics. It provides state and national data about employment, earnings, demographics and labor force characteristics.

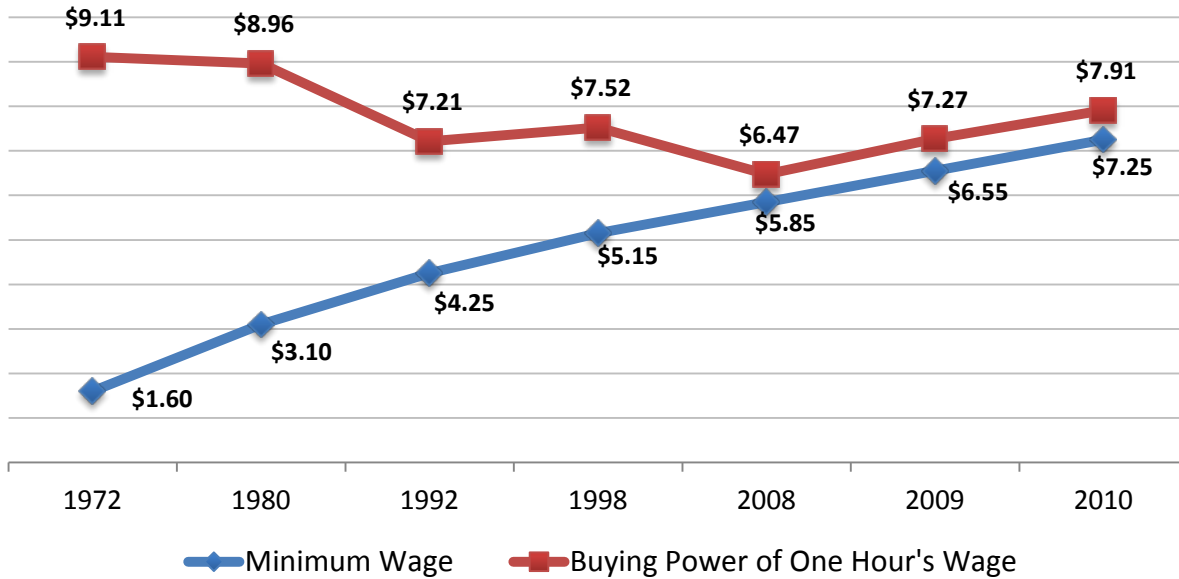
Characteristics of Minimum Wage Workers

Based on data from the CPS, in March 2014, the U. S. Bureau of Labor Statistics released *Characteristics of Minimum Wage Workers, 2013*, which reported that Tennessee had the highest rate (7.4%) of workers earning at or below the minimum wage among all states. As described in the Workforce & Economic Opportunity Section, the unemployment rate has decreased in Tennessee while the level of poverty remains relatively high, presumably because of the number of people working at low-wage jobs.

<http://www.bls.gov/cps/minwage2013.pdf>

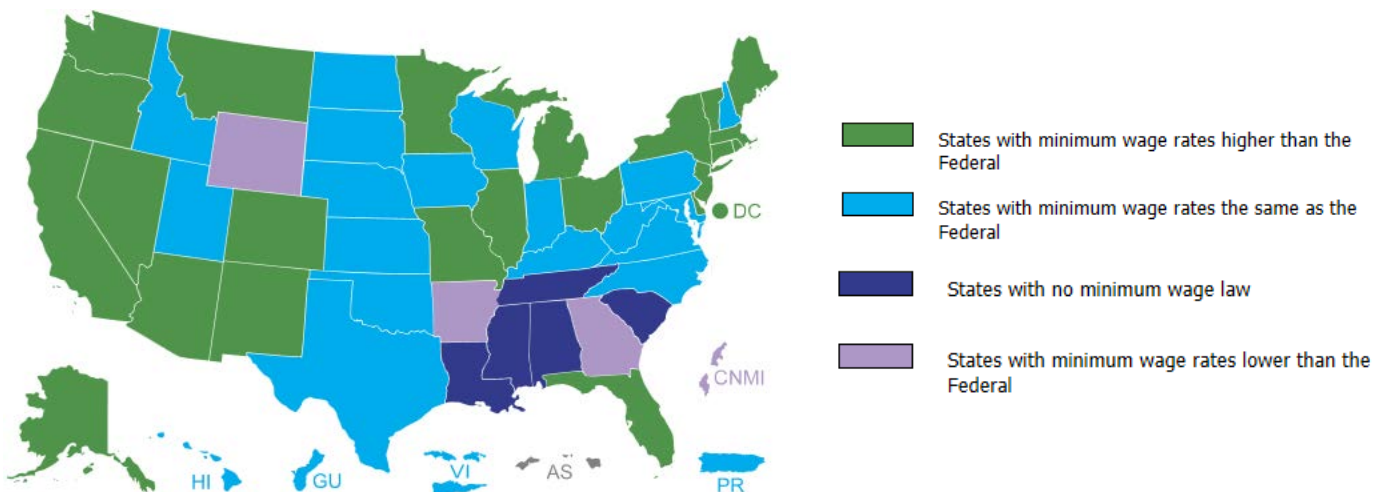
The U. S. Department of Labor reported the minimum wages in non-farm employment for the federal government as determined by the Fair Labor Standards Act, reflected in blue on Chart S-12. Using the Consumer Price Index Inflation Calculator provided by the U.S. Bureau of Labor Statistics, the data points in red show the buying power of one hour of minimum wage work in 2014 dollars. It shows that in 1972 and 1980, the buying power of an hour of the minimum wage was around \$9, dropping to \$7.21 in 1992. A 40-hour work week at minimum wage in 1972 would have the buying power of \$364.40, compared to the buying power of the minimum wage in 2010 of \$316.40.

Chart: S-12: Minimum Wage and Buying Power
U.S., 1972-2010



<http://www.dol.gov/whd/state/stateMinWageHis.htm>
http://www.bls.gov/data/inflation_calculator.htm

As of September 1, 2014, the U.S. Department of Labor reported on the minimum wages for the states and territories. Several states have established minimum wage rates higher than the federal minimum wage of \$7.25. Tennessee is among the 5 states with no state minimum wage.



In *Characteristics of Minimum Wage Workers, 2013*, the U. S. Bureau of Labor Statistics reports that nationwide 1.5 million of the 75.9 million hourly workers age 16 and over earned the minimum wage, with another 1.8 million earning below the minimum wage or 4.3% of hourly paid workers. This data was first collected in 1979, when there were 13.4% at or below minimum wage in the U.S.

In describing the national characteristics of those who were paid the minimum wage in 2013, it noted:

- Age – Minimum wage workers are often young. Workers under 25 were about 1/5 of hourly workers but were about half of those paid minimum wage. For hourly paid teenagers (16-19), about 20% were paid minimum wage, compared to about 3% of men age 25 and over.
- Gender – About 5% of women and 3% of men were paid the minimum wage.
- Race/Ethnicity – There were slight differences for hourly pay by race/ethnicity. About 5% of Black or African American workers, 4% of White workers and Hispanic workers and 3% of Asian worker earned no more than the federal minimum wage.
- Education – Never-married workers (usually younger) were more likely than married workers to earn minimum wage (8% for never-married, compared to 2% of married hourly workers).
- Full/part-time status – About 10% of part-time workers (less than 35 hours per week) were paid the minimum wage compared to about 2% of full-time hourly workers.
- Occupation – The highest percent of hourly paid workers making the federal minimum wage was the 11% in service occupations, with about 2/3 in service occupations such as food preparation and serving.
- Industry – The leisure and hospitality industry had the highest percentage of workers earning wages at or below the federal minimum wage (19%). Half of workers paid at or below minimum wage worked in restaurants or other food services, some who received tips to supplement the hourly wages they received.

http://www.bls.gov/opub/reports/cps/minimumwageworkers_2013.pdf

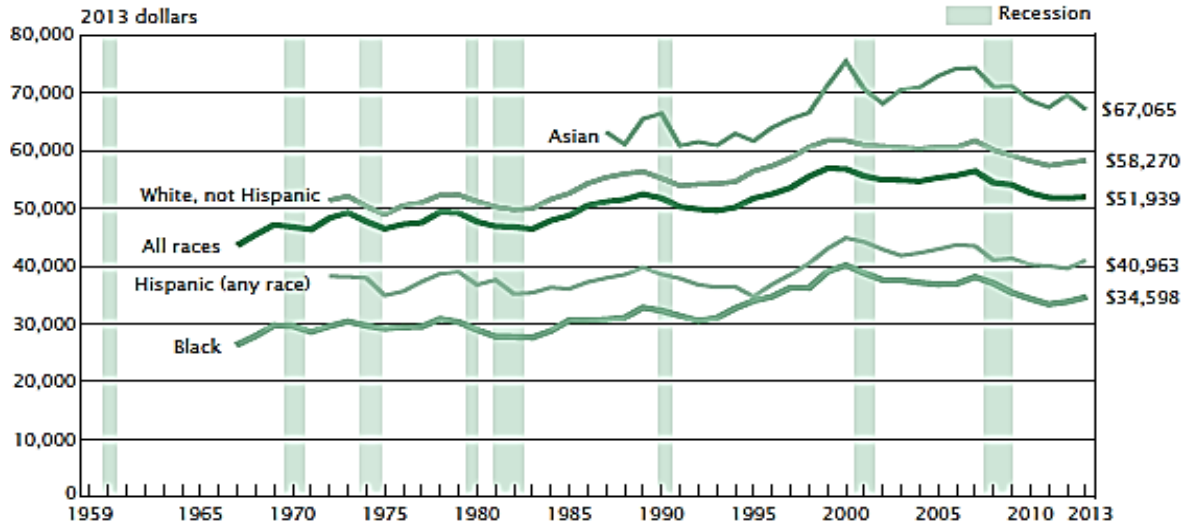
Income and Poverty in the United States

As reported in *Income and Poverty in the United States: 2013* from the Current Population Reports (September 2014), there was no statistical difference in 2012 and 2013 median income for the U.S. It also reported that the number in poverty was not statistically significant, although the U.S. experienced a slight decline from 15.0% to 14.5%.

The chart below shows trends in the real median household income by race and ethnicity from 1967 to 2013. The categories show 2013 income below pre-recession levels. The chart also shows that 2013 median household income was 8.0% lower than in 2007 (the year the Great Recession began).

The graphic below explains that the real median income of Hispanics increased 3.5% from 2012 to 2013, with no statistically significant difference for non-Hispanics, White, Black and Asian. (The U. S. Census Bureau defines real income as the purchasing power computed by adjusting money income to price changes.)

Real Median Household Income by Race and Hispanic Origin: 1967 to 2013



Note: Median household income data are not available prior to 1967. For more information on recessions, see Appendix A. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf>.
 Source: U.S. Census Bureau, Current Population Survey, 1968 to 2014 Annual Social and Economic Supplements.

The graphic below reflects the number in poverty and the poverty rate from 1967 through 2013. It noted that there were 45.3 million people in poverty in the U.S. in 2013. While the percent of people in poverty in 2013 is lower than before the War on Poverty that began 50 years ago, the number of people in poverty is higher because the population of the U.S. increased during that time.

Number in Poverty and Poverty Rate: 1959 to 2013



Note: The data points are placed at the midpoints of the respective years. For information on recessions, see Appendix A. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf>.
 Source: U.S. Census Bureau, Current Population Survey, 1960 to 2014 Annual Social and Economic Supplements.

<http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-249.pdf>

The Supplemental Poverty Measure

The Supplemental Poverty Measure: 2013 uses CPS data to report on an alternative way to measure poverty by considering the effects of government benefit programs. The fourth report was issued in October 2014 by the U. S. Census Bureau, and the measurement differences are described in the table below.

	Official Poverty Measure	Supplemental Poverty Measure
Measurement Units	Families and unrelated individuals	All related individuals who live at the same address, and any coresident unrelated children who are cared for by the family (such as foster children) and any cohabiters and their relatives
Poverty Threshold	Three times the cost of a minimum food diet in 1963	The mean of the 30th to 36th percentile of expenditures on food, clothing, shelter, and utilities (FCSU) of consumer units with exactly two children multiplied by 1.2
Threshold Adjustments	Vary by family size, composition, and age of householder	Geographic adjustments for differences in housing costs by tenure and a three-parameter equivalence scale for family size and composition
Updating Thresholds	Consumer Price Index: all items	Five-year moving average of expenditures on FCSU
Resource Measure	Gross before-tax cash income	Sum of cash income, plus noncash benefits that families can use to meet their FCSU needs, minus taxes (or plus tax credits), minus work expenses, minus out-of-pocket medical expenses and child support paid to another household

The Supplemental Poverty Measure (SPM) includes specific government benefit programs as resources and subtracts necessary expenditures, as shown in the table below.

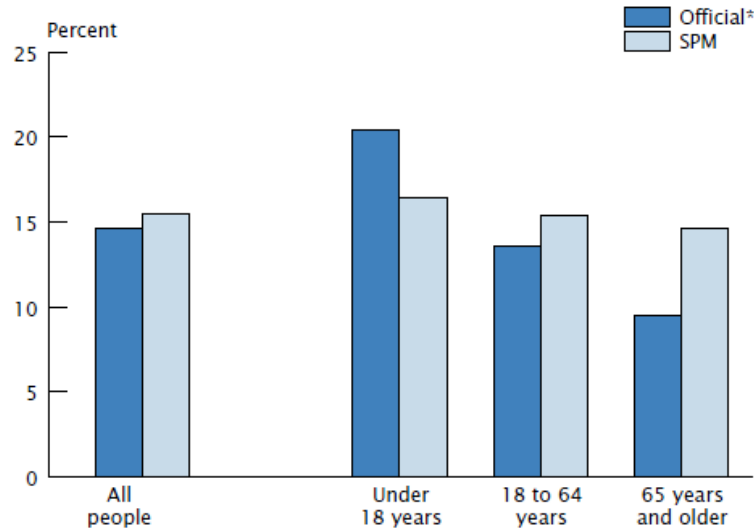
Resource Estimates SPM Resources = Money Income From All Sources	
Plus: Supplemental Nutritional Assistance (SNAP) National School Lunch Program Supplementary Nutrition Program for Women Infants and Children (WIC) Housing subsidies Low-Income Home Energy Assistance (LIHEAP)	Minus: Taxes (plus credits such as the Earned Income Tax Credit [EITC]) Expenses Related to Work Child Care Expenses Medical Out-of-Pocket Expenses (MOOP) Child Support Paid

Under the official poverty measure, in 2013 the U. S. had 45.8 million people, compared to 48.7 people in poverty using the SPM. For most groups, poverty was higher using the SPM's expanded consideration of resources and expenses. Some groups reflected lower poverty rates using the SPM (children, African Americans, renters, those outside metropolitan areas, etc.), while people aged 65 and over reflected higher poverty rates with the SPM. The report compares the differences by gender, age, household type, nativity, region, race/ethnicity, work experience, disability status, etc.

Data is available to compare the official poverty and the Supplemental Poverty Measure from the Current Population Survey (although American Community Survey data is more frequently used for state comparisons). CPS data shows that Tennessee's official poverty rate is 17.8%, compared to 15.6% using the SPM, typical for most states. Other states had official poverty rates higher than the SPM, including Florida, California, Nevada, Illinois, New York, Virginia, Maryland, New Jersey, Connecticut, Massachusetts, New Hampshire and the District of Columbia.

The graphic below from the 2013 Current Population Survey (CPS) data compares the poverty rate identified by the official poverty measure and the Supplemental Poverty Measure. In comparing poverty by age category, the most noticeable difference is that using the SPM, those ages 65 and over had a higher poverty rate than when using the official measure. At least in part, this may be attributable to the high level of unreimbursed medical care that is considered by the SPM. The SPM for those under age 18 is lower, probably because of federally mandated programs for which children are the beneficiaries.

Poverty Rates Using Two Measures for Total Population and by Age Group: 2013



* Includes unrelated individuals under the age of 15.
 Source: U.S. Census Bureau, Current Population Survey, 2014 Annual Social and Economic Supplement.

<http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-251.pdf>

The previous year’s 2013 Community Needs Evaluation provided extensive information about poverty, in a special section on *Understanding Poverty*. *Understanding Poverty* included historical poverty rates, alternative measures, evolution and other issues related to poverty, and is available online at the link below.

Understanding Poverty also includes factors that are not considered in determining poverty but that affect the quality of life for low-income persons: household wealth, household debt, social mobility, suburban poverty, the effect of the prevalence of the minimum wage, etc.

Understanding Poverty describes important recent research about how poverty impairs cognitive function, such as memory, attention capacity, as well as the profound detrimental effect of poverty on children.

http://www.nashville.gov/Portals/0/SiteContent/SocialServices/docs/plann_coord/UnderstandingPoverty2013.pdf

Local Data and Studies

This section contains data compiled by United Way of Metropolitan Nashville since 2007, data collected by Metro Social Services since 2009 and data from the Financial Assistance Coalition that was created in 2013 to assess the need for financial assistance relative to resources available.

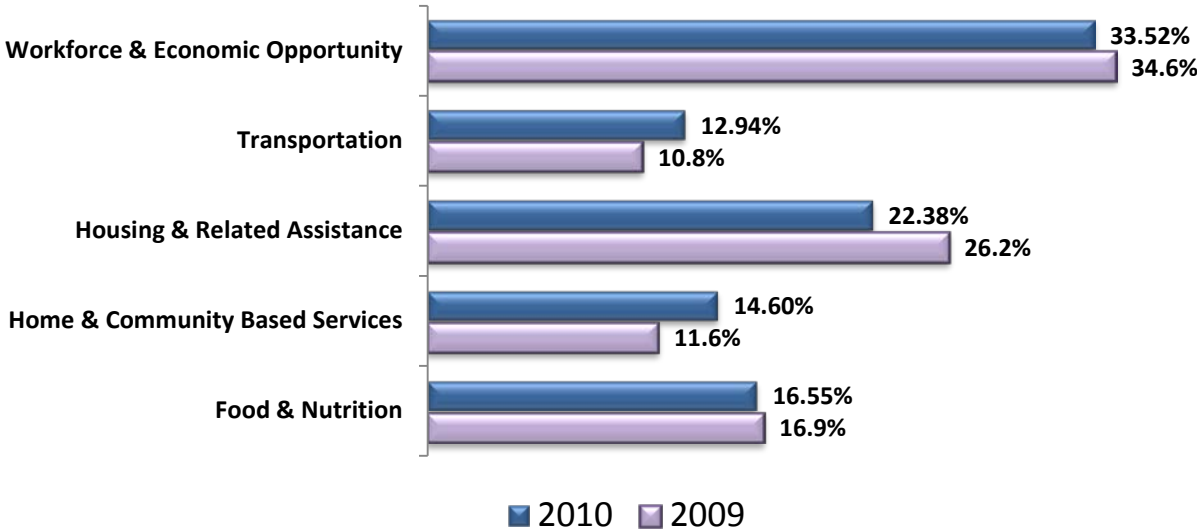
Grassroots Community Survey

Beginning in 2009, as part of each annual Community Needs Evaluation, a Grassroots Community Survey was 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, Metro Health Department, Catholic Charities, Volunteer Income Tax Assistance Program of United Way, Salvation Army, Goodwill Industries, Nashville CARES, Project Return, Habitat for Humanity and others). During the six years the survey has been conducted, a combined total of 6,856 people participated in the Grassroots Community Survey. 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 five needs, while the 2011, 2012 and 2013 surveys expanded to include eight 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 S-13. Within that category for both years, the top two most frequently identified needs were for Help Finding a Job/Job Placement and Job Training.

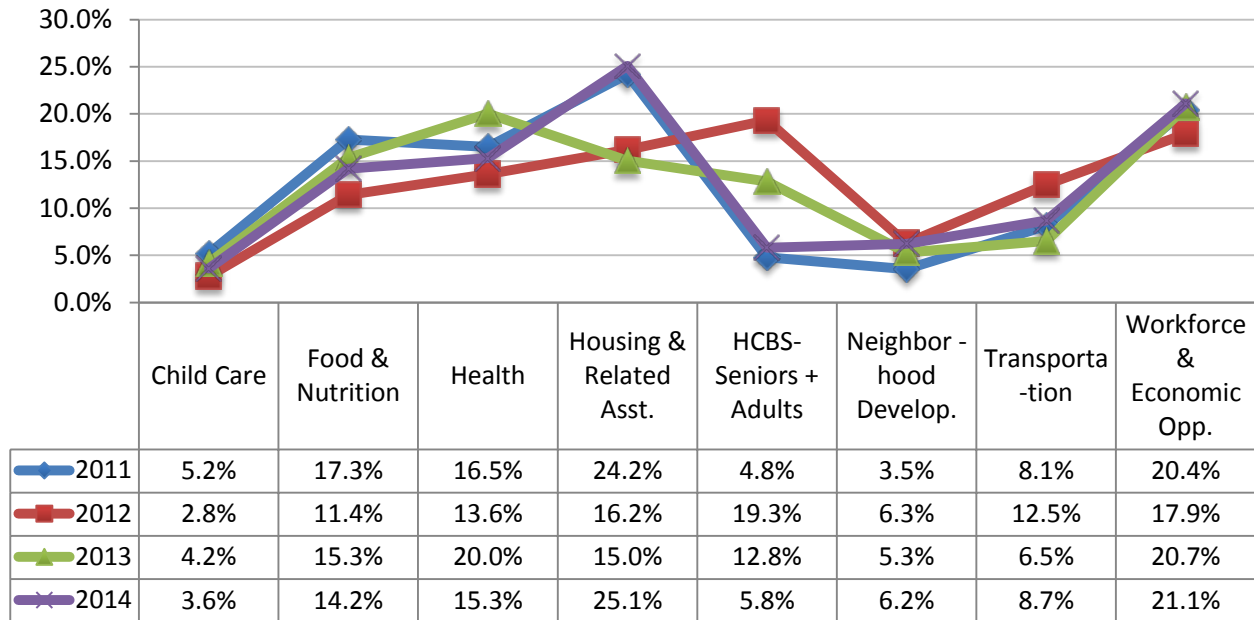
Chart S-13 : Greatest Unmet Need
Grassroots Community Survey, 2009-2010



Source: MSS Grassroots Community Survey, 2009-2010

For the 2011, 2012, 2013 and 2014 Grassroots Community Surveys, more categories were added from which respondents were asked to identify the greatest unmet need. Chart S-14 shows that most years, Housing & Related Assistance and Workforce & Economic Opportunity trended high as the “largest gap between the services now available and what is needed.”

Chart S-14: Largest Gap in Services
Grassroots Community Services, 2011-2014



Additional questions identified the specific services needed within each of the five areas and these are described in other sections of this needs evaluation.

- Housing – Section 8 Vouchers, followed closely by Emergency Shelter, although Help with Rent Payments and Help Paying Utility Bills were more often identified for other years.
- Workforce & Economic Opportunity – Help Finding a Job/Job Placement has ranked highest each year from 2009 through 2014.
- Health – Basic Health Care-Uninsured/Underinsured has been significantly higher than other categories in 2011 through 2014.
- Food & Nutrition – Food Boxes/Food Pantries, followed by Food Stamps.
- Home & Community Based Services – Help Paying for Child Care (that has alternated as the top need with Homemaker Services for Elderly or Disabled People each year since 2009).
- Neighborhood Development – Crime Prevention/Safety ranked much higher than other needs each year since 2011.

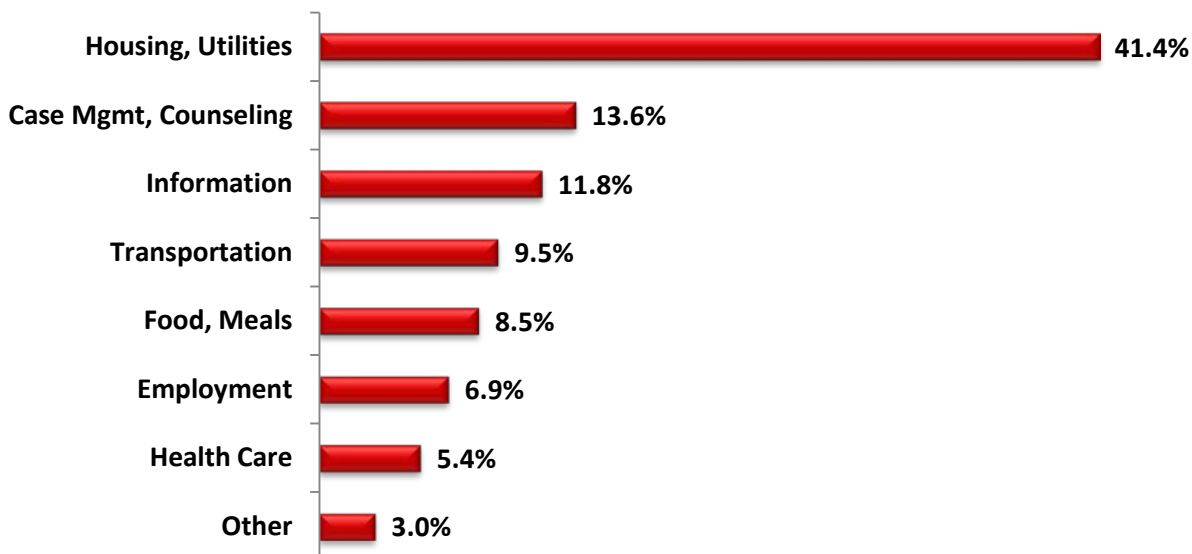
Because the Grassroots Community Survey was first conducted in 2009, there is no data to compare from before the recession began at the end of 2007. Despite moderate economic recovery after the recession, the continued consistency with which consumers identify gaps and services and unmet needs suggests that for those with lower incomes, recovery from the recession may not have extended into those with limited means.

Metropolitan Social Services

Front Desk Survey

From July 1, 2013 through December 9, 2014, people who visited Metropolitan Social Services to request assistance were asked to identify their needs through a voluntary and anonymous survey. Among a total of 3,424 needs identified, Chart S-15 shows that 41.1% of those needs related to Housing and Utilities. The pattern of great needs in housing related assistance is consistent with United Way's 2-1-1 calls, the Grassroots Community Survey and data collected through the Financial Assistance Coalition.

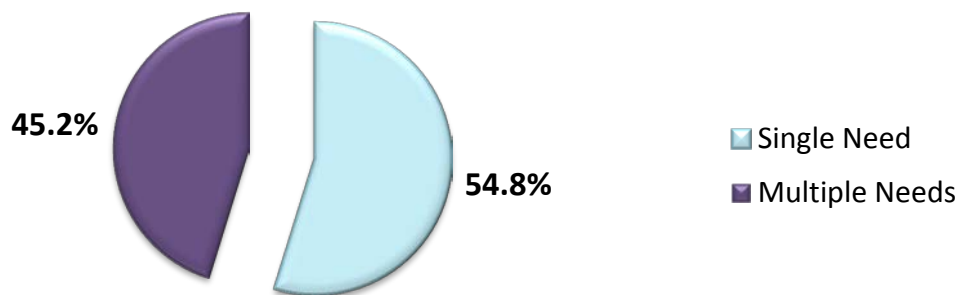
Chart S-15: Percent of Requests for Assistance
MSS Walk-In Customers, July 1, 2013-December 9, 2014



Source: MSS Front Desk Survey

Among these walk-in customers, more than half identified a single need. However, others had more than one need, as shown in Chart S-16.

Chart S-16: MSS Customers by Single or Multiple Needs
July 1, 2013-December 9, 2014



Source: MSS Front Desk Survey

Metropolitan Social Services – Direct Services

Metropolitan Social Services provides a range of services for Davidson County residents who are in need. These services promote positive change for individuals and families during times of crisis and economic hardship. Metropolitan Social Services is guided by a 7-member Social Services Board of Commissioners. This independent, voluntary commission is appointed by the Mayor and is confirmed by the Metropolitan Council, with Board members appointed to 5-year terms.

Services include Information & Referral, Counseling, Case Management, Homeless Services, Senior Nutrition, Homemaker Services, Burial Services and Planning & Coordination. Below is data on the customers served by Metro Social Services from July through December 2014.

Chart S-17 shows that the individuals and families served by MSS have incomes far below the median income for Davidson County. It shows that 61.8% of customers during July through December 2014 had annual incomes of less than \$10,000. Only 4.3% had incomes of \$25,000 or above. This is far lower than the Davidson County data reported by the 2013 ACS, which shows a median household income of \$67,549 and a per capita income of \$28,440, as described in an earlier section of this report.

Chart S-17: Income Categories for MSS Customers
July-December 2014

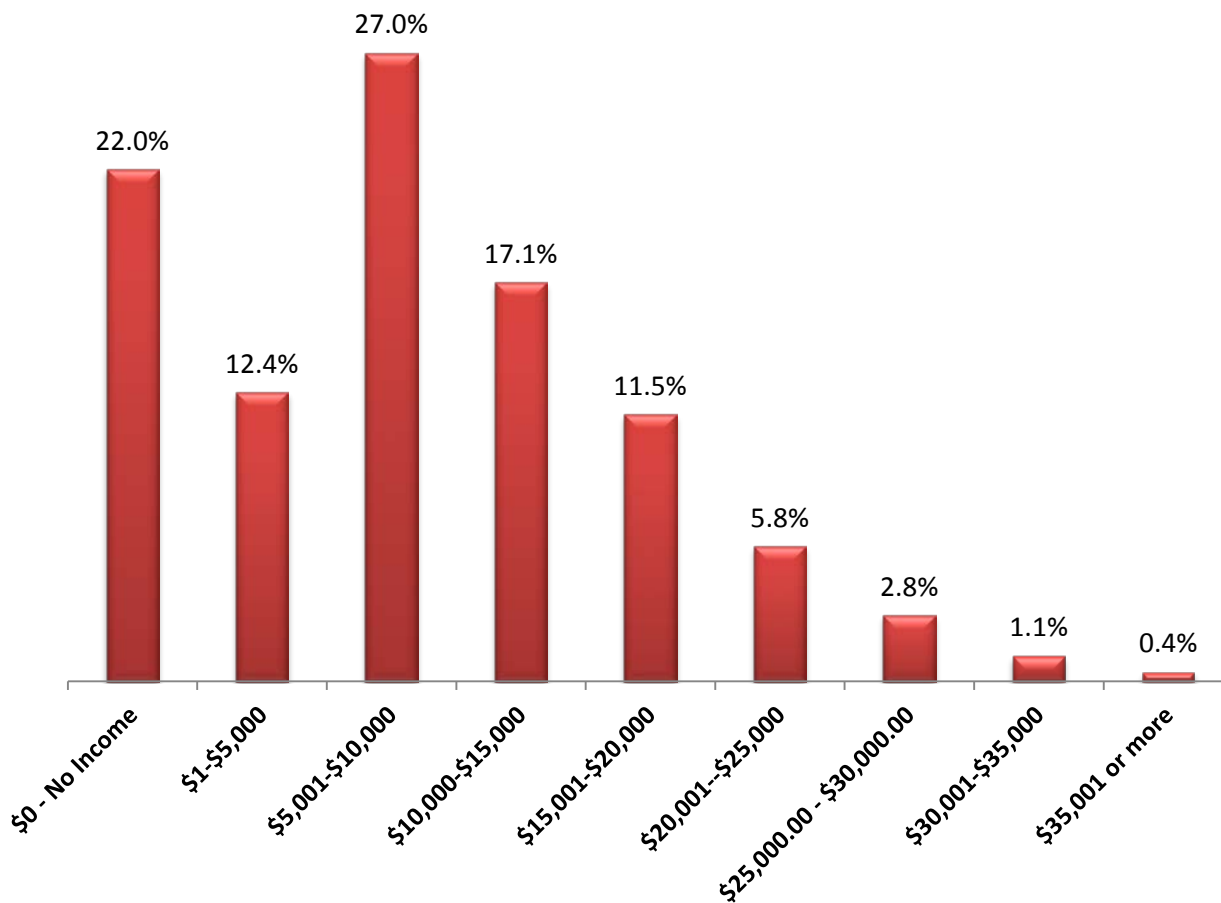
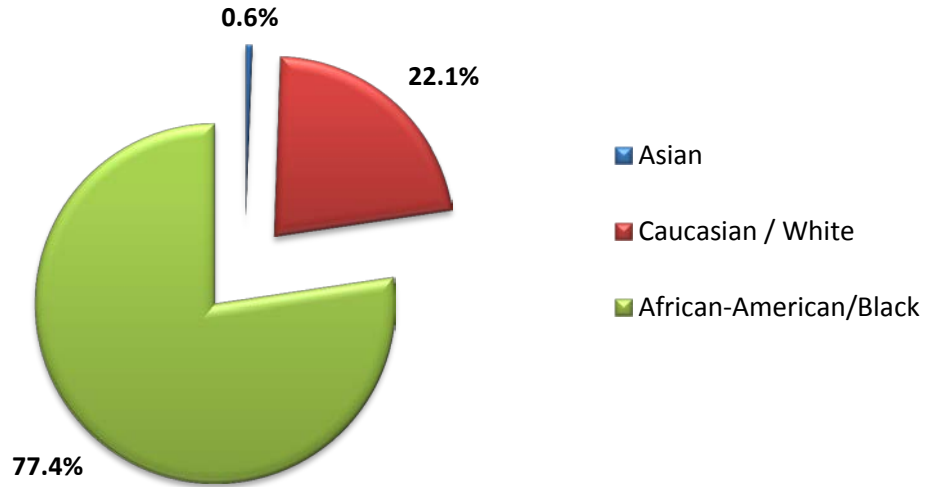


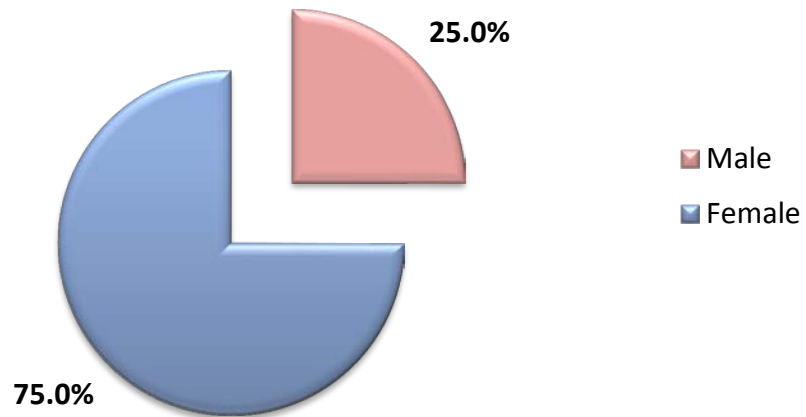
Chart S-18 shows the racial composition of MSS customers served during July through December 2014. It indicates that 77.4% were African-American or Black, compared to 22.1% Caucasian or White and .6% Asian.

Chart S-18: MSS Customers by Race
July-December 2014

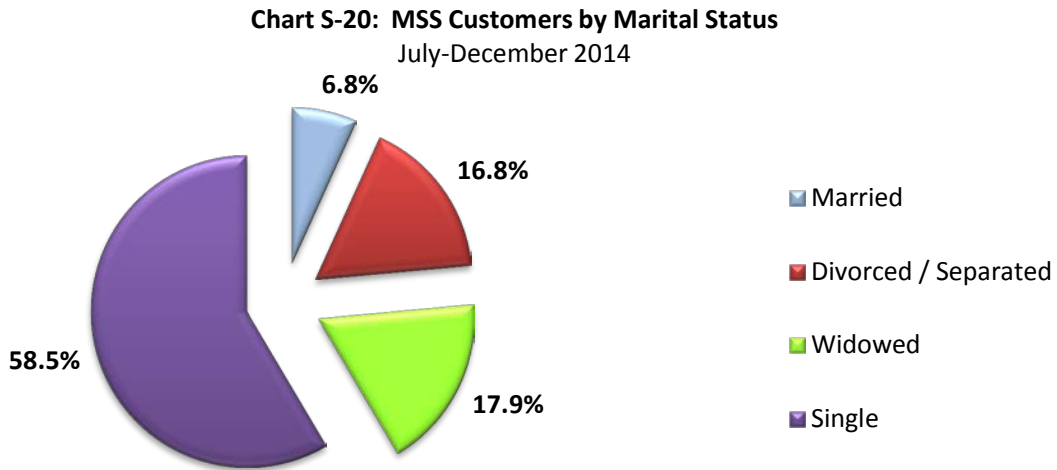


In terms of gender, MSS customers were primarily female (75%), as reflected in Chart S-19.

Chart S-19: MSS Customers by Gender
July-December 2014



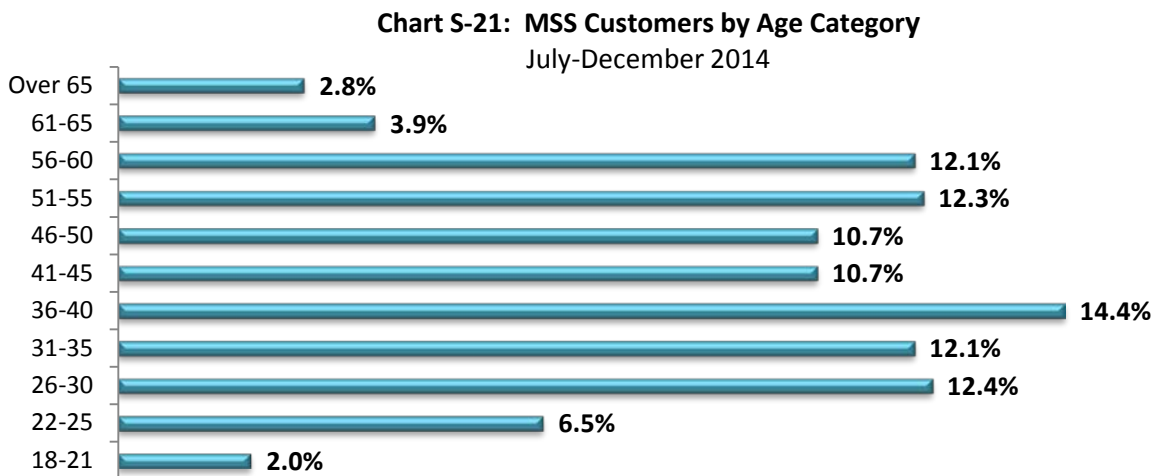
As shown in Chart S-20, few MSS customers were married (6.8%), with most being single, divorced, separated or widowed.



The top Zip Codes served by MSS were:

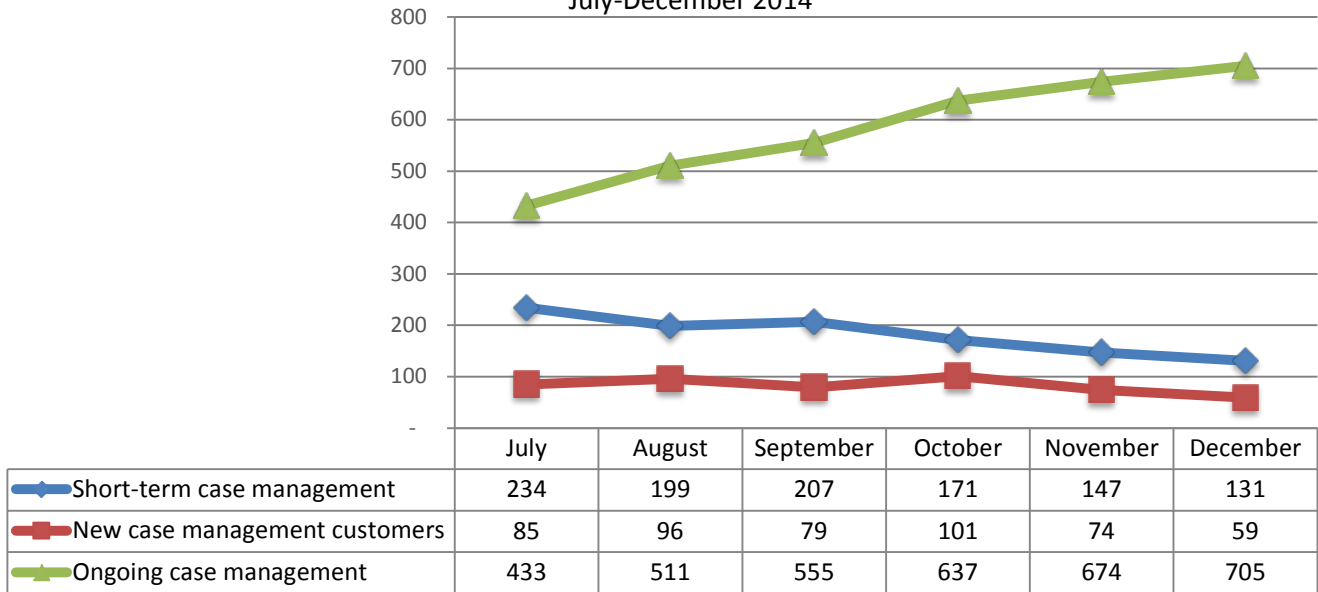
1. 37208
2. 37207
3. 37206
4. 37013
5. 37115
6. 37211
7. 37203
8. 37217
9. 37209
10. 37216

Chart S-21 shows the age categories for MSS customers served from July through December, 2015. MSS does not serve minor children as primary clients, but hundreds of children are benefitted when their parents or caregivers receive services.



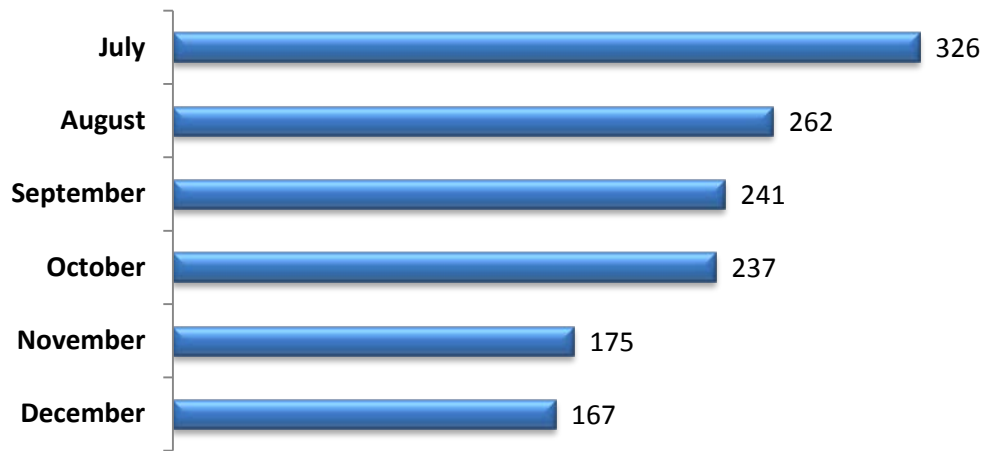
As shown in Chart S-22, many MSS customers need short-term case management to address limited issues. Others need longer-term case management to address more serious or complex issues. Case management often involves a complex array of services to address the customers' needs using a more intensive and involved process. During the 6-month period, 4,604 (duplicated) individuals and families received services.

Chart S-22: MSS Customers by Type of Service by Month
July-December 2014



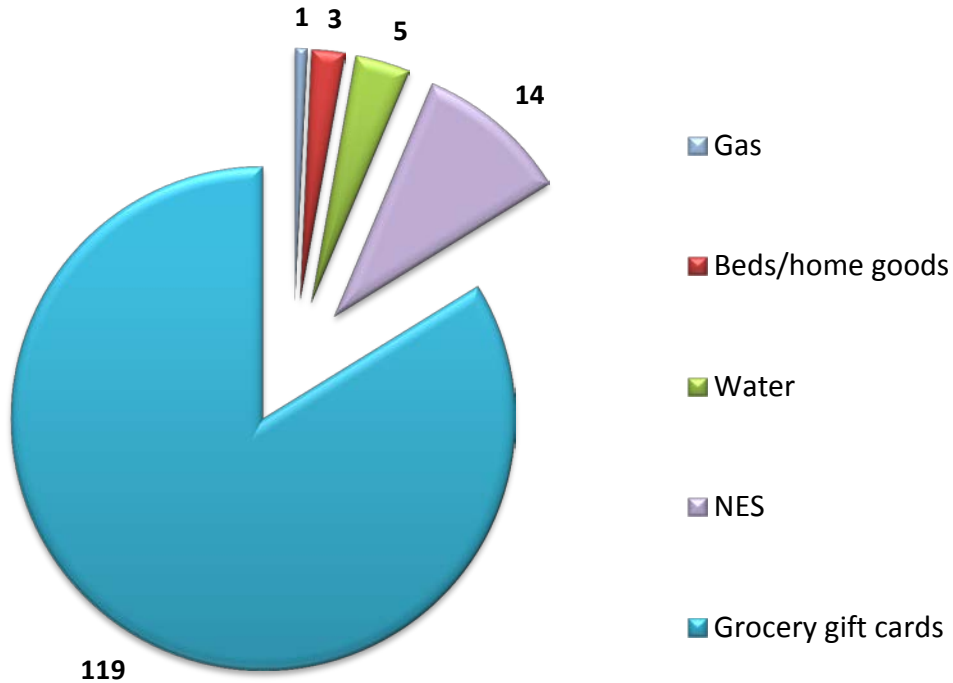
Between July and December 2014, MSS received 1,408 inquiries about housing, shown by month in Chart S-23. Some of these inquiries were by telephone but did not follow-up with a visit to MSS. Some were calls from interested third parties (family members, agency representatives, etc.). Some callers received case management services or participated in the How's Nashville partnership housing program. Because of the limited inventory of housing for people with low incomes, a small proportion of this number received housing.

Chart S-23: Requests for Housing - MSS
July-December, 2014



MSS also provides supportive services for those who are already MSS customers. For example, during the 6-month period 48 food boxes and 134 bus passes were provided to customers. Chart S-24 reflects the purpose of the limited financial assistance that was provided on behalf of MSS customers, particularly grocery gift cards for those in dire need.

Chart S-24: Purpose of Financial Assistance Provided by MSS
July-December, 2014



MSS provides assessments for applicants to Rooftop for financial assistance. Many applicants do not meet the eligibility guidelines for Rooftop (for rent and/or utilities). A committee of MSS staff members reviewed the applications for Rooftop Assistance and made recommendations to Rooftop for those who are eligible.

As shown in the table below, there were 1,230 people referred from Rooftop to MSS during the 6-month period. In addition, a variety of other community-based and faith-based organizations were referred for rent. About 13% of the Rooftop requests received financial assistance and about 6% of the faith/community-based agency requests received financial assistance.

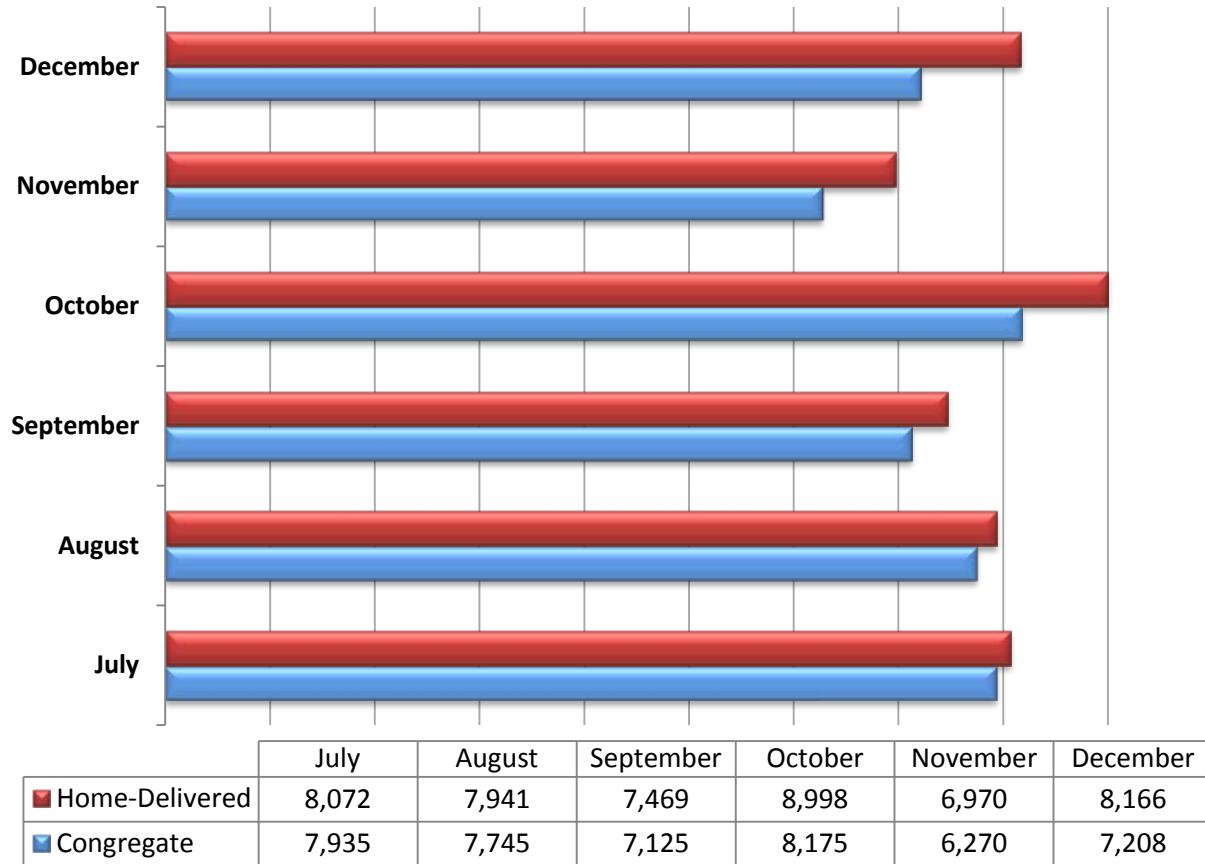
Financial Assistance Requests	July	August	September	October	November	December
Rooftop Requests	224	247	202	216	174	167
Requests-Other Agencies	96	122	70	84	72	113

Senior Nutrition Program

The Senior Nutrition Program provides congregate meals for Davidson County residents who are age 60 and over at various Nutrition Sites in Davidson County and provides home-delivered meals for persons who meet the guidelines. Between July and December 2014, a total of 47,616 congregate meals, 44,933 home-delivered were provided, as shown in Chart S-25. A combined total of 92,074 meals were served during the 6-month period to a

combined total of 5,947 participants. Between July and December 2014, 201 new clients were added to the Senior Nutrition Program.

Chart S-25: Senior Nutrition Program Meals by Month
July-December 2014



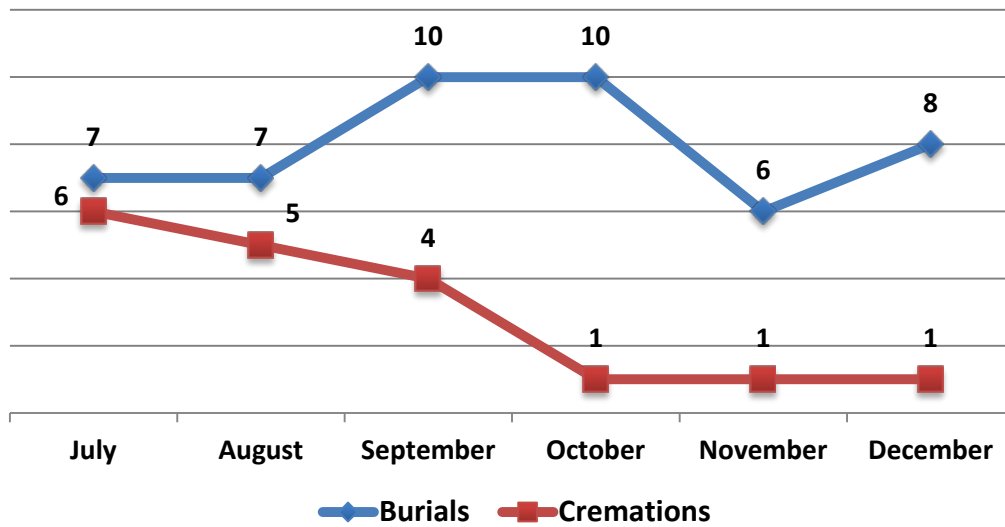
In addition, the Senior Nutrition Program provided MTA transportation for participants to and from Nutrition Sites and medical appointments:

- July – 1,201 trips for 64 seniors
- August – 1,200 trips for 64 seniors
- September – 1,147 trips for 60 seniors
- October – 1,287 trips to 67 seniors
- November – 1,092 trips to 85 seniors
- December – 1,239 trips for 84 seniors

Burial Services

The Indigent Burial-Cremation Services Program coordinates and funds the burial of eligible deceased persons who did not leave sufficient resources to cover their burial expenses. From July through December 2014, 48 burials and 18 cremations were provided. Chart S-26 reflects the number of burials and cremations by month.

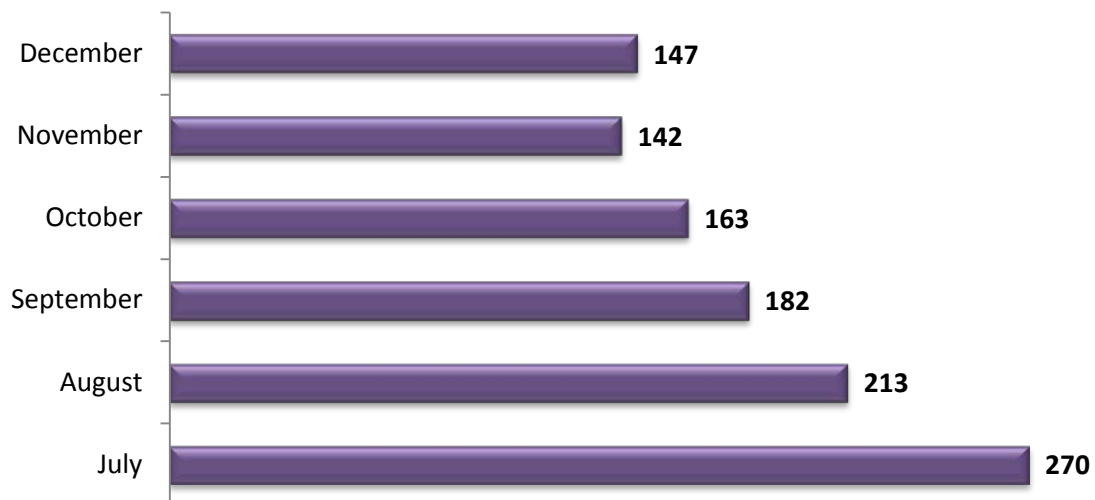
Chart S-26: Burials and Cremations Provided by Month
July-December 2014



Homemaker Program

The Adult Homemaker Program provides caring assistance and support that enables eligible adults to maintain independent living in their homes. The Children’s Homemaker Program provides specialized services to support families with minor children who are at risk of entering state custody, teaching and instructing the primary caregiver so that the children’s needs are met in a safe, healthy and clean home environment. The program is decreasing in size through attrition and will eventually close. There are other senior nutrition programs serving Middle Tennessee, including some funded by the State through the Area Agency on Aging & Disability and nonprofit and private agencies. Chart S-27 shows the number of Homemaker Program customers by month from July through December 2014.

Chart S-27: Number of Homemaker Customers by Month
July-December 2014



2-1-1/United Way of Metropolitan Nashville

The 2-1-1 Helpline provides information and referral by telephone for community services in Davidson County and other regional counties 7 days a week, 24-hours a day. 2-1-1 was developed by United Way of Metropolitan Nashville and its partners in 2004 and is staffed by Family & Children’s Service.



2-1-1 serves as a central point of information for individuals and organizational representatives to identify specific resources to help meet needs.



Online information is also available: <http://tn211.mycommunitypt.com/>

2-1-1 continues to track needs identified by callers and referrals made to organizations that could provide assistance. Below is a list of categories of calls with descriptions about each.

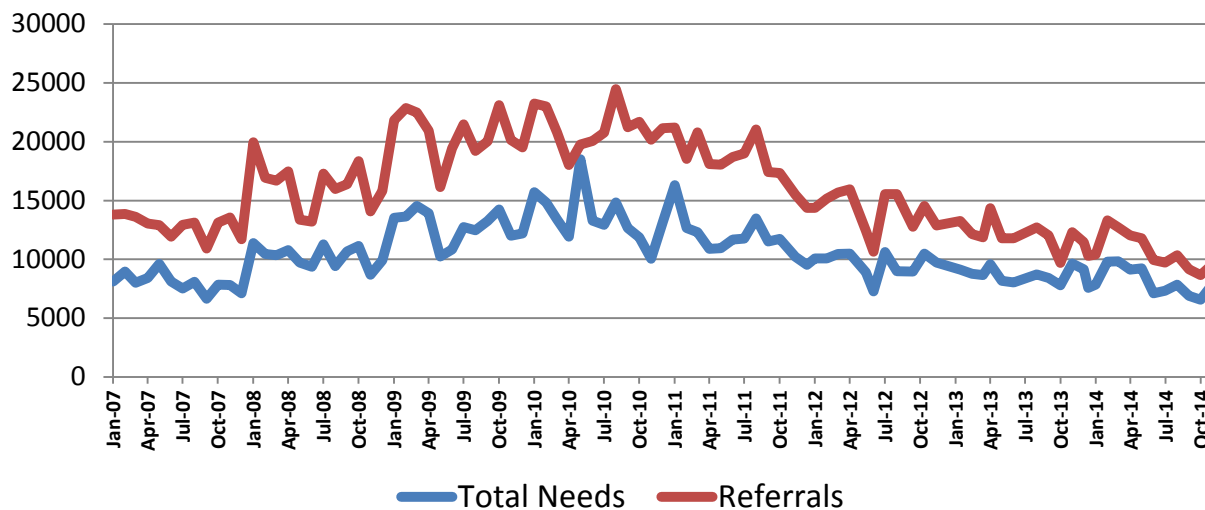
Category	Definition
Arts, Culture and Recreation	Camps, physical fitness, parks
Clothing/Personal/Household Needs	Furniture, clothing, cell phones, fans/AC, diapers, appliances
Disaster Services	Disaster relief/recovery organizations, FEMA, emergency preparedness
Education	GED, adult education, school districts, Head Start, Vocational
Employment	Career centers, career development, Workforce Investment Act programs, job search
Food/Meals	Food pantries, food stamps, meals on wheels, women/infants/children
Health Care	Dental care, prescriptions, sliding scale clinics, health insurance, glasses
Housing/Utilities	Utility payment, rent payment, shelter, subsidized housing, domestic violence shelter
Income Support/Assistance	VITA, unemployment, Social Security, Medicaid, SSI, credit counseling
Individual, Family and Community Support	Case management, children's protective services, animal control, adult protective services
Information Services	Other 2-1-1 centers, directory assistance, 3-1-1, specialized I&R, government hotlines
Legal, Consumer and Public Safety Services	Legal services, child support, police, driver's license
Mental Health/Addictions	Crisis intervention, domestic violence hotlines, counseling, substance abuse, mental health facilities
Other Government/Economic Services	Waste management, streets, building safety, public works
Transportation	Gas money, medical appointment transportation, traveler's aid, greyhound
Volunteers/Donations	Donation pickups, volunteer opportunities

When 2-1-1 callers request assistance in the categories listed, referrals are provided to the types of resources listed in the table below.

Category	Resources Included
Arts, Culture, and Recreation	Camps, parks
Clothing/Personal/Household Needs	Appliances, clothing, diapers, furniture
Disaster Services	Disaster relief/recovery organizations, FEMA
Education	Adult education, GED, school supplies
Employment	Career centers, Workforce Investment Act programs
Food/Meals	Food pantries, Food Stamps/SNAP, meals on wheels
Health Care	Dental care, glasses, health insurance, sliding-scale clinics
Housing/Utilities	Emergency shelters, rent payment, utility payment
Income Support/Assistance	Credit counseling, Medicaid, Social Security, Unemployment, VITA
Individual, Family and Community Support	Adult protective services, case management, children's protective services
Information Services	Other 2-1-1s, 3-1-1, government hotlines
Legal, Consumer and Public Safety Services	Child support, driver's license, legal services, police
Mental Health/Addictions	Crisis intervention, domestic violence hotlines, mental health facilities
Other Government/Economic Services	Public works, waste management
Transportation	Medical appointment transportation, traveler's aid
Volunteers/Donations	Donation pickups, volunteer opportunities

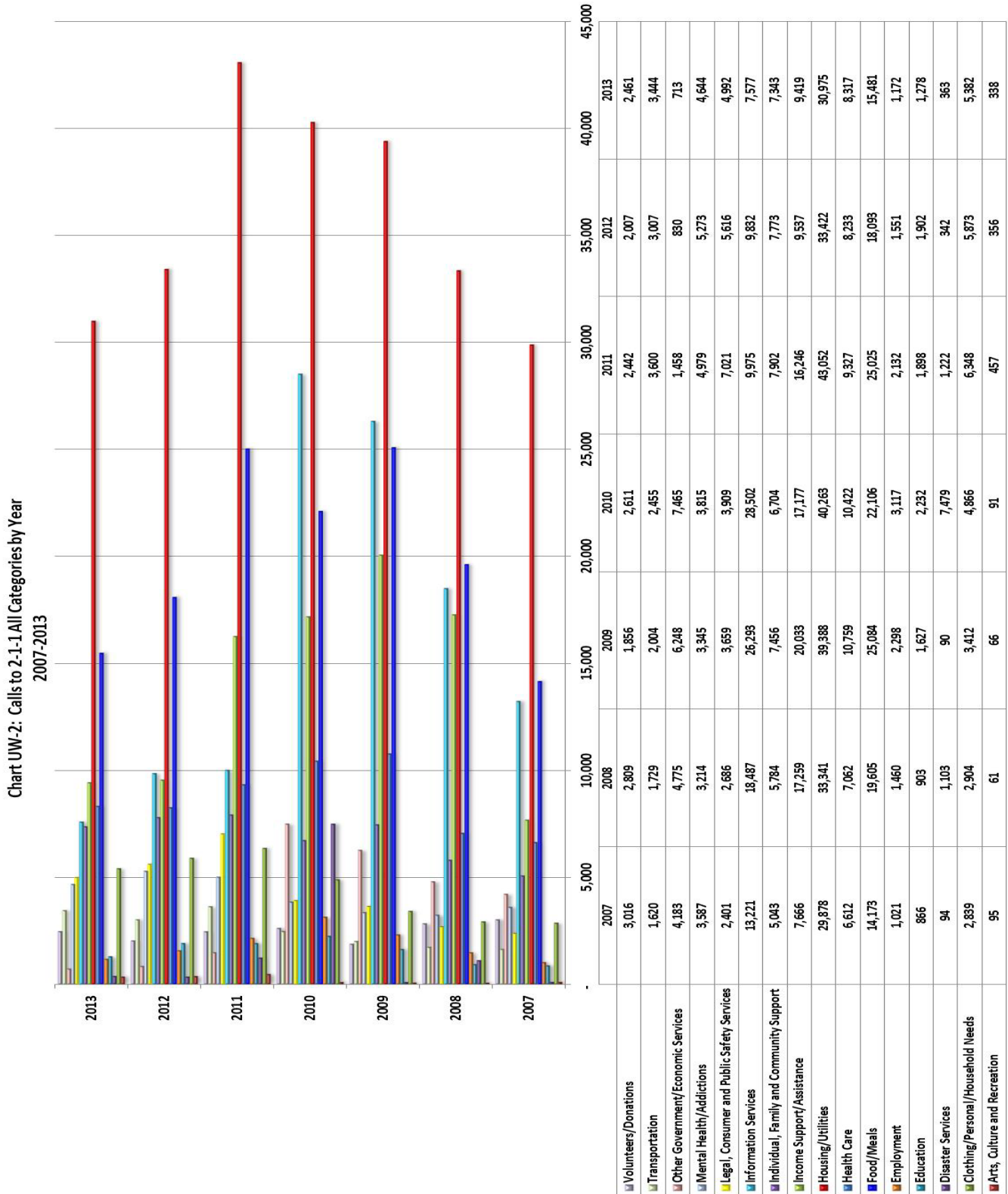
Chart UW-1 reflects the numbers of calls received and the number of referrals made each month since January 2007. The peak in calls followed the May 2010 Nashville flood and to a lesser extent the Great Recession that began at the end of 2007 and ended in 2009.

Chart UW-1: Calls to 2-1-1, By Needs and Referrals
January 2007-October 2014



Source: United Way of Metropolitan Nashville

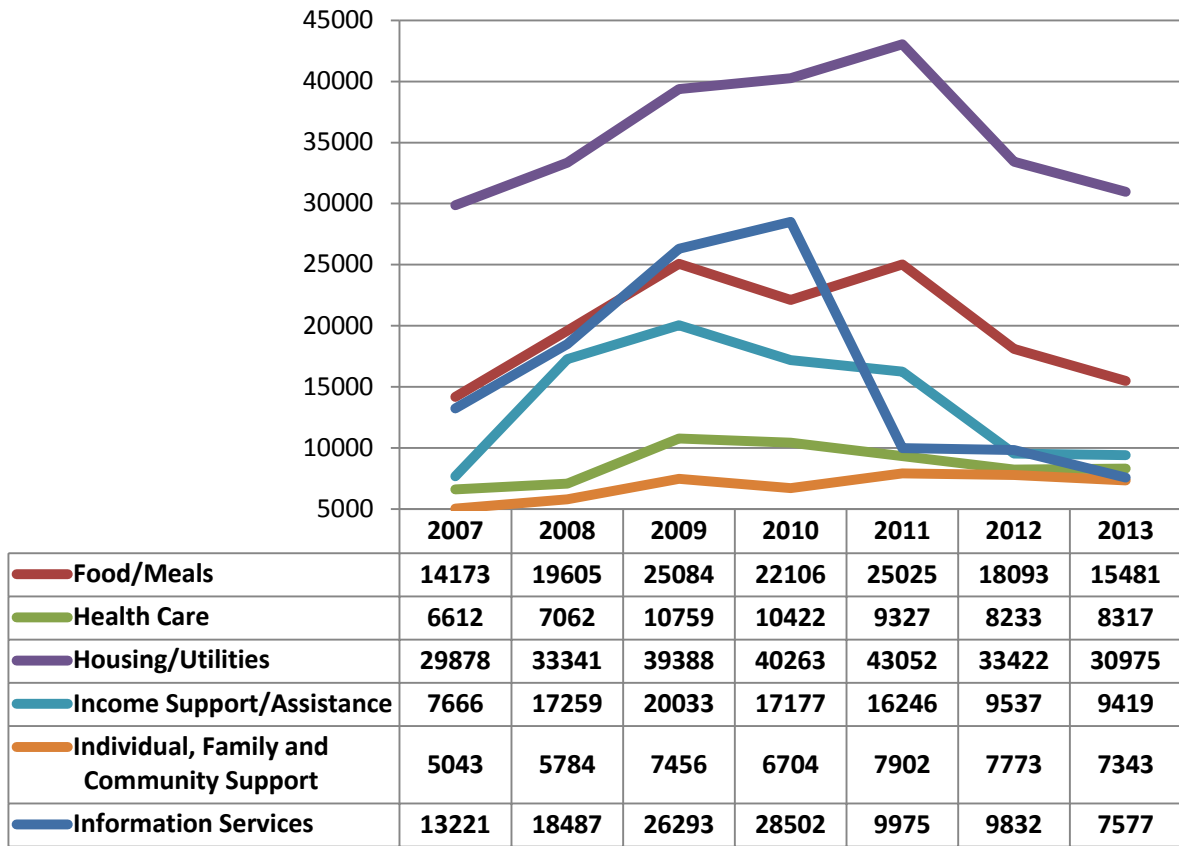
Chart UW-2 shows the calls to 2-1-1 by category from January 2007 through October 2014 and showing the number of calls each year since 2007.



Source: United Way of Metropolitan Nashville

Chart UW-3 shows the top six categories for calls from 2007 through 2013, with assistance with Housing/Utilities the most frequently identified need each year. For most of those years, the need for Food/Meals was identified second most frequently.

Chart UW-3: 2-1-1 Calls, Top 6 Categories
2007-2013



Source: United Way of Metropolitan Nashville

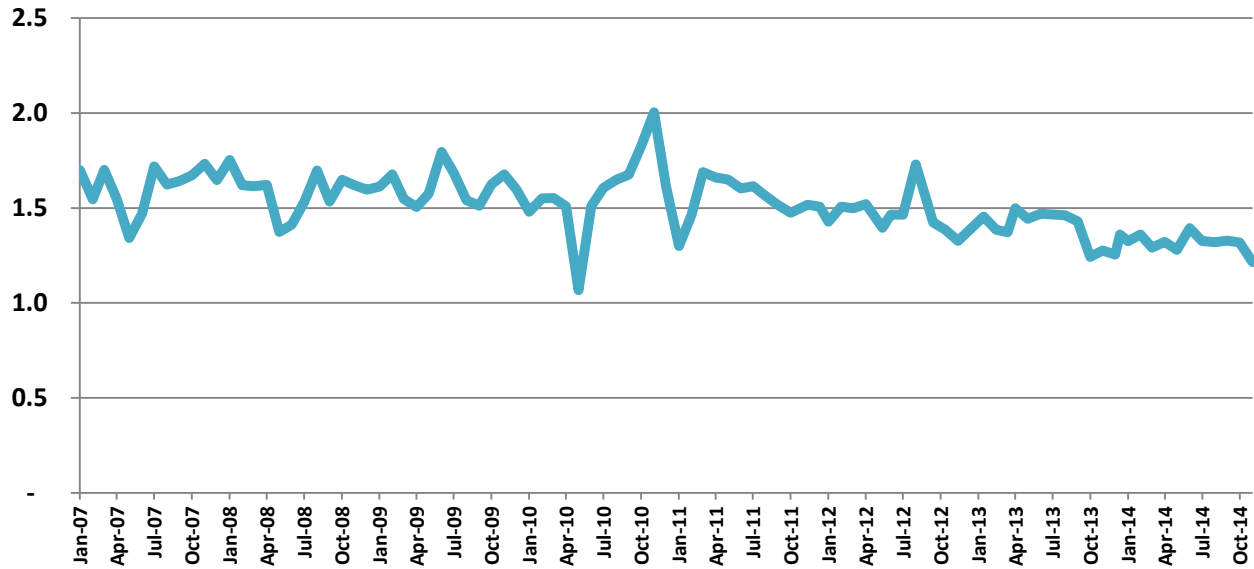


United Way of Metropolitan Nashville impacts the local community by managing programs and partnerships in the areas of education, financial stability and health in order to create pathways to success and stability.

United Way Family Resource Centers, United Way Read to Succeed, the Imagination Library of Middle Tennessee, Volunteer Income Tax Assistance (VITA), the Nashville Financial Empowerment Center, the 2-1-1 Helpline, and Outcome-Based Investments move people from dependence toward independence. In 2013, United Way produced a direct and identifiable impact of \$71.1 million in Nashville.

Chart UW-4 shows the number of referrals made for each need identified by callers from January 2007-October 2014. The typical number has averaged around 1.5 referrals per need, peaking at 2 shortly after Nashville’s flood.

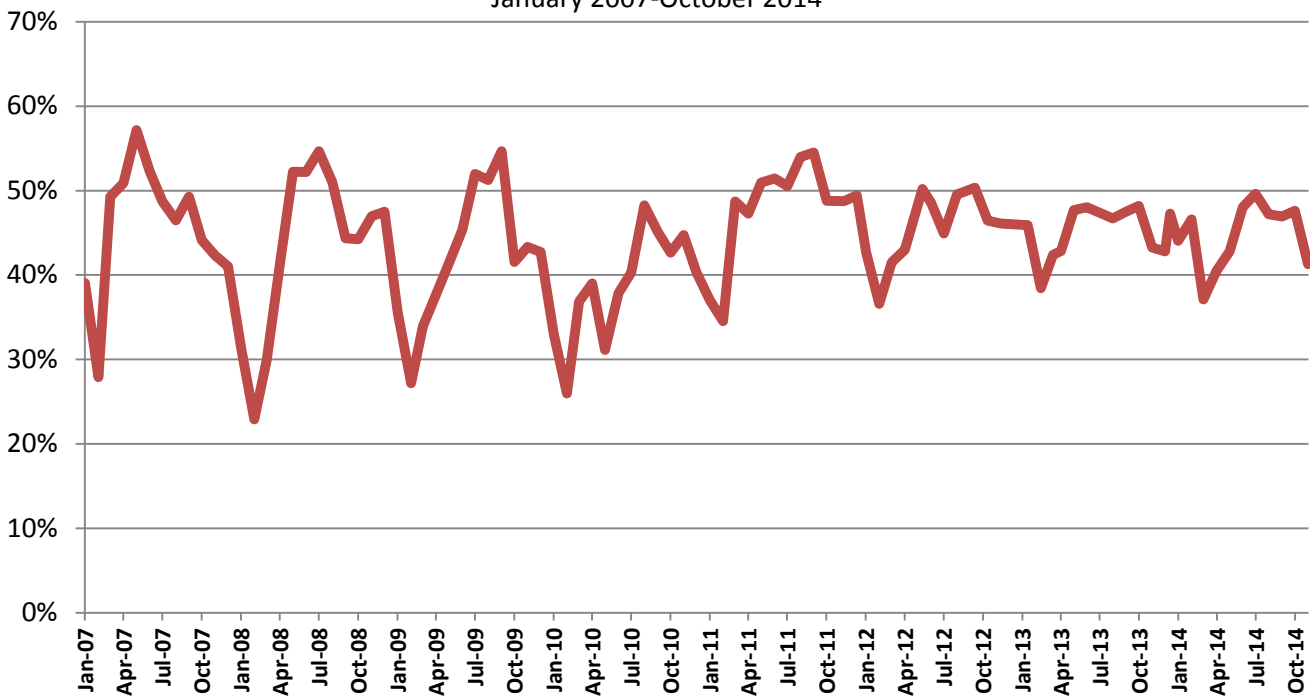
Chart UW-4: 2-1-1 Calls Referrals Per Need
January 2007-October 2014



Source: United Way of Metropolitan Nashville

As shown in Chart UW-5, requests for help with basic needs (food, shelter, etc.) comprise almost half of the total requests for help, averaging around 44% from January 2007 through October 2013.

Chart UW-5: Basic Needs as Percent of All Needs
January 2007-October 2014



Source: United Way of Metropolitan Nashville

Financial Assistance Coalition

In the fall of 2013, Metro Social Services worked with Rooftop and NeedLink to bring together the Davidson County agencies that provide some type of financial assistance to their program participants. At that time, the agencies represented indicated that they needed more information about the other organizations, and Metro Social Services created a directory of financial services for the internal use of participating organizations. The group identified the importance of collecting and sharing data among participating organizations. Detailed information was provided to participating agencies and a summary is below. Nonprofit agency data was analyzed separately from the local government's Metropolitan Action Commission (MAC).

The trial period to collect data from participating agencies was identified as March-June 2014, although additional data was collected from some organizations for January-February, 2014. This information refers only to the applicants during this period of collection (January-June 2014) and does not reflect organizational data from any other time periods.

Microsoft Excel was used to collect and analyze the data collected, although a dedicated software system would have advantages, including greater accuracy, enhanced data consistency, real-time results for users, timely and custom-designed reports, etc. The source for all charts in this section was from reports from participating agencies in the Financial Assistance Coalition.

Thank you to the organizations that participated in the Financial Assistance Coalition:

Ladies of Charity - <http://www.nashvilleloc.org/>

Nashville Financial Empowerment Center - <http://www.nashville.gov/Mayors-Office/Priorities/Economic-Development/Financial-Empowerment-Center.aspx>

NeedLink - <http://www.needlink.org/>

Project Return - <http://www.needlink.org/>

Rooftop - <http://www.rooftopnashville.org/>

St. Luke's Community House - <http://stlukescommunityhouse.org/>

Metropolitan Action Commission - <http://www.nashville.gov/Metro-Action-Commission.aspx>

Key Findings

- Reporting agencies provide valuable assistance to people in need, especially those who could not pay their rent, rent deposits or utility bills.
- Each agency reported having resources that were not adequate to meet the needs.
- For organizations that tracked denials, far more people were denied assistance than were approved for assistance, most often because agency funds had been depleted.
- There is an unknown number of people who did not receive assistance because some agencies did not accept applications during the periods when they had no funds to provide assistance.

- This type of data is useful in identifying not only the existing resources but also the unmet need for financial assistance.

Nonprofit Agency Data

- There were 4,047 requests for financial assistance, more than half to NeedLink of Nashville and about one-fourth from Rooftop.
- Some agencies do not accept applications when no funds are available and some agencies did not track denials (Financial Empowerment Center, Ladies of Charity, and Project Return). Other agencies accept applications, approving some and denying others for reasons such as not eligible, funds not available, etc.). At the end of the reporting period, Rooftop had a significant number that were pending.
- Among agencies that tracked denials, their approval rates varied: NeedLink 30.5%, Rooftop 13.4% and St. Luke’s 78.2%.

The adjacent chart reflects percent of requests for assistance by category, with 72.6% of requests for Utility Bills, followed (in order) by Bus Tickets, Rent/Rent Deposits, Stipend, Mortgage Assistance and Other.

Chart FAC-1 reflects the percent of requests for assistance by category, with 72.6% of requests for Utility Bills, followed (in order) by Bus Tickets, Rent/Rent Deposits, Stipend, Mortgage Assistance and Other.

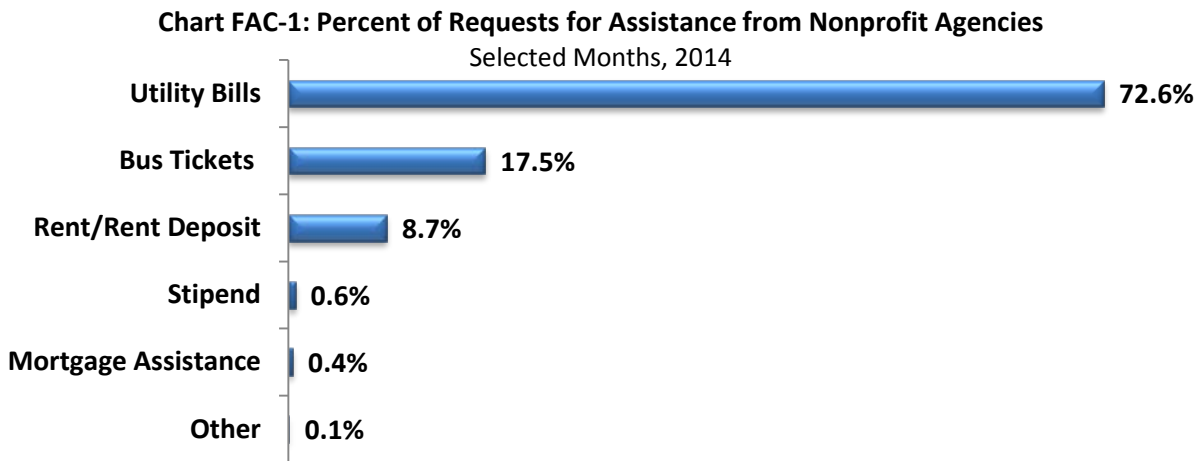
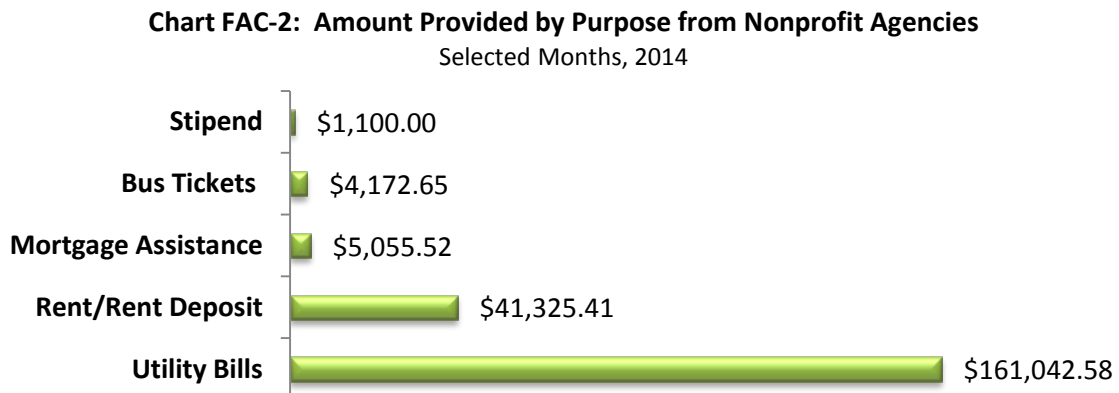


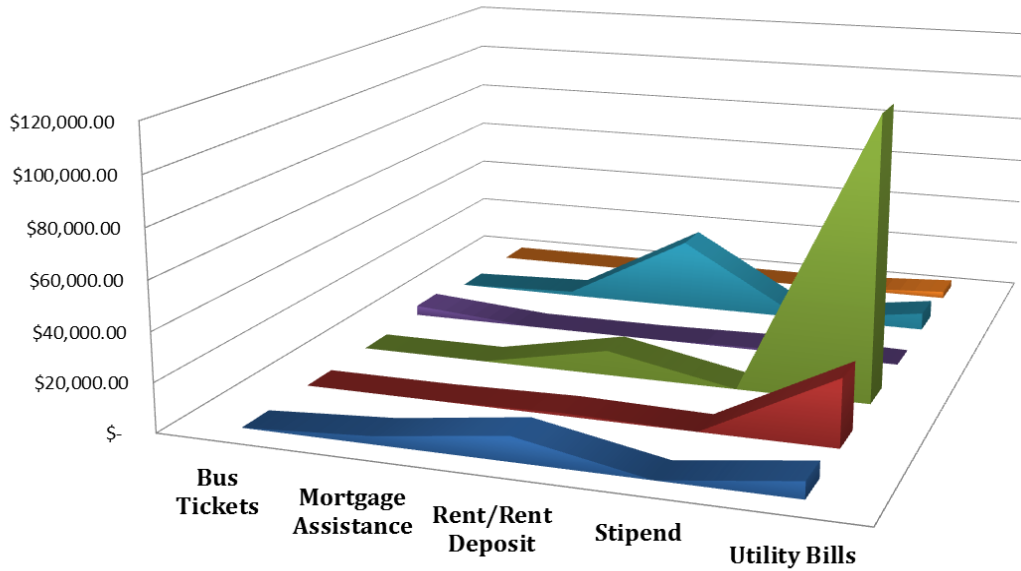
Chart FAC-2 shows how financial assistance funds were distributed by the nonprofit organizations, with the largest amount for Utility Bills, followed (in order) by Rent/Rent Deposits, Mortgage Assistance, Bus Tickets and Stipend.



The chart below shows the distribution of funds provided by purpose by each nonprofit agency.

Assistance Provided by Purpose by Nonprofit Agency

Selected Months, 2014

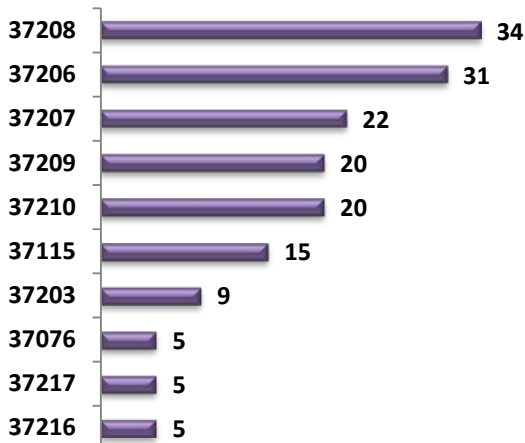


	Bus Tickets	Mortgage Assistance	Rent/Rent Deposit	Stipend	Utility Bills
FEC		\$3,255.52	\$10,096.29		\$6,848.19
LOC			\$1,132.00		\$27,604.00
NeedLink			\$10,359.32		\$116,415.00
Project Return	\$4,172.65			\$1,100.00	
Rooftop		\$1,800.00	\$30,137.00		\$7,355.00
St. Luke's			\$100.00		\$2,970.00

The chart on the left shows the most frequently assisted Zip Codes for Rent/Rent Deposits and the chart on the right shows the most frequently assisted Zip Codes for Utility Bills.

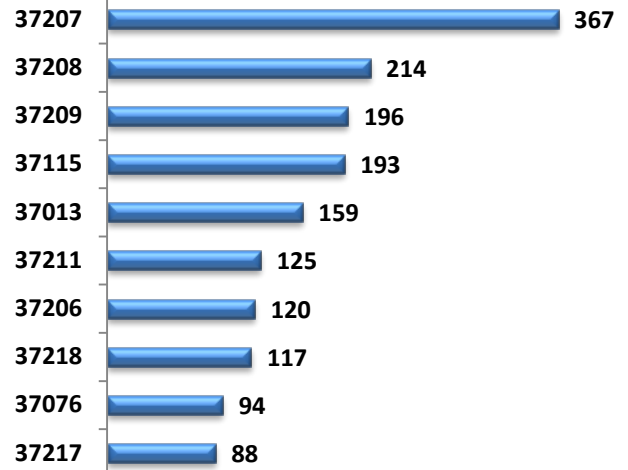
Rent/Rent Deposits by Top Ten Zip Codes

Selected Months, 2014



Utility Bill Assistance Top Ten Zip Codes

Selected Months, 2014



Metropolitan Action Commission (MAC) Data

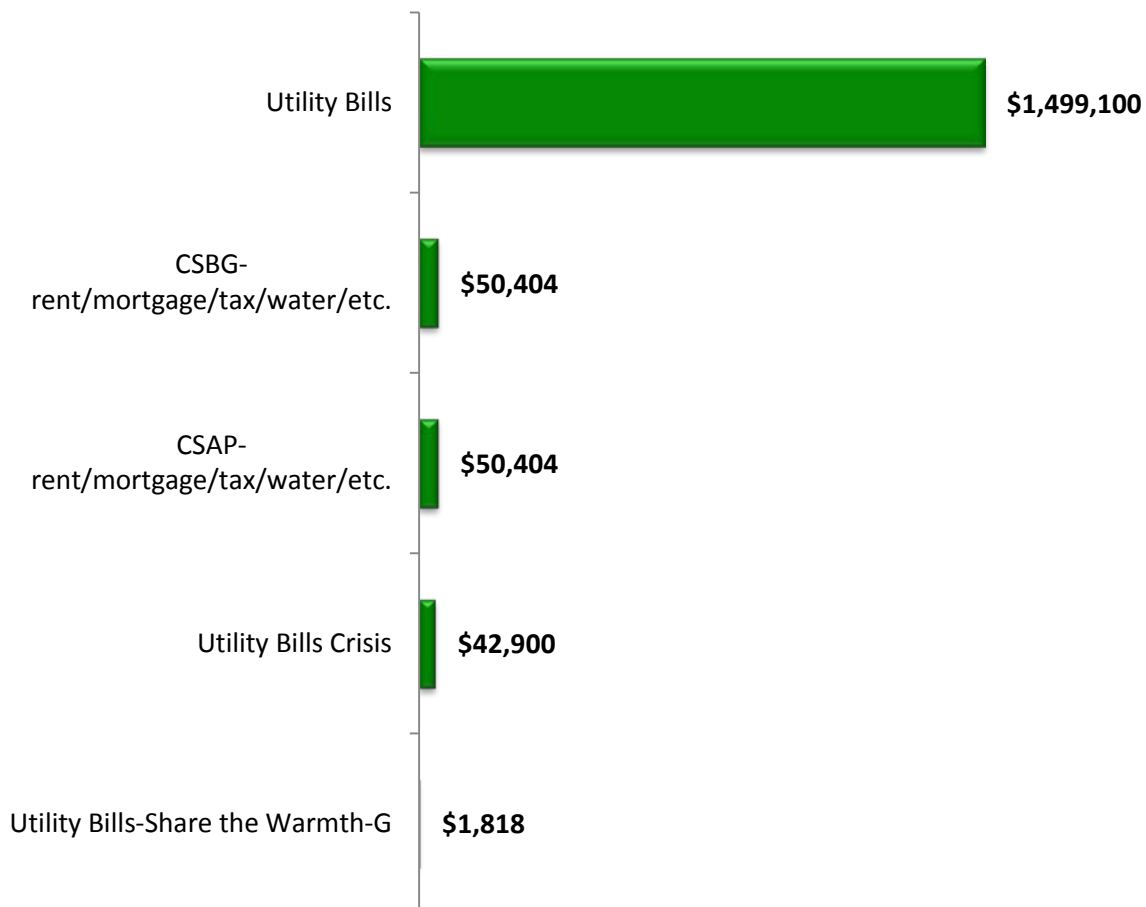
Because of the volume of requests for assistance, there were significant time periods during which MAC had no funding available to provide assistance. When there were no available funds, MAC did not accept applications that would ultimately be denied for lack of resources. As a result, during these periods, no one could apply for or receive assistance, with no tracking available of the potential denials that would have occurred.

MAC's funding is almost entirely federal and MAC uses the eligibility requirements determined by the federal government.

The chart below shows the amount of assistance provided by MAC from January through March 2014, by funding source category (a total of about 4,100 assistances). Utility bills comprise three of the categories, while the other two categories (Community Services Block Grant-CSBG and Community Services Assistance Program-CSAP) provide assistance in either rent, mortgage, taxes, water bills, etc., and no specific breakdown is available within the CSBG and CSAP programs.

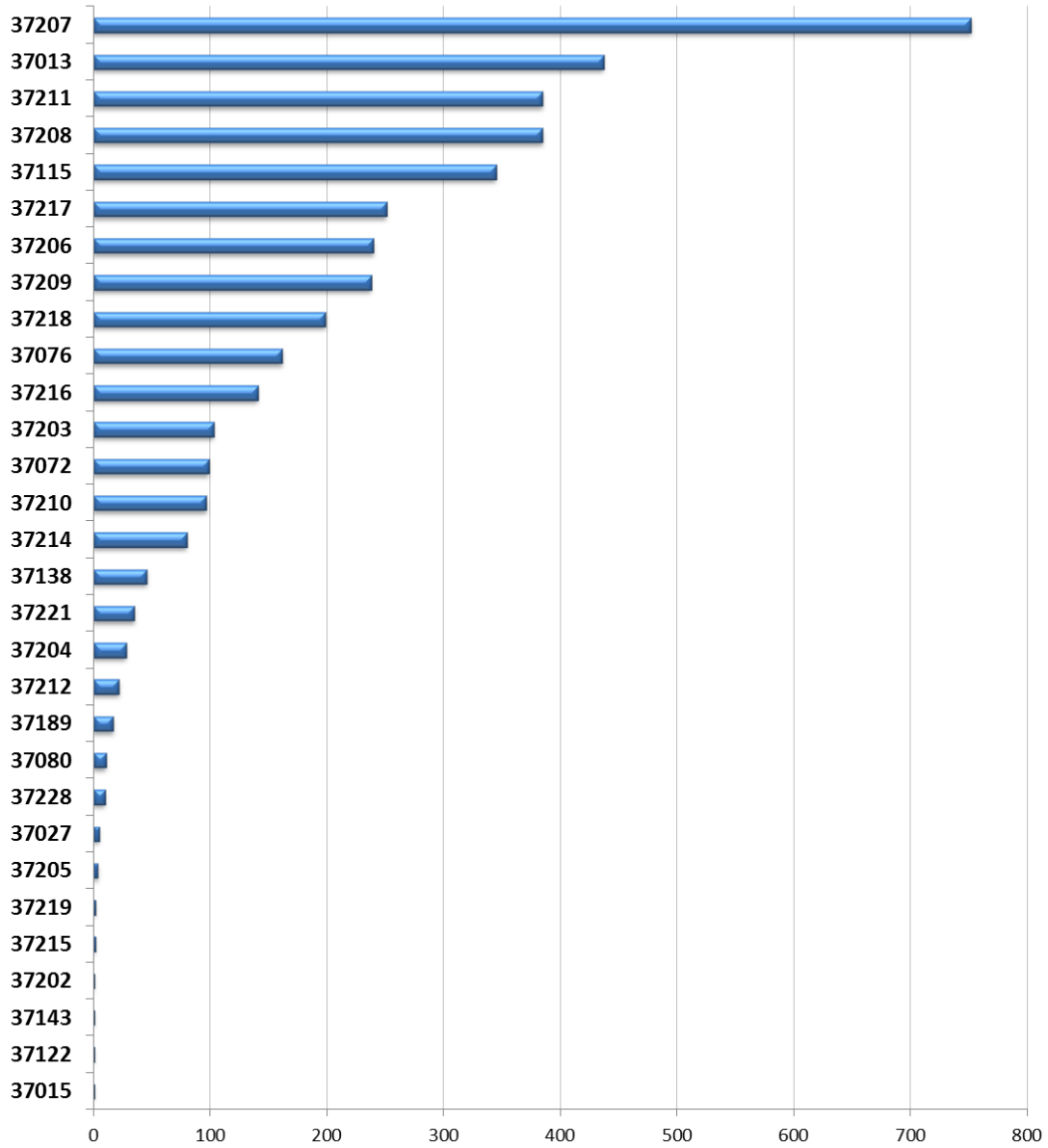
Amount of Assistance Provided by Funding Category

MAC Only, January-March 2014



The chart below shows the number of assistances provided by MAC from January through March 2014.

Number of Assistances Provided by Zip Code (MAC Only)
January-March 2014



<http://www.nashville.gov/Metro-Action-Commission/Community-Programs.aspx>

Aging & Disability

Key Findings

- Davidson County’s population is projected to increase significantly within the next 25 years.
- Americans are living longer and life expectancy for Americans continues to increase.
- Ambulatory (walking) difficulties are most likely to affect the population age 65 and over.
- Based on the newer Supplemental Poverty Measure, persons aged 65 and over were more likely to be in poverty than reflected by the older official poverty measure.
- Persons who have disabilities earn incomes lower than others without a disability.
- Community-based care is usually less costly than institutional care.

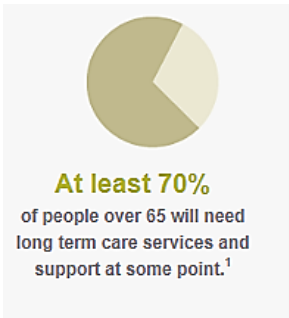
Aging Population and Projections

According to the U. S. Census Bureau’s 2013 American Community Survey, Davidson County had 105,376 people ages 60 and over, from a total population of 658,602. In 2013, there were 34,906 ages 60-64, 39,516 ages 65-74, and 22,392 ages 75-84 and 8,582 ages 85 and over.

Age Category	2010	2011	2012	2013	Trend
Age 60-64	4.7%	5.0%	5.2%	5.3%	— █ █ █ █
Age 65-74	5.7%	5.6%	6.0%	6.0%	— █ █ █ █
Age 75-84	3.3%	3.4%	3.4%	3.4%	— █ █ █ █
Age 85 or older	1.6%	1.4%	1.3%	1.3%	█ █ █ █

The National Care Planning Council report indicates that many older adults have failed to plan for long-term care costs. The report highlights the consequences of not planning to cover costs associated with long-term care. Some results of a lack of financial planning for long-term care may include a loss of independence, severe impact on financial resources such as depletion of savings, lack of enough funds for normal monthly expenses and other assets.

http://www.longtermcarelink.net/eldercare/why_long_term_care_planning.htm



Genworth

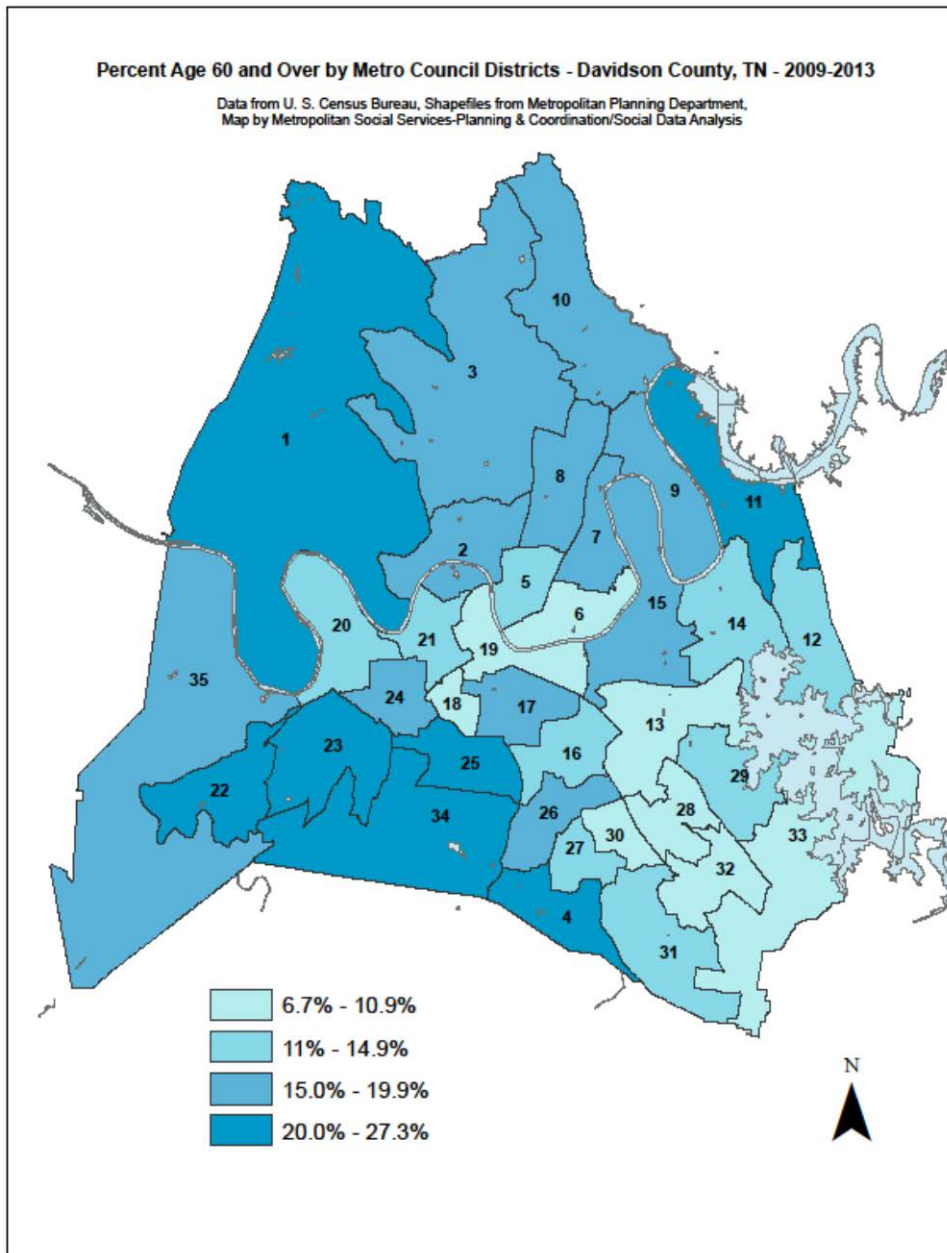
As shown in the map at left, persons aged 60 and over are not distributed evenly across Davidson County.

According to the 2009-2013 American Community Survey, Davidson County had 99,104 people age 60 and over.

The number of people of people aged 60 and over ranged from 4,851 in Metro Council District 34 with the highest number of people 60 and over to 1,218 for District 28 with the lowest number of people 60 and over.

Seven Metro Council Districts have more than 20% of the population that is at least 60 years of age.

The 60 and over category included 30,643 people who were 75 and over.



AARP conducted a survey of workers age 50 and over to determine the extent to which they were planning for retirement and future health care cost. The survey revealed that nearly 40% of respondents have neither saved

nor planned to save for future health care costs. In addition, for those surveyed who had begun to save were worried that they would not be able to afford future health care costs in retirement.

<http://www.aarp.org/work/retirement-planning/info-2014/health-care-costs-planning-for-retirement.html>

Davidson County’s population of persons age 65 and over is expected to increase from an estimated 75,199 persons in 2015 to 150,484 by the year 2050. It is predicted that over 70% of persons over age 65 will need some form of long-term care in their later years. With the increased likelihood of needing long-term care, multiple sources suggest that older adults are not prepared for the costs associated with this type of care.

The U.S. Census Bureau estimates that the number of Americans aged 65 and over will increase significantly during the next 20 years. This population cohort is expected to grow from 43.1 million persons in 2012 to 83.7 million by 2050 and comprise 21% of the total population. The report indicates that the overall population will become more racially and ethnically diverse and much older by 2050.

<http://www.census.gov/prod/2014pubs/p25->

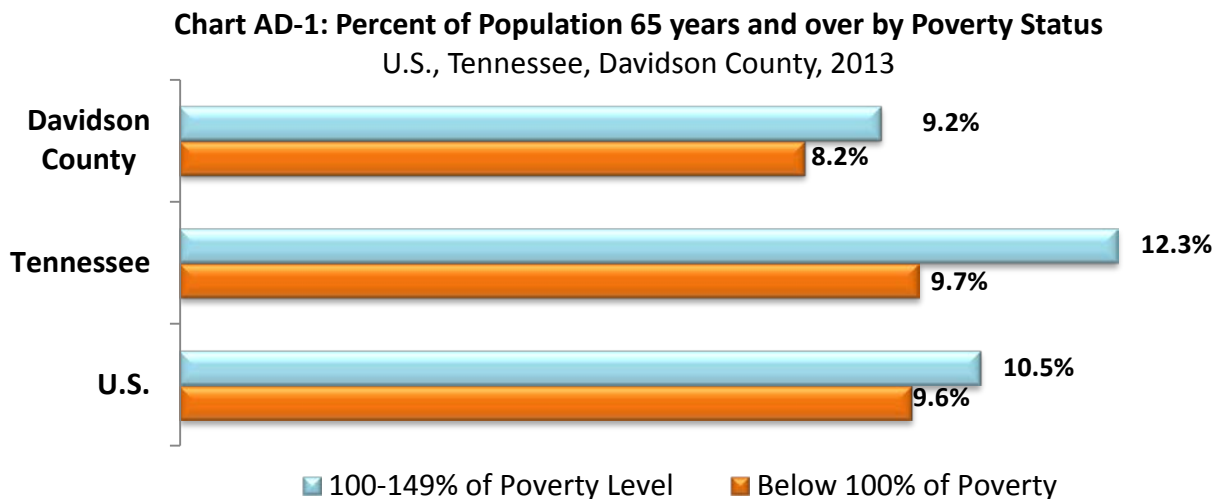
According to the U. S. Centers for Disease Control report, *Mortality in the United States 2012*, Americans are living longer than ever before and their life expectancy is increasing annually. Life expectancy for ages 65 and over is 20.5 years for females and 17.9 years for males. Life expectancy for females is now 81.2 years and for males 76.4 years, with increases shown in both 2011 and 2012. Race and gender affect life expectancy with female whites living longer than white males and black or Hispanic males and females.

<http://www.cdc.gov/nchs/data/databriefs/db168.pdf>

Aging, Income and Poverty

Almost 1 in 10 persons age 65 live in poverty, based on the official federal poverty level, which considers only cash income and the number of people in the household. Chart AD-1: shows the poverty status of persons age 65 and over in the U.S., Tennessee and Davidson County. The poverty rate for people age 65 and over is even higher when the Supplemental Poverty Measure is used.

Chart AD-1 compares persons age 65 and over with those in poverty (below 100% of poverty level) and those in near-poverty (100-149% of poverty level). Those with 100-149% of the poverty level have slightly more income than those in poverty, but may also lack the resources they need to pay for basic expenses.



Source: 2013 American Community Survey

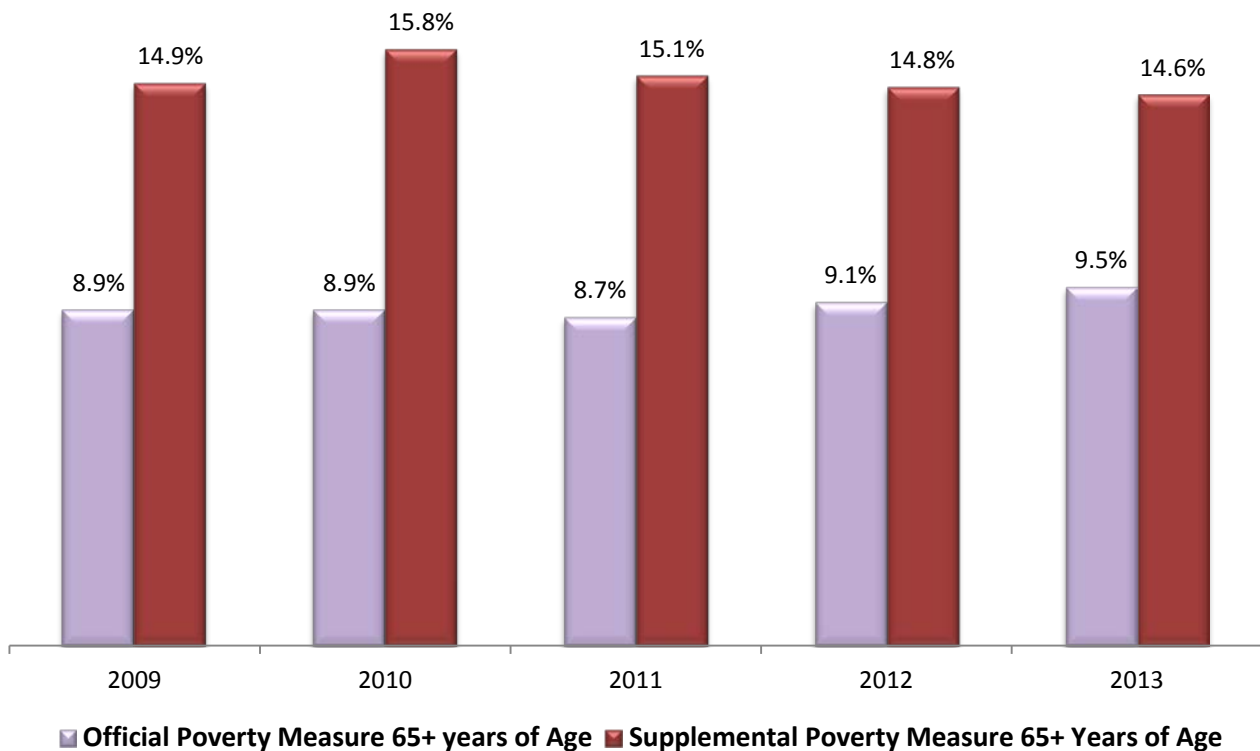
The Supplemental Poverty Measure (SPM) uses an alternative way to measure poverty by considering government benefits programs such as Supplemental Nutrition Assistance Program (SNAP), housing subsidies, low-income home energy assistance programs, etc. The SPM considers out-of-pocket medical expenses that are generally higher for persons age 65 and over while the official poverty measure does not factor in this cost.

In comparison with the official poverty measure, the SPM indicates that there are even more people age 65 and over in poverty. From 2009 to 2013, the percentage of persons age 65 and over increased slightly from 8.9% to 9.5% using the official poverty measure.

Using the Supplemental Poverty Measure for the same period there was an insignificant decline from 14.9% to 14.6%. The poverty rate for those under age 18 decreased using the Supplemental Poverty Measure, but the poverty rate remained highest for those under 18.

Chart AD-2 shows the comparison between the Supplemental Poverty Measure and the Official Poverty Measure.

Chart AD-2: Percentage of Persons Age 65 and over by Poverty Status
Official Poverty Measure and Supplemental Poverty Measure
 U.S., 2009-2013

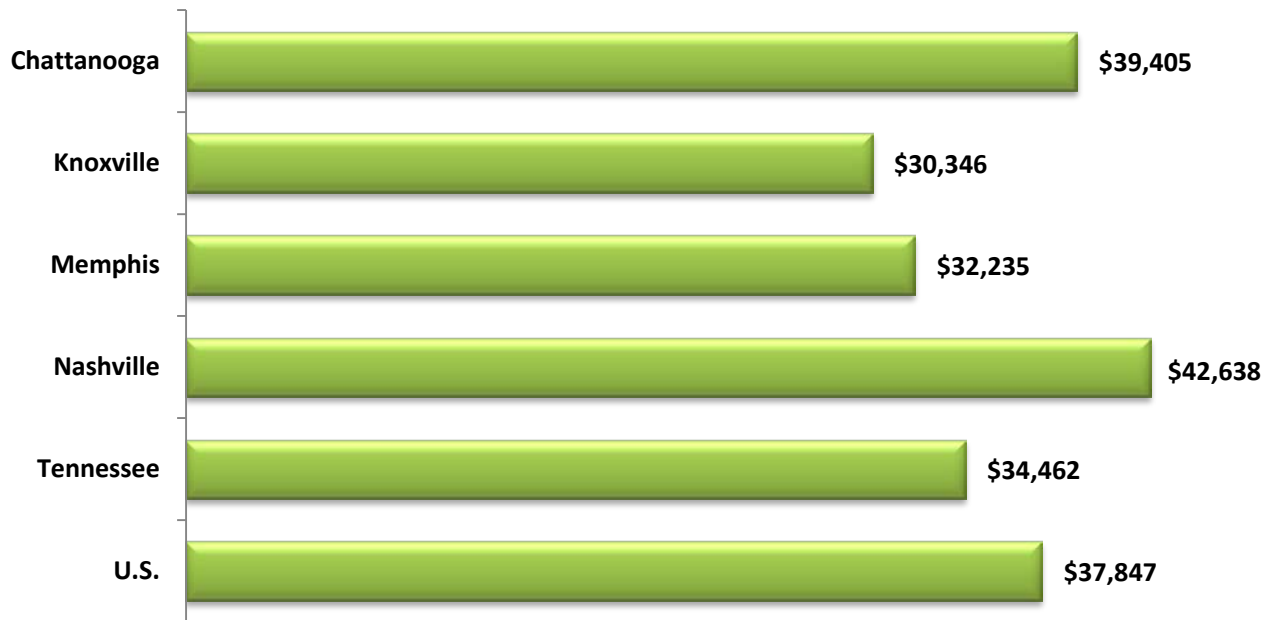


Source: <http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-251.pdf>

Median Household Income for Persons Age 65 and over

Chart AD-3 indicates Davidson County seniors fare better in Median Household incomes than other urban areas in Tennessee and the U.S. This may be due in part to our county and city consolidation in Tennessee.

Chart AD-3: Median Household Income in past 12 months for persons age 65+ Selected Urban Areas in Tennessee and U.S., 2013



Source: U. S. Census Bureau, 2013 American Community Survey

According to the U. S. Administration on Aging, Social Security is the major source of income for older persons. The percentages of income provided by Social Security beneficiaries are higher for minorities and low-income individuals. African Americans, Latinos, Asian Americans, and single women rely heavily on Social Security in their later years. For 35% of Social Security recipients (22% of married couples, 45% of unmarried), Social Security benefits accounted for at least 90% of their total income.

http://www.aoa.acl.gov/Aging_Statistics/Profile/2013/2.aspx

On July 28, 2014, the Social Security Administration released its annual report on the financial status of the Social Security Trust Funds. It noted that the trust fund reserves will continue to grow through 2019, but estimates that in 2020, the cost of the Social Security program would begin to exceed its income. It indicated that without Congressional intervention, the trust fund reserved would be depleted in 2033, so that only 77% of benefits would be available to pay beneficiaries.

<http://www.ssa.gov/news/#!/post/7-2014-2>

As the population ages, the likelihood of a cognitive or physical disability increases. Because this increases the level of services needed and the associated costs of care, the lack of planning for retirement income becomes even more important. According to *Sources of Income for Older Americans*, a 2012 Report from the AARP Public Policy Institute, the average retirement income for persons age 65 and over was \$31,752. This figure is based on older persons having several income sources, which is usually not the case for the most low-income persons who are dependent on Social Security.

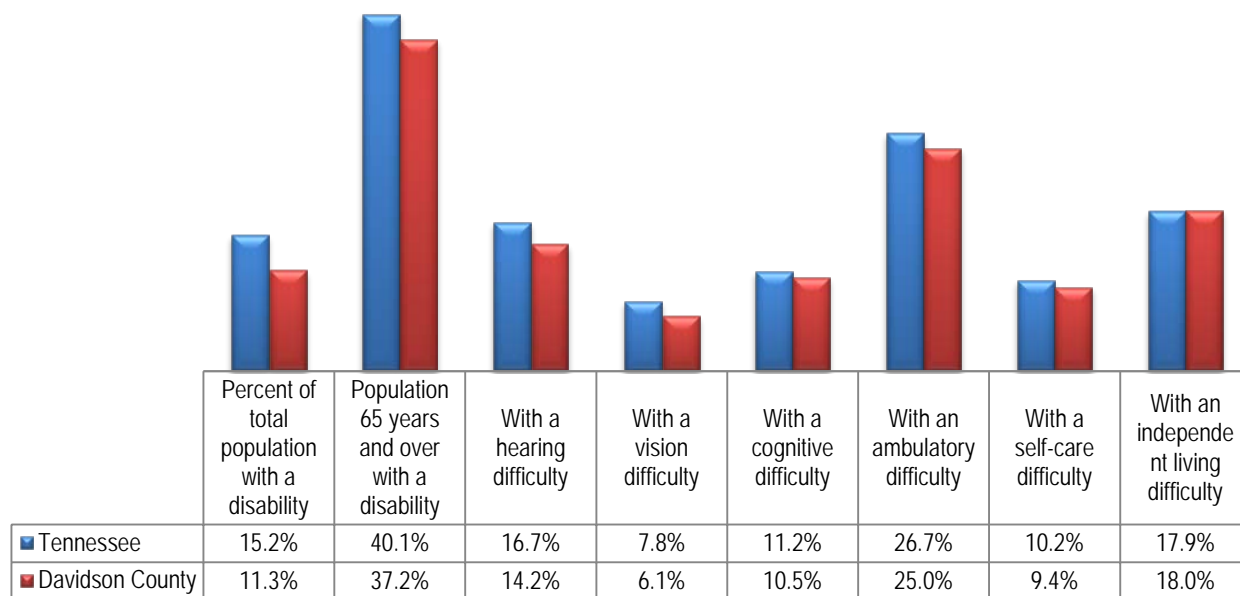
The median income Social Security benefit was \$16,295 per year for men and \$11,999 for women. Low-income persons are less likely to have other sources of retirement income from pensions, savings accounts or other assets. According to the report, persons in the lowest income quintile rely on Social Security assistance for over 80% of their income.

<http://money.usnews.com/money/retirement/articles/2014/01/27/how-seniors-are-paying-for-retirement>

Disability Status

As persons age they are more likely to become disabled in one or more physical areas. Chart AD-4 indicates that persons age 65 and over more likely to have ambulatory (walking) difficulties followed by independent living difficulties in both Tennessee and Davidson County. For most types of disabilities, the rates for Davidson County seniors are better than for Tennessee.

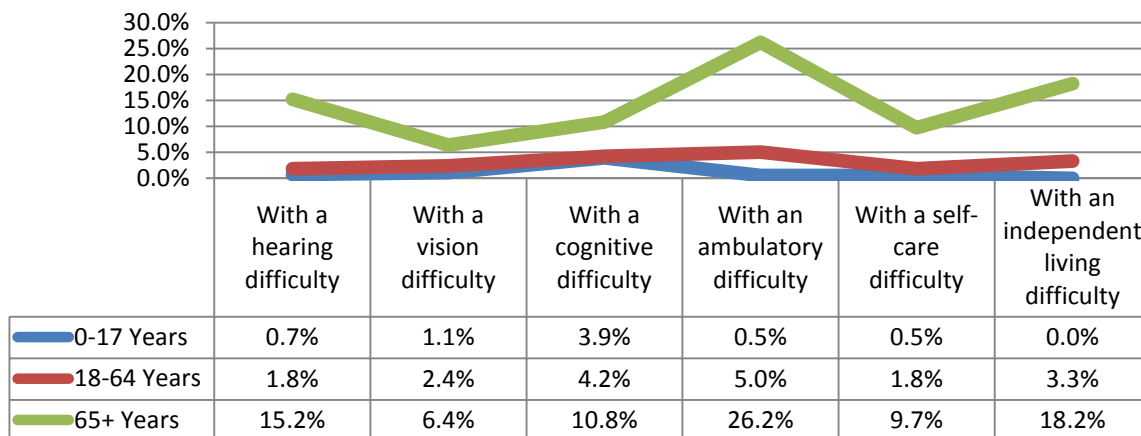
Chart AD-4: Percent of Population by Type of Disability Ages 65 and Over
Tennessee, Davidson County, 2011-2013



Source: 2011-2013 American Community Survey 3-Year Estimates, Chart 1810

As indicated by Chart AD-5, as persons age the prevalence of disabilities increases. Persons Age 18-64 are more likely to have ambulatory difficulties than other types of disabilities. The chart shows that those who are aged 65 and over are far more likely to have each kind of disability shown.

Chart AD-5: Type of Disability by Age Category
Davidson County, 2013



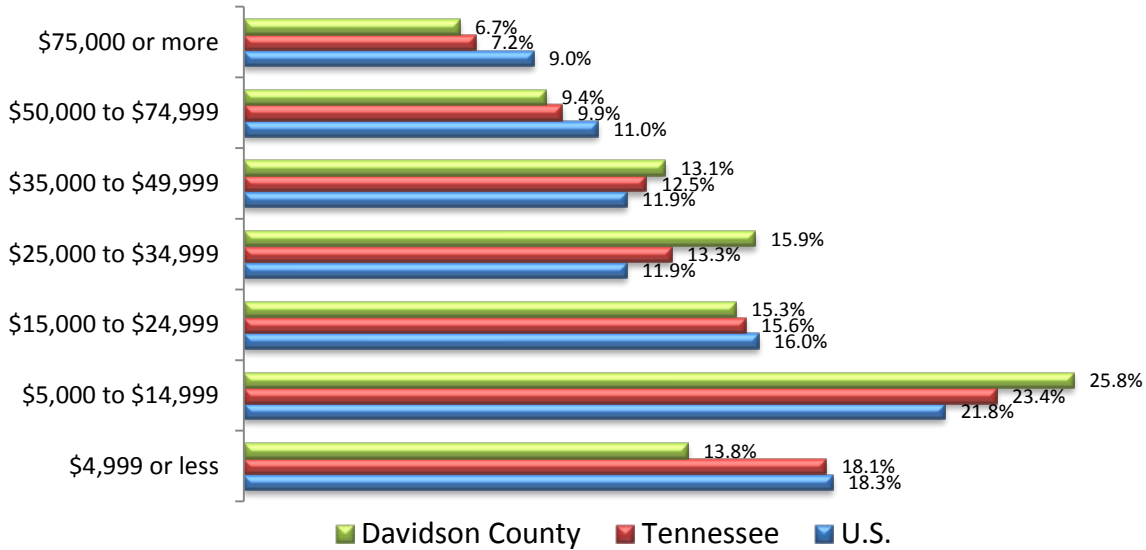
Source: 2013 American Community Survey Chart 1810

Disability Earnings

For persons with disability, incomes have remained stagnant over the past year. From 2012-2013 there was no statistically significant change in earnings for persons with a disability. In Davidson County, per capita income for 2013 was \$28,440. 54.9% of persons with a disability earned less than the per capita income for Davidson County in the past 12 months with 13.8% of persons earning less than \$5000.

Chart AD-6 indicates the amount of earnings by persons aged 16 and over with a disability for 2013.

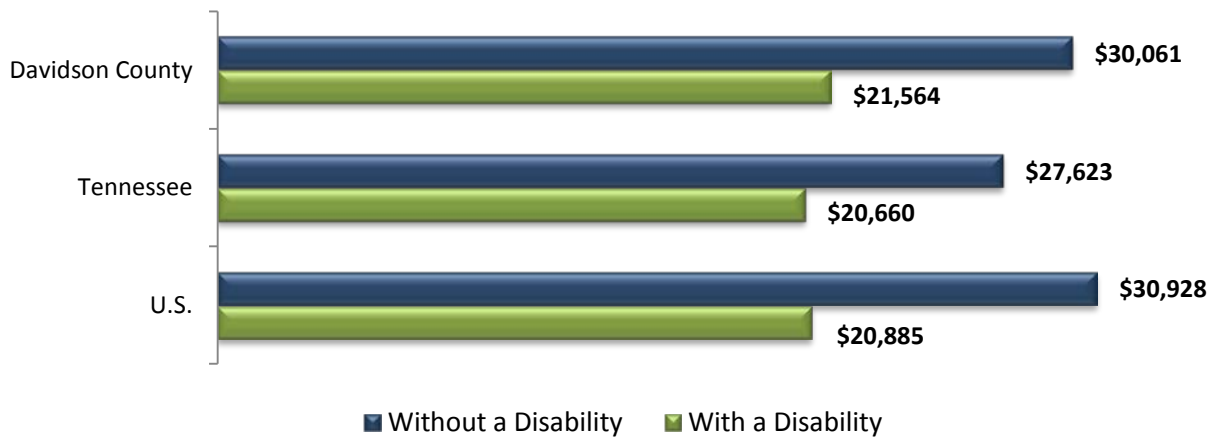
Chart AD-6: Earnings Past 12 Months of Persons age 16+ with a Disability
U.S., Tennessee, Davidson County



Source: 2013 American Community Survey, Chart 1811

Chart AD-7 shows that persons with a disability continue to earn less than persons without a disability. Davidson County residents with a disability earn a median annual income similar to Tennessee and the U.S., all that show lower incomes for those who have a disability.

Chart AD-7: Median Annual Earning for Persons with a Disability
U.S., Tennessee, Davidson County 2013



Source: 2013 American Community Survey

The 2013 American Community Survey also indicated that those ages 65 to 74 and those 75 and over are more than twice as likely to be in poverty if they have a disability, as reflected in the table below.

	In Poverty With Disability	In Poverty No Disability
Age 65-74	11.9%	4.8%
Age 75 and Over	13.1%	6.5%

Long-Term Services and Supports

Long-Term Services and Supports (LTSS) are a continuum of supportive services needed by people who have limitations in their capacity for self-care due to a physical, cognitive or mental disability. LTSS can be provided in either a skilled nursing facility or a non-institutional setting (home and community based care).

There are various types of Non-Institutional Long-Term Services and Support. Non-Institutional LTSS may 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.tn.gov/comaging/living.html>

LTSS can include not only home and community based services but also Institutional care such as assisted living and skilled nursing facilities. Assisted living facilities can range in size from a small residential house for one resident up to very large facilities providing services to hundreds of residents. Assisted living facilities provide caregivers who assist with cleaning, cooking, grooming and coordination of services. Medicaid generally only pays for care costs in assisted living facilities and does not pay for room and board.



Nursing homes, also called skilled nursing facilities, provide care to those with illnesses or mental conditions requiring full-time monitoring and medical care. Most nursing home residents are unable to live by themselves and require highly skilled levels of medical care.

<http://www.aarp.org/home-family/caregiving/info-2014/caregiving-assisted-living-options-tool.html>

Paying for Assisted Living and Nursing Home Care

Payment sources vary between Assisted Living Facilities and Nursing Home Care, primarily because Medicaid is far more likely to pay for Nursing Home care. Chart AD-8 shows that the most frequent type of payment for Assisted Living is Out-of-Pocket payments (75%), while Chart AD-9 shows Out-of-Pocket payments at 25.1%. Chart AD-9 shows that Medicaid is the most frequent source of payment for Nursing Home Care (49.3%), with Medicare paying for Nursing Home Care (12.5%).

Chart AD-8: Source of Payment for Assisted Living Facility
U.S.

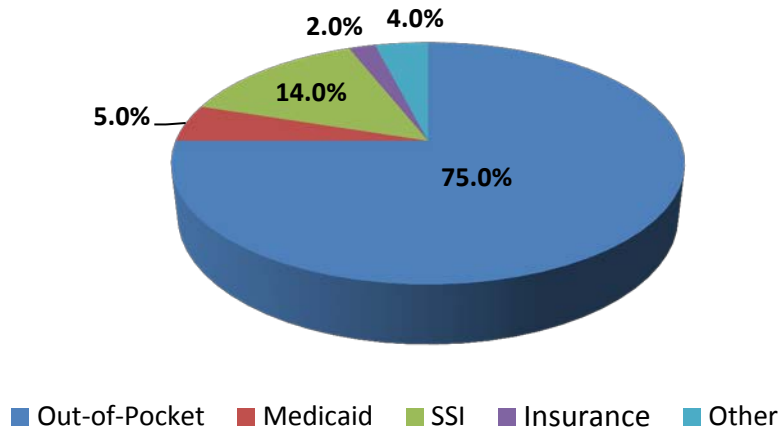
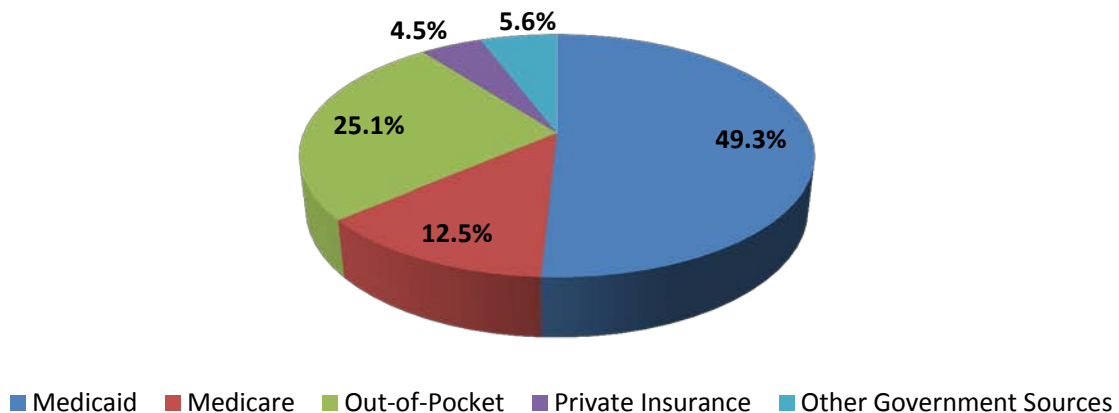


Chart AD-9: Source of Payment for Nursing Home Cost
U.S.



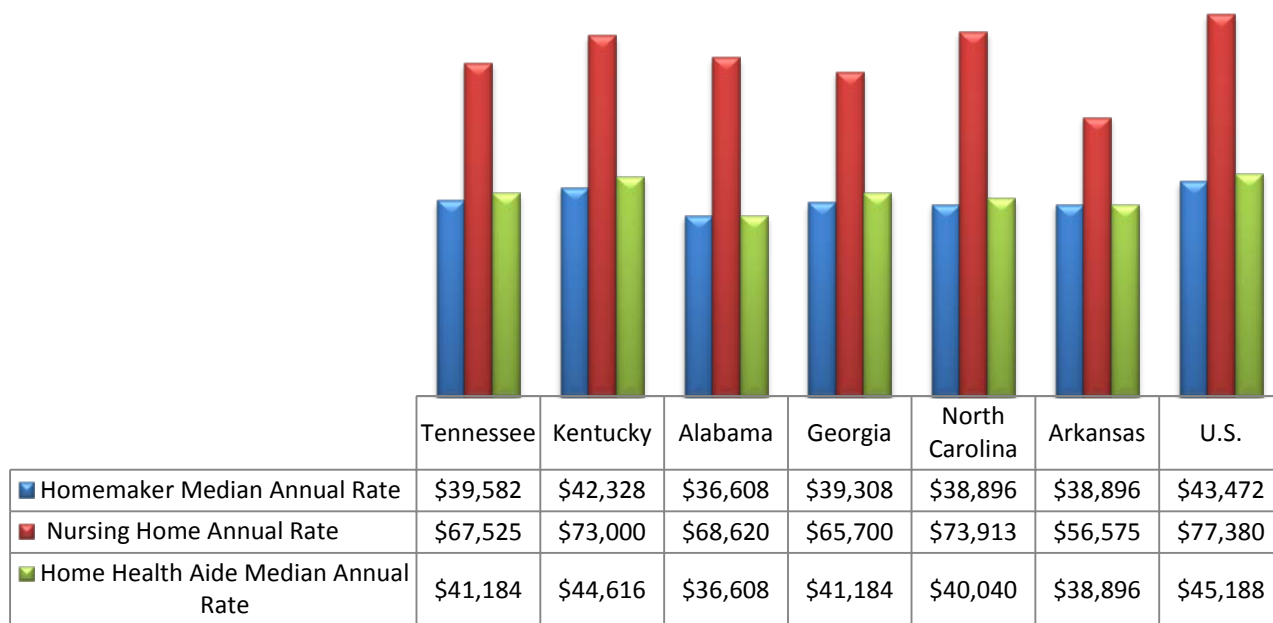
http://www.longtermcarelink.net/eldercare/assisted_living.htm

Comparative Cost of Long-Term Services and Supports

In comparing cost of homemaker and home health aide services to nursing home care for seniors and persons with a disability, community based care is less costly. Homemaker services and home health aides continue to be the most requested services for persons with limited options who want to remain in their homes and community. As indicated in the chart below of selected states, these two services are considerably lower in cost than institutional care. However, nursing home care may provide services in addition to those provided by homemakers and home health aides.

The *Genworth 2014 Cost of Care Survey* identifies trends of long-term care in the United States. The Cost of Care Survey is conducted annually and is used by consumers and professionals to project future cost of in-home and skilled nursing facility care for the aging and disabled population. Chart AD-10 compares cost of homemaker, home health aide and nursing home care by selected states.

Chart AD-10: Comparative Cost of Types of Long Term Care by Selected States
2013



<https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/Tennessee-040114.pdf>

https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/130568_032514_CostofCare_FINAL_nonsecure.pdf

Family Caregivers

Supporting Family Caregivers was one of three focus areas identified in the 2014 Tennessee Governor’s Aging Task Force Report. The report also identified promoting healthy aging and creating livable communities as areas of focus. Family Caregivers are described as anyone who provides any type of physical and/or emotional care for an ill or disabled person at home. Family caregivers can be a parent, adult child, spouse, family member, neighbor or friend. Examples of tasks performed by family caregivers include personal care, emotional support, medical care, household management, translation services or general medical supervision.

The Governor’s Task Force estimated that family caregivers provided over one billion hours of care for an economic value of \$11 billion. The task force recommended a thorough review of all state and local policies and procedures to reduce fragmentation and maximize resources to positively affect older adults and their caregivers.

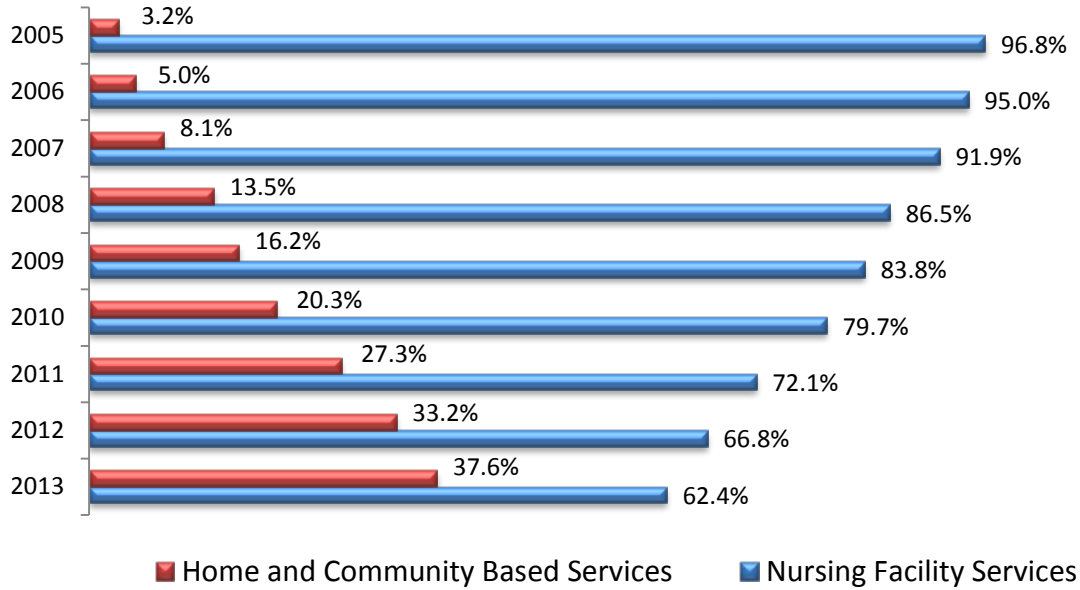
<https://news.tn.gov/sites/default/files/Aging-Task-Force-Final.pdf>

TennCare CHOICES

TennCare Choices that began implementation in 2010 is designed to provide long-term services and supports (LTSS) to eligible individuals who preferred to and were medically able to remain in their homes and communities. Financially TennCare Choices was developed to reduce the imbalance in funding LTSS from Nursing Facilities Care to Home and Community Based Services. Historically, Tennessee's Long-Term Care Services funding was disproportionately allocated to Nursing Home Care.

Chart AD-11 shows the decrease in the Nursing Facility enrollment and the increase in HCBS enrollment from 2005 through 2013 for adults with physical disabilities in Tennessee.

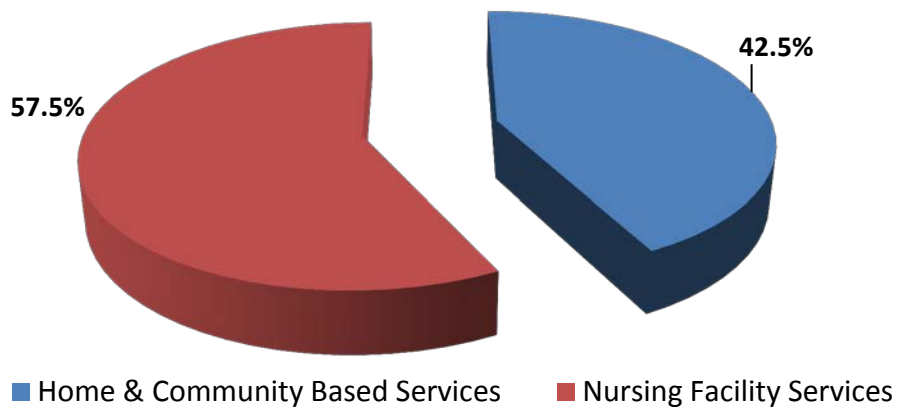
Chart AD-11: Percentage of LTSS Enrollment in TennCare CHOICES
2005-2013



Source: TennCare

Chart AD-12 shows the percentage of LTSS enrollees through October 2014 in Home and Community Based Services compared to Nursing Facility Services enrollment. The increase of HCBS enrollment from 37.6% in 2013 to 42.5% in 2014 represents a decline in costly nursing facility services resulting in savings to consumers and taxpayers.

Chart AD-12: TennCare LTSS Enrollments
Elderly and Adults with Physical Disabilities
October 2014

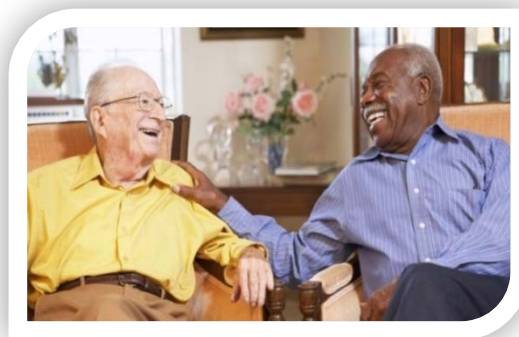


Source: http://www.tn.gov/tenncare/long_graphs.shtml

Policy Issues Affecting Seniors

The National Council on Aging in 2012 identified several issues and policies that may have significant impact on older adults because of federal and state legislation. The Council highlighted the top six issues as Older Americans Act reauthorization, extension of Medicare Low-Income Protections, Senior Program Funding Cuts, Long-Term Care, Access to Preventive Benefits, and Hunger/Food Insecurity.

<http://www.ncoa.org/press-room/press-release/top-6-policy-issues-affecting.html>



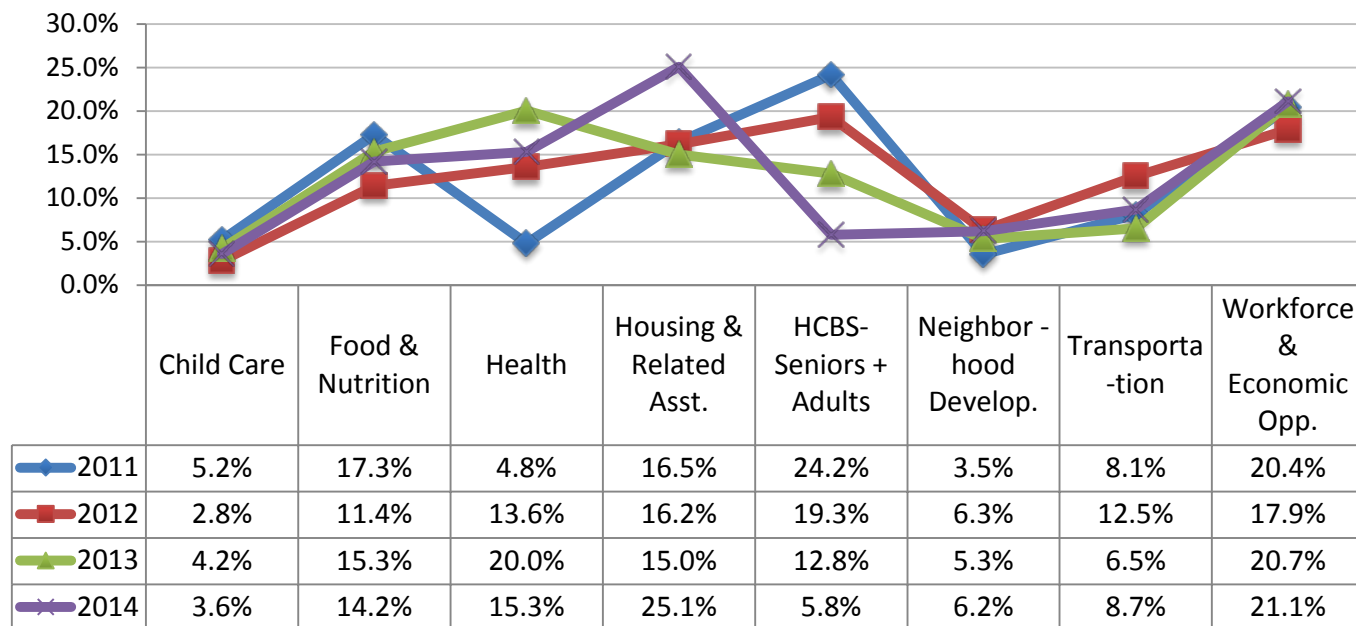
The Tennessee Governor’s Task Force on Aging released its report in 2014 highlighting the three areas of focus that would be priorities at the state level. The Task Force focused on promoting healthy aging, creating livable communities and supporting family caregivers. Strategies of the task force included ensuring older adults have access to programs and services in their communities, expand the number of livable communities that offer affordable, appropriate housing and supportive services along with increasing access to respite and employer collaboration in supporting caregivers.

<https://news.tn.gov/sites/default/files/Aging-Task-Force-Final.pdf>

2014 Grassroots Community Survey

Results from the Grassroots Community Survey indicated a decrease in the identification of Home and Community Based Services for Seniors and Adults from 12.8% in 2013 to 5.8% in 2014. The Grassroots Community Survey is discussed further in the Local Data section.

Chart AD-13: Largest Gap in Services
Grassroots Community Services, 2011-2014



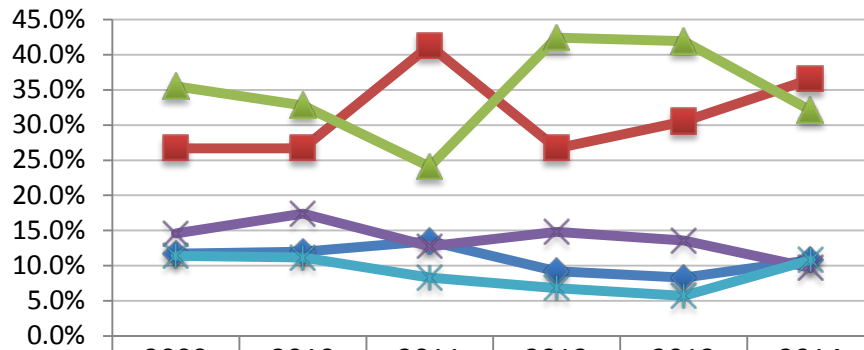
Source: MSS Grassroots Community Survey

Chart AD-14 identifies help paying for childcare 36.5% and homemaker services for elderly or disabled people 32.1% as the greatest unmet needs in Home and Community Based Services in 2014. This trend was reversed in

the 2013 Grassroots survey with homemaker services for elderly and disabled people 41.9% identified as the greatest unmet need compared to help paying for childcare 30.5%.

Chart AD-14: Greatest Unmet Need in Home & Community Based Services

Grassroots Community Survey, 2009-2014



	2009	2010	2011	2012	2013	2014
◆ Child Care Closer to My Home	11.7%	12.0%	13.5%	9.2%	8.3%	10.8%
■ Help Paying for Child Care	26.7%	26.7%	41.3%	26.7%	30.5%	36.5%
▲ Homemaker Services for Elderly or Disabled People	35.5%	32.8%	24.1%	42.4%	41.9%	32.1%
✕ Homemaker Services for Relative Caregivers (raising the children of relatives)	14.6%	17.4%	12.8%	14.8%	13.6%	9.7%
✦ More Infant Child Care	11.4%	11.2%	8.3%	6.8%	5.7%	10.8%

Source: MSS Grassroots Community Survey

Aging and Housing

According to the Administration on Aging *Profile of Older Americans 2013* report, 81% were homeowners and 19% were renters. The median construction year for their existing home was 1970 and over 50% of older householders spent more than 25% of their income on housing cost. In addition to the profile of older adult housing, the report provides information on living arrangements, marital status, employment, poverty, income, health insurance, disabilities and activity limitations along with other related topics.

http://www.aoa.acl.gov/Aging_Statistics/Profile/2013/docs/2013_Profile.pdf

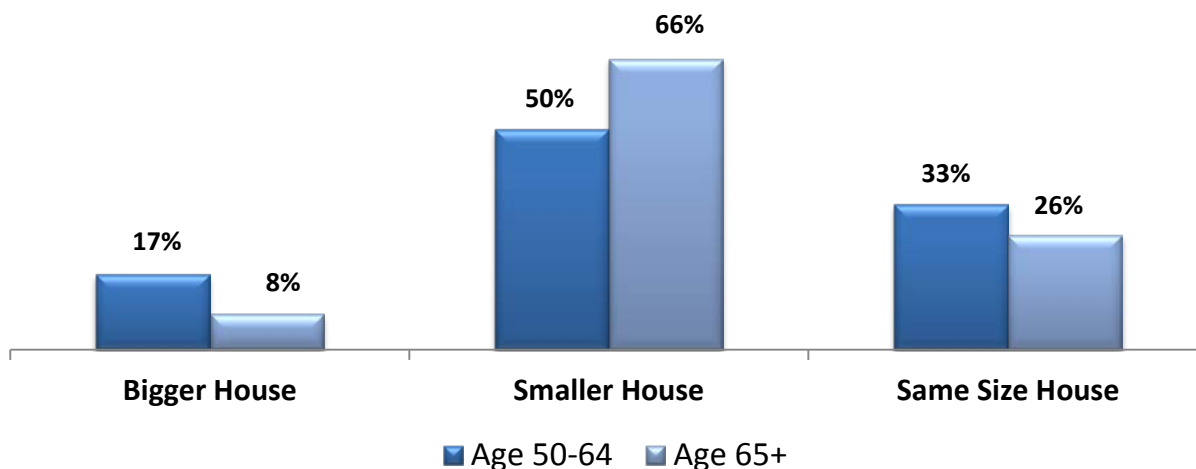
The Joint Center for Housing Studies of Harvard University released *America's Rental Housing Evolving Markets and Needs* about rental housing for older adults. It reported that households of all but the oldest age groups have joined in the shift toward renting. However, persons aged 60 and over are less likely to be renters than persons aged 25-59. The report indicated that during the coming decade, rapid growth in the senior population is projected to bring a surge in demand for assisted rental housing. The increased demand is expected to strain the current capacity of housing programs specifically targeting older Americans.

http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs_americas_rental_housing_2013_1_0.pdf

The Demand Institute's report *The Shifting Nature of U.S. Housing Demand* highlighted survey results about housing mobility of respondents age 50+ and indicated the following:

- Adults age 50-64 indicated they were planning to move – 83% planned to move to a smaller or same size house as indicated in Chart AD-15.
- Of older adults age 65+, 92% indicated they were planning to move to a smaller or same size house. Only 8% of this population planned to move to a bigger house.
- At least half of those who plan to move in the next two years indicate they plan to rent.
- After three decades of increases in average new home size, the projection is that the average new home size in 2015 will be back to 1995 levels (2,150 sq. ft., down from a high of 2,500 sq. ft. in 2007).

Chart AD-15: Older American's Intention Among Those Planning to Move by Age
U.S., 2012



<http://www.demandinstitute.org/blog/shifting-nature-us-housing-demand>

Evidence Based Practices – Aging and Disability

A Matter of Balance Model

Maine and Boston, Massachusetts

<http://www.mainehealth.org/pfha>

A Matter of Balance model has been recognized by the National Council on Aging, National Institute of Health and has been cited in the Oxford Journal in random control tests as an effective strategy to reduce the incidence of falls in older adults.

<http://psychogerontology.oxfordjournals.org/content/53B/6/P384.short>

A Matter of Balance is a series of activities designed to reduce the fear of falling, increase activity levels through exercises to increase balance, mobility and strength for older adults. The workshops are conducted over several group sessions led by a trainer using an established curriculum. The program is usually provided in group settings in assisted living facilities, adult daycares, senior centers and other community based organizations.

<http://www.ncoa.org/improve-health/center-for-healthy-aging/a-matter-of-balance.html>

<http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/Matter-of-Balance-6-30-2011.pdf>

Falls are a leading cause of injuries for older adults. According to the Centers for Disease Control and Preventions, more than one in three older adults fall each year. Because of falls older adults experience a decline in physical and social activities, increased rate of hip fractures and muscle weakness.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6317a3.htm?s_cid=mm6317a3_w

Hip Fractures from falls are more prevalent for persons 65 and older. Bone weakening, poor vision and balance are common causes of hip fractures. Hip fractures generally require surgery, extended physical therapy and may lead to other complications such as blood clots in the legs, pneumonia and long-term mobility restrictions. Older adults who have hip fractures are at greater risk of having another one as they continue to age.

<http://www.mayoclinic.org/diseases-conditions/hip-fracture/basics/definition/con-20021033>

The percentage of the population with ambulatory difficulties (problems with walking) was ranked higher than other types of disabilities in the 2012 American Community Survey. One in four persons over age 65 in Davidson County and in Tennessee was identified with ambulatory difficulties. Preventing falls reduces medical cost and improve mobility for persons as they age. The Center for Disease Control estimates that medical costs for older adults because of falls were \$30 billion in 2012. The report, *Cost of Falls Among Older Adults* indicates that emergency rooms treated 2.4 million fall injuries among older adults. <http://www.cdc.gov/HomeandRecreationalSafety/Falls/fallcost.html>



Elder Abuse Shelter

Erie County (Buffalo), New York

As the population ages, the incidence of elder abuse continues to increase. According to the National Council on Aging estimates 1 in 10 persons age 60+ has experienced some form of elder abuse. Elder abuse includes physical, mental, neglect and financial exploitation. This figure does not account for what is believed to be a higher number of unreported cases. One of the challenges when addressing elder abuse is a lack of shelter space for older adults who need to move to a safe place away from their abuser. A promising practice is to develop a place or network of facilities that has the capacity and resources to house elder abuse victims who often have unique needs. According to Tennessee Department of Human Services Adult Protective Services division over 8,000 cases of abuse, neglect of financial exploitation were investigated in fiscal year 2014.

<http://www.tn.gov/humanserv/pubs/DHS-AR13-14.pdf>

<http://www.ncoa.org/public-policy-action/elder-justice/faqs-on-elder-abuse.html>

The Council on Elder Abuse created an Elder Domestic Violence Shelter Network in Erie County (Buffalo) New York. Community based organizations and health care providers are working with skilled nursing and assisted living facilities to provide bed space in emergency situations for victims of elder abuse. Most emergency shelter or domestic violence facilities are not equipped to assist elderly abuse victims who often have chronic or severe medical conditions associated with aging.

<http://www.councilonelderabuse.org/committees.php?PageTitle=Committees&PCID=5>

<http://www.buffalonews.com/city-region/erie-county/shelter-to-be-provided-to-elder-abuse-victims-20140613>

Elder abuse victims and advocates have identified a lack of temporary housing or bed space as a challenge in responding to incidences of elder abuse. Data has shown that most perpetrators of abuse are family members or care providers thus the need to find temporary placement for the victims until the legal system can propose a safe and viable solutions. Elder abuse is often underreported, cost an estimated \$2.9 billion (in 2009) and is linked to increased rates of hospitalization.

http://ncea.aoa.gov/Resources/Publication/docs/NCEA_WhatYouMustKnow2013_508.pdf

Food & Nutrition

Key Findings

- 16 million children live in food insecure households nationwide.
- 21% of persons needing emergency food assistance in Davidson County did not receive it.
- Second Harvest Food Bank Emergency Food Box program saw an increase in the number of individuals served.
- The percentage of persons receiving SNAP benefits declined slightly in Davidson County.
- Beginning this school year, Metro Davidson County schools serve breakfast and lunch to all students, regardless of income.
- Tennessee continues to rank in the bottom ten states of seniors facing the threat of hunger.

Childhood Food Insecurity

According to the Brookings Institute 2013 report, 16 million children live in food insecure households. In addition to not having enough food to eat and with limited access, these children are more vulnerable to health problems, lower school achievement and other factors related to poverty. Food insecurity is associated with a host of poor nutrition and health outcomes among children.

<http://www.brookings.edu/events/2014/09/15-childhood-food-insecurity>



The Food Research and Action Center's 2013 Report highlights the impact the great recession continues to have on the ability of low-income households to afford enough food. Hunger and poverty rates increased dramatically at the beginning of the great recession and have remained high four years later. Food insecurity rates for households with children were higher in the Southeast, Southwest and Western regions than in other parts of the country.

<http://frac.org/one-in-four-households-with-children-report-inability-to-afford-enough-food/>
http://frac.org/pdf/food_hardship_geography_household_composition_2008-2012.pdf

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, nearly half of all Supplemental Nutrition Assistance Program (food stamp) participants are children under age 18.

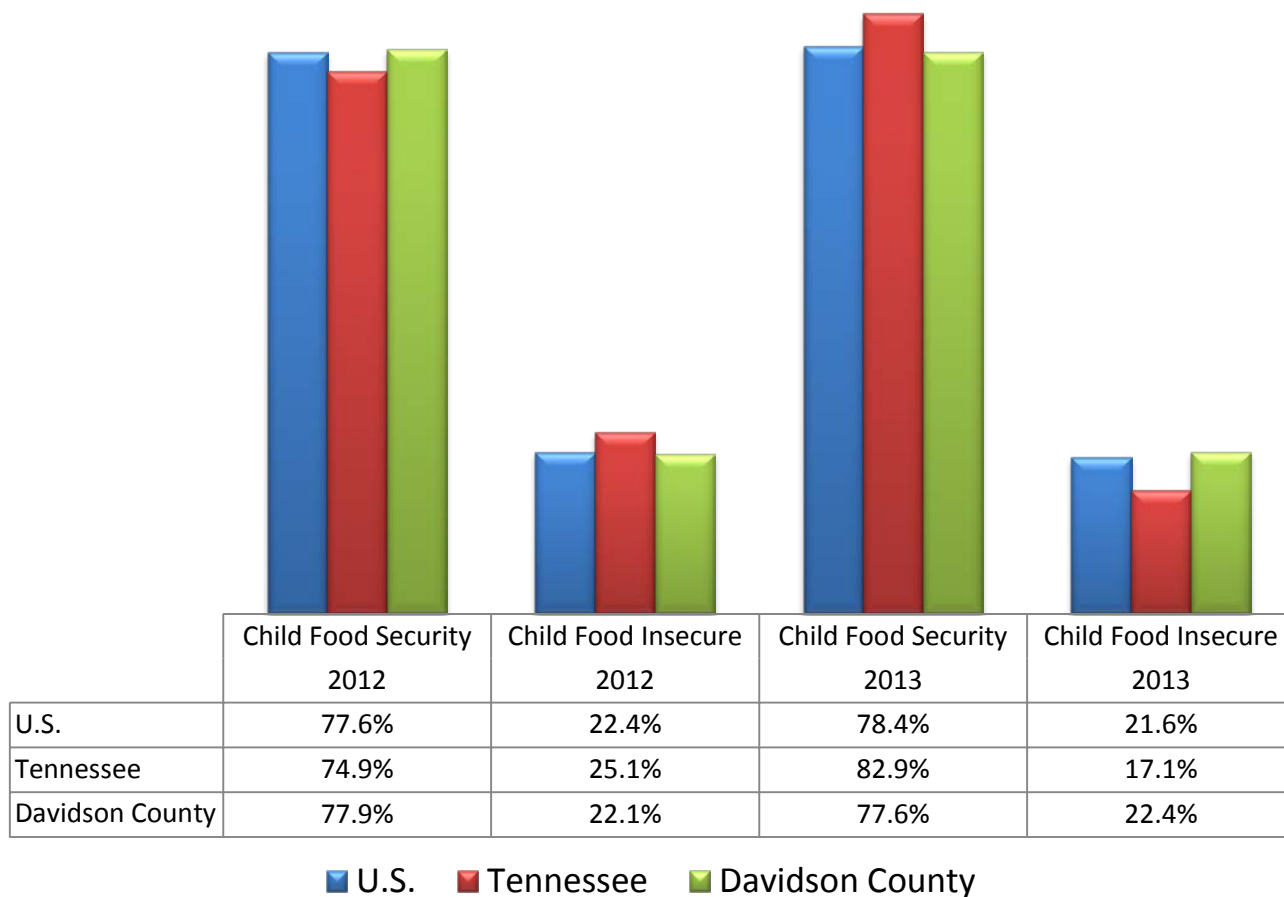
The U.S. Census Statistical Abstract defines food security as access by all members at all times to enough food for an active healthy life. To be food secure, household members need nutritious and safe food readily available at all times and the ability to acquire such food in socially acceptable ways without resorting to emergency food

sources. Food insecurity has been linked to mental and physical health challenges for low-income families especially for pregnant women and infants.

Chart F-1 shows the food security status for households with children from 2012 to 2013 and compares Davidson County with Tennessee and the U.S.

Chart F-1: Food Security Status for Households with Children

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

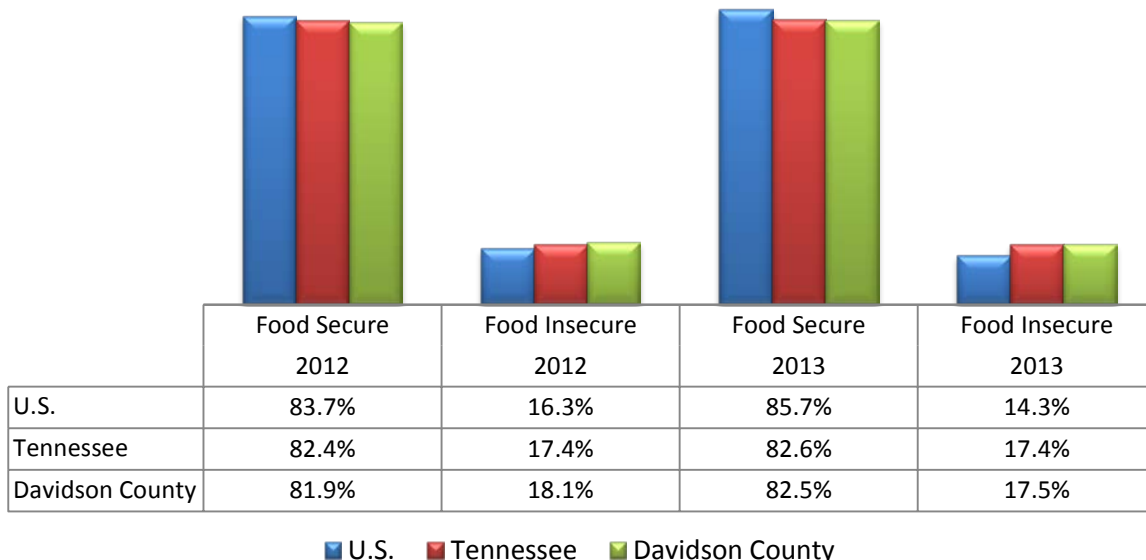


Food Security

United States Department of Agriculture determines food security by types. Food security is determined by ranking in categories, from high to very low food security. 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.

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 and 2013. There was no significant change in Davidson County between these years.

Chart F-2: Food Security Status for All Households
U.S., Tennessee, Davidson County, 2012-2013



<http://www.ers.usda.gov/media/1565415/err173.pdf>

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

Hunger in Davidson County

The U.S. Conference of Mayors *2013 Status Report on Hunger and Homelessness in American Cities* indicates that of the cities surveyed, 21% of persons needing emergency food assistance did not receive it. The report indicates that in each of the cities surveyed food pantries had to either reduce the quantity of food served or reduce the number of times a family could receive emergency food assistance. Some of the surveyed cities reported having to turn people away due to a lack of emergency food. The report identified the primary causes for hunger in individuals and households with children are unemployment, low-wages, poverty and high housing cost.

In Nashville, food pantries and emergency kitchens had to turn some people away due to a lack of resources or had to reduce the number of times individuals or families could visit each month. It was predicted that food assistance requests would increase substantially over the next year while resources may be reduced.

<http://www.usmayors.org/pressreleases/uploads/2013/1210-report-HH.pdf>

Second Harvest Food Bank of Middle Tennessee

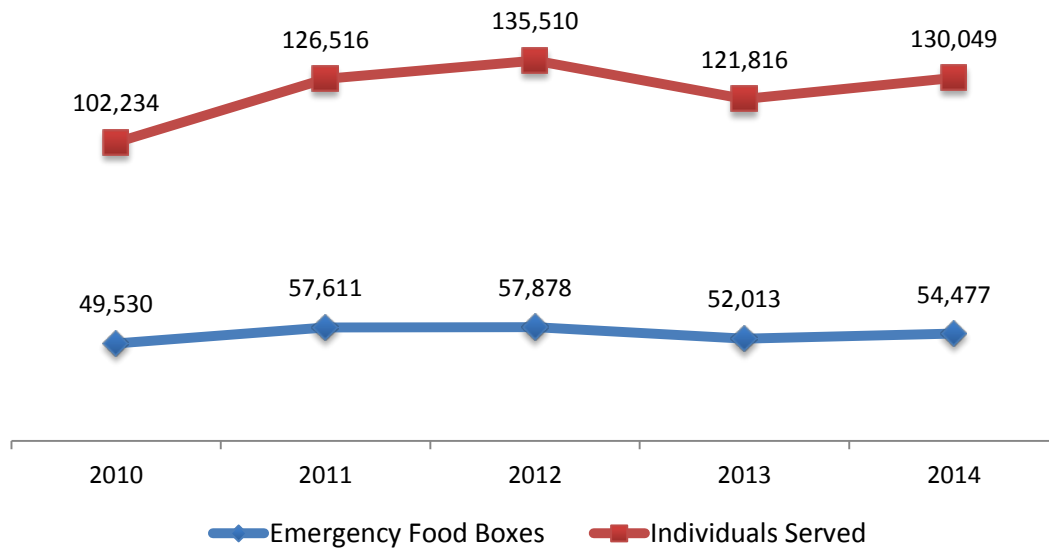
Second Harvest Food Bank of Middle Tennessee (SHFBMT) is the largest emergency food distributor in the 46-county Middle Tennessee area. Second Harvest uses a network of growers, manufacturers, wholesalers, grocery stores and individuals to donate food to their food pantries or partner organizations.

SHFBMT is expanding its perishable food distribution program by providing fresh produce and other perishable items each Friday of the month in different locations in Davidson County. Because of this initiative, SHFBMT has distributed over 500,000 pounds of healthy fresh produce and other perishable items to nearly 15,000 individuals. The School Food Pantry program is designed to increase food access for families in need by having a permanent residence within a school. Fourteen sites were operated in Metro Public Schools during Fiscal Year 2013-2014 providing over 104,000 pounds of food for families in need.

SHFBMT opened a Client Choice Market in cooperation with East Nashville Cooperative Ministry, Olivet Missionary and St. Phillips’s Church in the past two years. The Client Choice Market concept was highlighted in the previous year Community Needs Evaluation as a Best Practice model for food pantries. Client Choice Markets allow clients to choose the types of food they receive. When clients choose the foods they prefer, it helps to eliminate food waste and increases the likelihood their family’s food needs are satisfied. Since opening the Client Choice Market, this distribution site has shown an increase in the number of persons seeking food assistance and surveys have shown an increase in client satisfaction.

Chart F-3 indicates an increase in the number of emergency food boxes distributed and persons served between 2013 and 2014.

Chart F-3: Emergency Food Distribution
Second Harvest Food Bank, 2010-2014



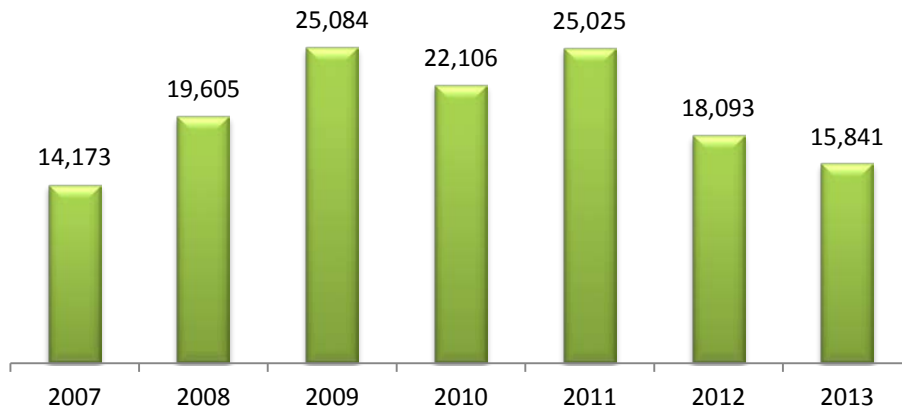
Source: Second Harvest Food Bank of Middle Tennessee

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. In 2014 Food/Meals was the third most requested services through the 2-1-1 call center. Housing/Utilities and Information Services were the most requested services respectively. Food requests are referred to food pantries, SNAP, Meals on Wheels, Women Infant and Children (WIC) Program and programs in surrounding areas.

Chart F-4 shows the number of calls to United Way’s 2-1-1 Call Center for Food/Meals.

**Chart F-4: 2-1-1 Calls for Food/Meals
2007-2013**

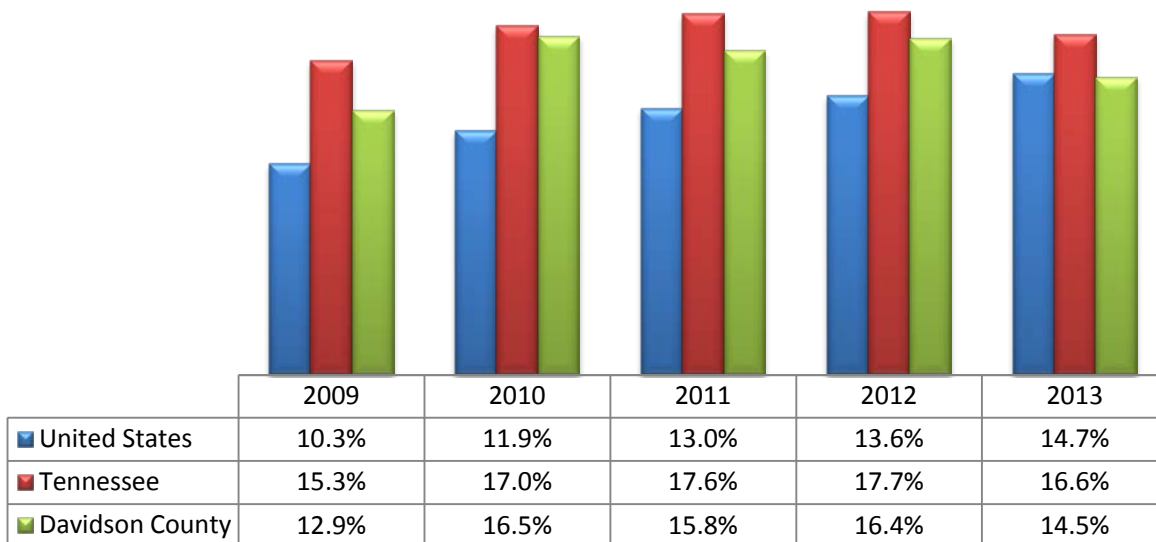


Source: United Way of Metropolitan Nashville 2-1-1 Call Center

Supplemental Nutrition Assistance Program (SNAP)

As shown in Chart F-5 the percentage of persons in the United States receiving SNAP benefits increased between 2009 and 2013 while the percentage in Tennessee increased in each of these years except for 2013 when there was a slight decline. For Davidson County, the percentages fluctuated during the period reaching a high of 16.5% in 2010.

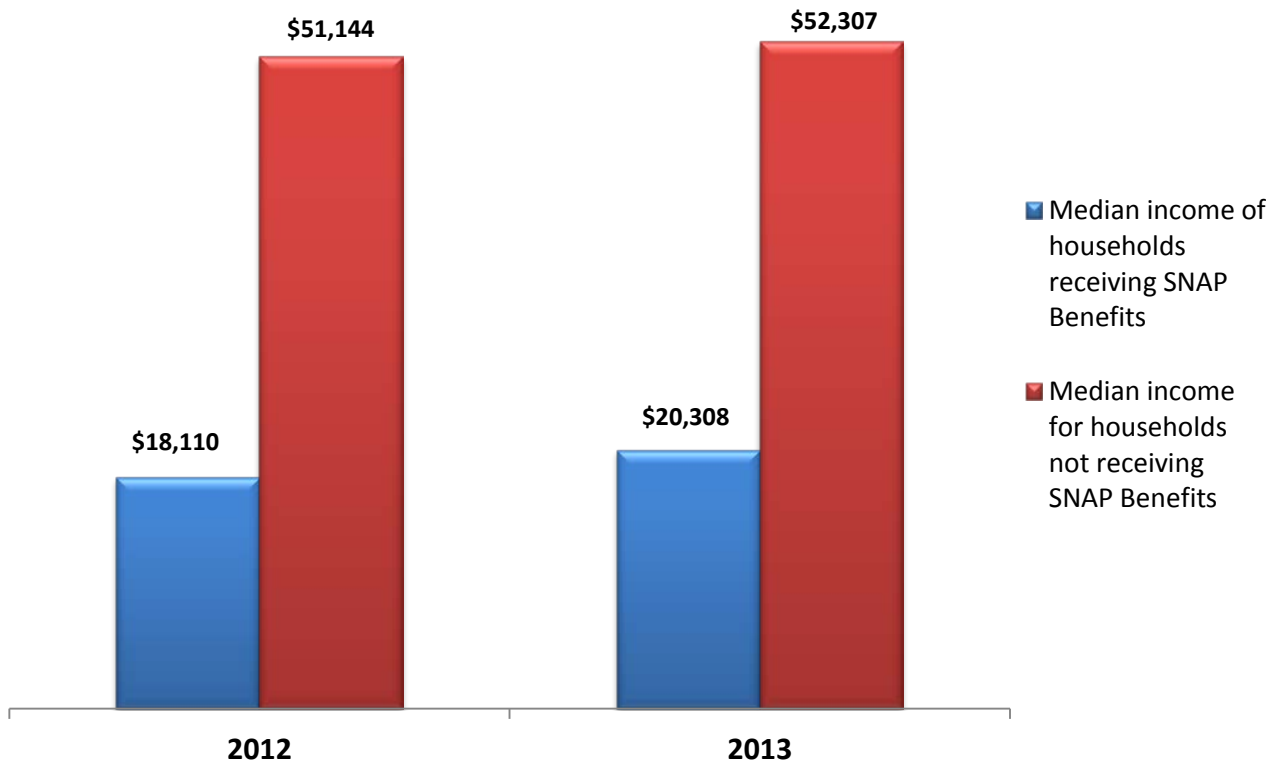
**Chart F-5: Percentage of Population using SNAP benefits in Past 12 Months
U.S., Tennessee, Davidson County, 2009-2013**



Source: American Community Survey, 2009-2013

Households in poverty are far more likely to use SNAP benefits than others. Chart F-6 shows that the median income for households that do not receive SNAP is more than 2.5 times as much as for households that receive SNAP benefits. There was a slight increase in median income for SNAP and non-SNAP households, but the pattern of SNAP household incomes being significantly lower continued.

Chart F-6 : Median Income for Households Receiving and Not Receiving SNAP Benefits
Davidson County, 2012-2013



Source: 2013 American Community Survey, Table S2201



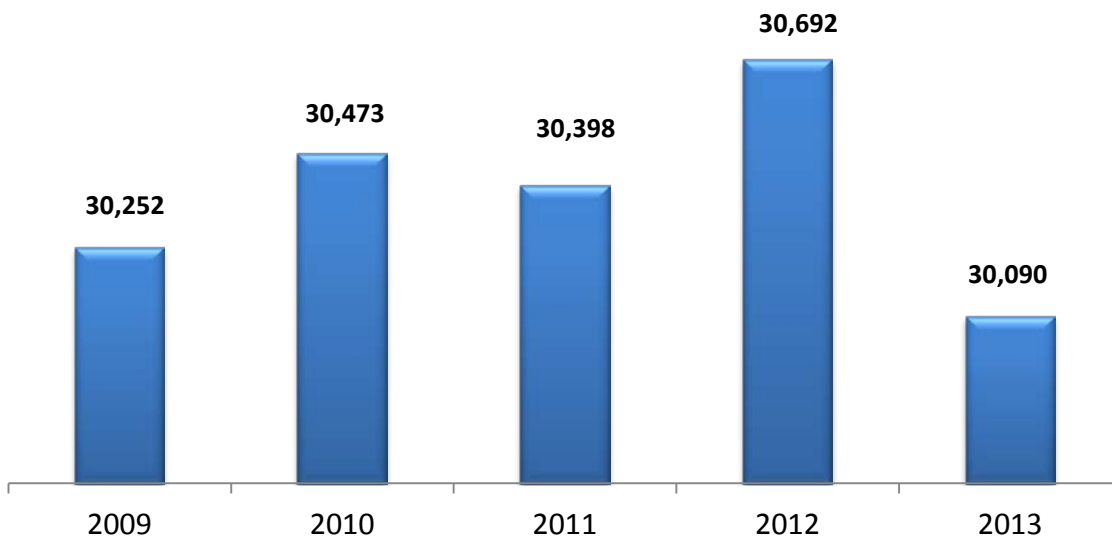
Special Populations

The Women, Infants and Children Supplemental Food Program (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-7, WIC's program participation did not change significantly between 2009 and 2013. This is primarily due to WIC funding from United States Department of Agriculture funding remaining stable during this time.

Chart F-7: Number of WIC Participants
Davidson County, 2009-2014



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

Free or Reduced Price Lunch for Public School Students

The Community Eligibility Provision (CEP) of the Hunger-Free Kids Act of 2010 allows high-poverty schools to eliminate school meal applications and offer breakfast and lunch to all of their students at no charge. CEP has led to an increase in the number of children eating breakfast and lunch at school for some schools systems. CEP allows school systems that serve predominately low-income children an alternative way to offer meals to all students in the system. CEP uses other information sources to determine eligibility such as SNAP and Temporary Assistance for Needy Families to determine eligibility instead of relying only on individual student applications.

<http://www.fns.usda.gov/school-meals/community-eligibility-provision>

With 81,134 students enrolled in Metro Nashville Davidson County Schools during the 2012-2013 school year, a significant number of students relied on the federally funded school lunch program to meet their nutritional needs. Community eligibility has already ensured that low-income children in thousands of high-poverty schools receive two nutritious meals so they are better prepared to learn. Efforts continue through community organizations, such as Alignment Nashville's School Food Committee, Nashville Food Policy Council, Farmers Markets, School Food Pantries, and Kids Back Pack Program to address hunger-related issues for students.



Metro Nashville Public Schools in an effort to improve nutritional qualities of food served has reformulated its milk offerings to reduce the amount of sugar served in dairy products along with strategies to prevent and decrease childhood obesity in the student population. In addition, MNPS receives funds from U. S. Department of Agriculture’s Vegetables and Fruits program to expand meal offerings coupled with nutrition education.

http://www.edlinesites.net/files/_5JEPP_/9e18dddb8bc649ef3745a49013852ec4/State_of_the_Program_2014-2015_School_Year_R.pdf

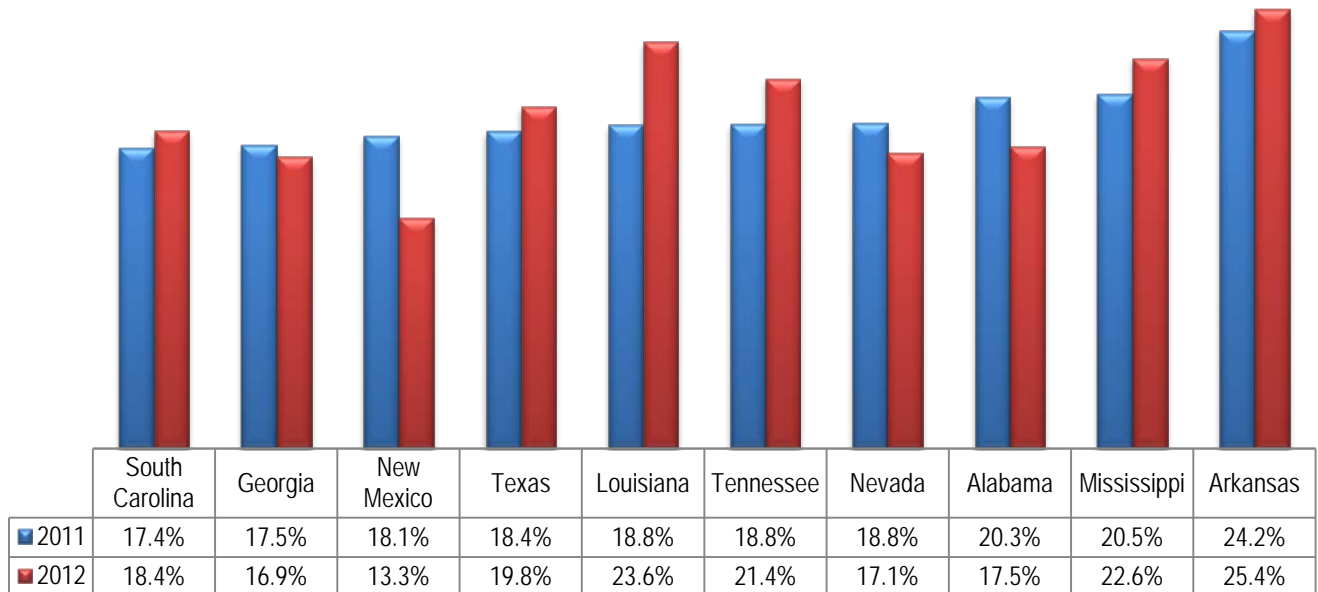
Senior Hunger

According to *The State of Senior Hunger in America 2012 Annual Report* prepared for the National Foundation to End Senior Hunger, one out of every seven seniors faced the threat of hunger. Race, ethnicity and income were contributing factors for seniors facing the threat of hunger. In 44 states, the threat of senior hunger increased. Tennessee for the past two years has been in the top ten states with the highest rates of hunger risk among seniors. The report also indicates that increased rates of food insecurity among older persons may result in higher health costs.



Chart F-8 shows the states with the highest percentage of seniors facing hunger from 2011 to 2012. Most of the states continue to be located in the southeast and southwestern part of the United States. Tennessee ranked sixth among the top ten states facing the threat of hunger.

Chart F- 8 : Percentage of Senior's Facing Threat of Hunger
Selected States 2011-2012

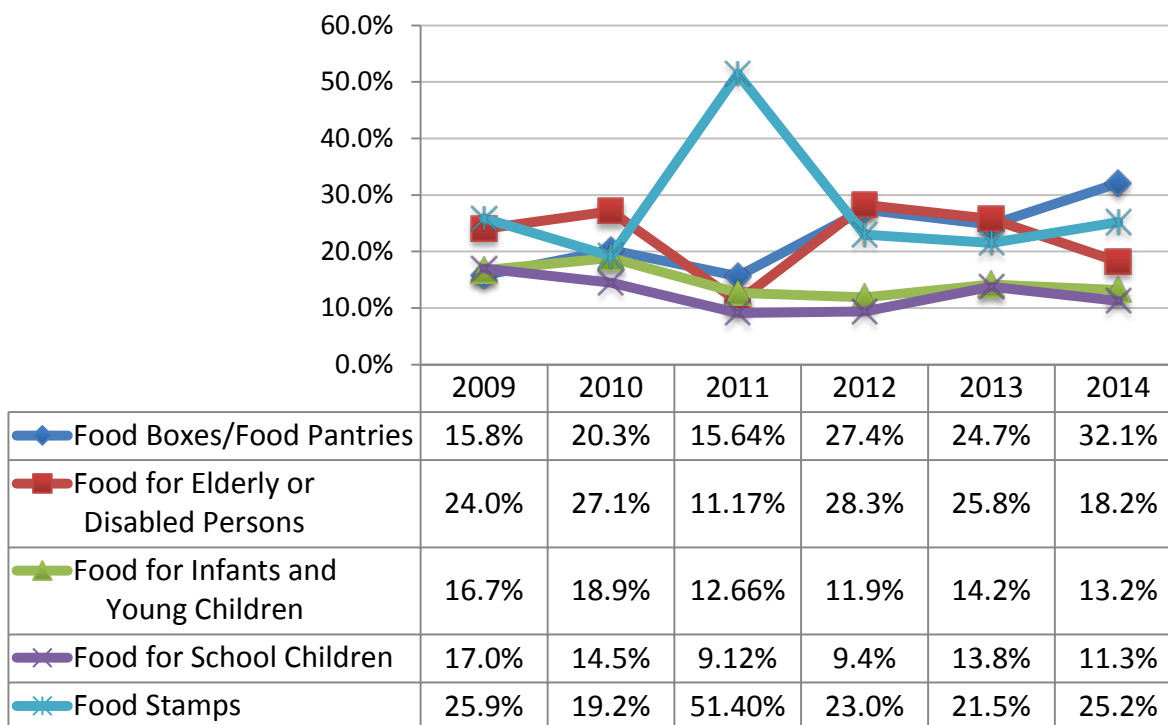


Source: <http://www.nfesh.org/wp-content/uploads/2014/05/worst-to-best-states.pdf>

Grassroots Community Survey

In 2014, survey participants identified the greatest unmet need in Food and Nutrition. Among respondents, 32.1% indicated that food boxes/food pantries were the most frequent need. Food stamps (SNAP) and food for elderly and disabled persons were the second and third most unmet needs, respectively. In the 2013 survey, food for elderly or disabled persons ranked number one as the greatest unmet need.

Greatest Unmet Need in Food & Nutrition
Grassroots Community Survey, 2009-2014



Source: 2014 Grassroots Community Needs Survey

Evidence-Based Practices

Improving Access to Healthy Food and Physical Activity through Afterschool Meal Program

Colorado Department of Education, Office of School Nutrition

<http://www.cde.state.co.us/nutrition>

The program was created to improve access to healthy food and combat student hunger after the end of the regular school day. Colorado has encouraged local school districts by providing supplemental state funding to promote system wide after-school meals for eligible students.

According to the Food Research and Action Center, food is a contributing factor in successful afterschool programs. In addition, afterschool programs often combine some physical activity with educational activities. Physical activities for students reduce childhood obesity and teach healthy eating habits.

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

To be eligible to participate in the Afterschool Meal Programs, school districts in Colorado must apply to the state Department of Education, agree to provide afterschool care meals and operate schools longer than the traditional

school day. Reimbursement funds are provided through federal and state appropriations. Local school districts must have 50% or more of their enrolled students eligible for free or reduced price lunches and provide regularly scheduled educational and enrichment activities and be open to all students.

Several recent reports have highlighted the lack of physical exercise students receive during the normal school day. According to the Let's Move initiative, increasing physical activity and healthier food choices during and after school are important parts of youth development. Let's Move is an initiative to address the problem of childhood obesity and a lack of physical activity by school age children. The Centers for Disease Control and Prevention's National Youth Risk Behavior Surveillance 2007 Report indicates that less than fifty-percent of high school students get at least one hour of exercise during school hours five days a week.

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

In cooperation with the Child and Adult Care Food Program and the National School Lunch Program the Food Research and Action Council has developed Afterschool Nutrition Standards of Excellence. These Standards of Excellence can be used to evaluate afterschool nutrition programs using established criteria and designate the levels of quality for the programs.

<http://frac.org/newsite/wp-content/uploads/2009/06/afstandards.pdf>

Currently Nashville's afterschool programs are operated by nonprofits and community based organizations. Organizations are chosen through an application process with Metro Nashville Public Schools. Some organizations offer afterschool meals combined with exercise activities but not all. By using the afterschool nutrition standards and Let's Move suggested physical activities guidelines public school students who participate in afterschool programs would receive healthy meals and increased opportunities for exercise.

Double Up Food Bucks for SNAP Recipients

Detroit and State of Michigan

Fair Food Network and United States Department of Agriculture Food and Nutrition Services

<http://fairfoodnetwork.org/>

The Fair Food Network is a national nonprofit that supports farmers, strengthens local economies and increases access to healthy food in underserved communities. Fair Food Network initially provided funding for a pilot Double Up Food Bucks program in the city of Detroit later expanded across Michigan to improve access to healthy food for Supplemental Nutrition Assistance Program (SNAP) recipients.

Michigan's healthy food incentive program is designed to benefit families by improving access to fresh fruits and vegetables for low-income families and provide funding incentives to area farmers. Recipients of SNAP benefits are more likely to live in food deserts where access to healthy foods is limited. Local farmers receive incentives to participate through a reliable source of income and increased customer base.

Participants are able to redeem their SNAP benefits with area farmers who encourage participation with the extra incentive of using "Double up Food Bucks". Farmers in partnership with the Michigan Department of Human Services offer a dollar for dollar match of SNAP recipient benefits up to \$20 per visit to local farmers markets.

NBC News highlighted the Michigan Double UP Food Bucks program as an innovative program to improve access to locally grown fruits and vegetables for SNAP recipients.

<http://www.nbcnews.com/health/health-news/food-stamp-recipients-michigan-double-fruits-veggies-n187596>

SNAP recipients often live in urban food deserts or rural areas with limited access to fresh, healthy and affordable foods. SNAP recipients face many challenges in their attempts to purchase healthy foods including poor transportation options, affordability, cultural norms and education related to healthy eating. In the Michigan Double Up Food Bucks program, participants reported increased use of SNAP benefits to purchase more fruits and vegetables from area farmers. By working directly with farmers, local grocers and community based organizations the economic impact of the Double Up Food Bucks program has grown steadily over the past several years and is estimated to have contributed over \$5 million to the state economy. Area farmers have been the primary beneficiary of this new funding

source. http://www.fairfoodnetwork.org/sites/default/files/FFN_DoubleUpFoodBucks_5YearReport.pdf

Local efforts similar to Double Up Food Bucks have been tried in Davidson County with mixed results. Nashville's Farmers Market is partnering with Metro Social Services Senior Nutrition Program by providing a small coupon booklet to Seniors once a month during visits to the Farmers Market. Volunteers from Donelson provided incentives to SNAP recipients to use their benefits on selected days the Donelson Farmers Market operated. Each of these initiatives could benefit through better coordination, better publicity and adequate financing.

Fair Food Network offers competitive grants and technical assistance to communities to overcome similar challenges. Nashville could benefit from collaborating with organizations similar to Fair Food Network to expand and coordinate efforts to improve access to healthy food choices for SNAP recipients.

[http://fairfoodnetwork.org/sites/default/files/Food%20Insecurity%20Nutrition%20Incentive%20\(FINI\)_Overview_Fall%202014.pdf](http://fairfoodnetwork.org/sites/default/files/Food%20Insecurity%20Nutrition%20Incentive%20(FINI)_Overview_Fall%202014.pdf)

Additional information of the Double Up Food Bucks Program is available:

<http://www.fns.usda.gov/sites/default/files/FarmersMarketIncentiveProvider.pdf>

<http://www.youtube.com/user/FairFoodNetwork>

<http://fairfoodnetwork.org/resources/healthy-food-incentives-cluster-evaluation-2013-final-report>



Health & Human Development

Key Findings

- Children in poor families are five times more likely to experience worse health outcomes than children from higher income families.
- An estimated 105,795 people in Davidson County did not have health insurance, according to the 2013 American Community Survey.
- More than 16,500 people in the U.S. die annually from overdoses of prescribed opioid pain reliever drugs and Tennessee is ranked second for opioid pain reliever drugs sold in the nation
- Mental illness is a major public health issue in the U.S. and a primary cause of disability. Approximately 216,000 homeless adults in the U.S. have untreated mental illnesses. Approximately one-third of the people incarcerated have severe mental illnesses that are untreated.
- One of Davidson County's most challenging behavioral health risks has been sexually transmitted infections, and new infections have increased since 2012.
- Poor housing is one of the most consistent and strongest predictors of emotional and behavioral problems in low-income children.

Health

Health is more than the absence of disease or illness and affects many aspects of life. According to the World Health Organization and other researchers, health is a comprehensive state of physical, mental and social well-being.

Researchers have established that health is directly linked to an individual's quality of life. If an individual is happy about his or her life, he or she is more likely to have better health outcomes. Health and quality of life are emphasized by the Centers for Disease Control and Prevention (CDC). The CDC notes that not only does health involve absence of disease but is also a resource that allows people to fulfill their needs, satisfy their desires, and cope with their environment for a long, productive and rewarding life.

The Healthy People 2020 initiative identified the importance of quality of life and well-being in relationship to health. It stated that people are living longer than ever before, which is why a health is important to a long life. Health involves looking beyond the causes of diseases and death to examining the relationship of health and the overall feelings people have about their lives.

<http://www.healthypeople.gov/2020/topics-objectives/topic/health-related-quality-of-life-well-being>



The CDC defines well-being as a positive and meaningful outcome for people and society, based on an individual's perception of satisfaction or happiness about his or her life. The CDC stated that having satisfying living conditions of housing, employment and other necessities are the basics of well-being. What people think and feel about their lives (quality of relationships, positive emotions, coping skills, and achievements) are relevant to how people feel about their overall health.

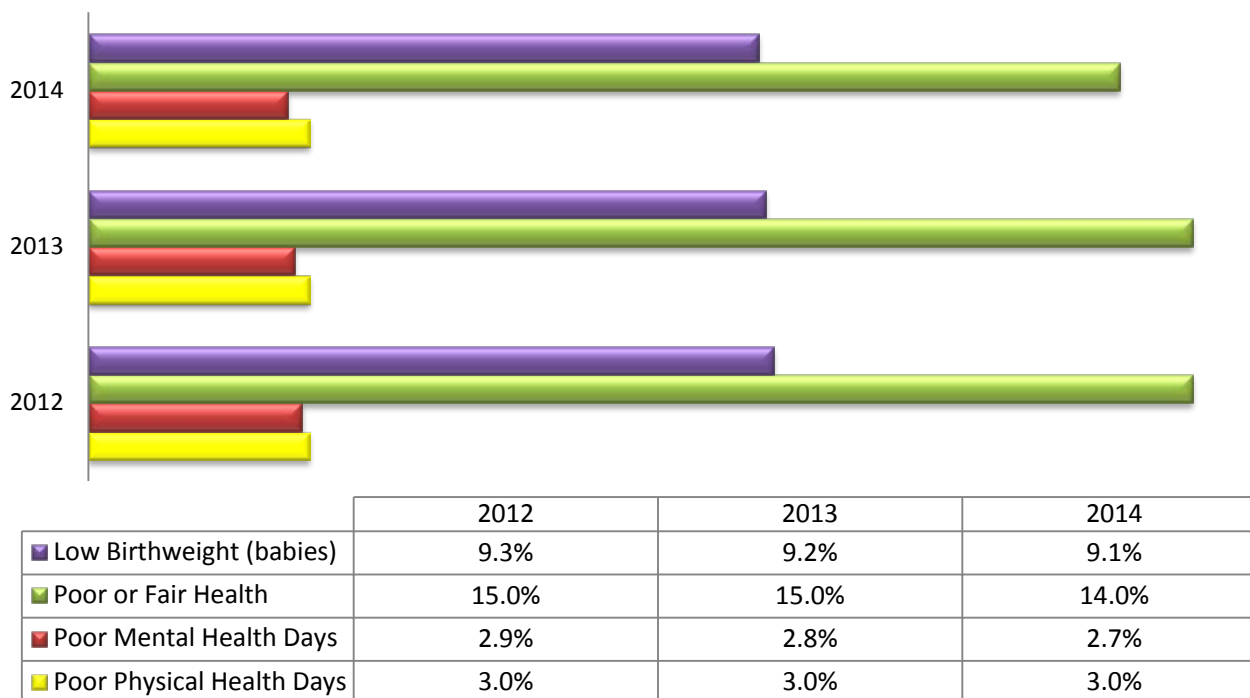
<http://www.cdc.gov/hrqol/wellbeing.htm>

Health, Quality of Life and County Health Rankings

Published annually by the Robert Wood Johnson (RWJ) Foundation and the University of Wisconsin, *County Health Rankings and Roadmaps* evaluate factors in all U.S. counties that affect the health and life expectancy of residents. Counties from all states are ranked by multiple measures that affect health, including Health Outcomes (how healthy the county is, based on mortality and morbidity measures) and Health Factors (elements of the county that influence health, particularly behavioral, clinical, social/economic and environmental).

For 2014, among Tennessee’s 95 counties, Davidson County ranked 13th for Health Outcomes, based on length of life and quality of life. Davidson County is ranked 19th for length of life/premature death. For quality of life, Davidson County is ranked 11th, as reflected in the quality of life factors shown in Chart HHD-1. Chart HHD-1 shows that in 2014 Davidson County marginally improved in Health Outcomes factors, when compared to 2012 and 2013, from County Health Rankings from the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The ranking for poor physical health days remained at 3% from 2012-2014.

Chart HHD-1: Davidson County Health Rankings
Davidson County, 2012-2014



Rankings also include Health Factors, in which Davidson County was ranked 24th among the 95 Tennessee Counties. Among the Health Factors considered, Davidson County was ranked:

- 7th in Health Behaviors
- 16th in Clinical Care
- 43rd in Social & Economic Factors
- 95th in Physical Environment (Davidson County’s ranking at the bottom for Physical Environment was due to concerns about air pollution, drinking water quality and severe housing problems.)

Table 1 shows the elements on which Health Factors are ranked.

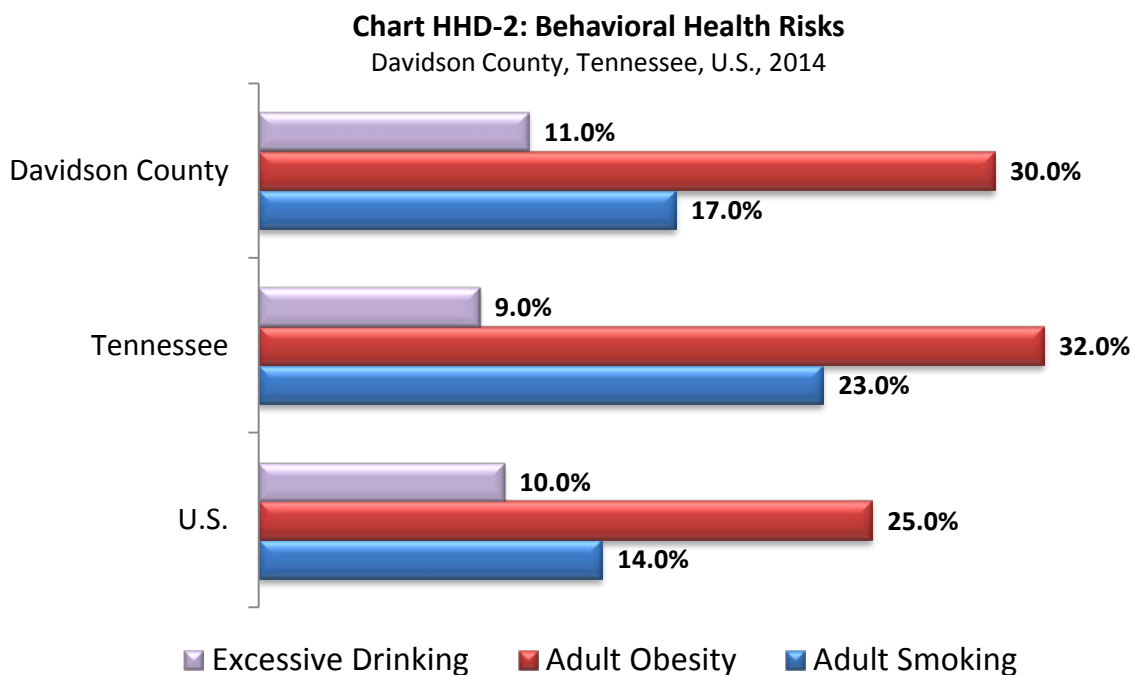
Table 1: The County Health Factors			
Health Behaviors	Clinical Care	Social and Economic Factors	Physical Environment
<ul style="list-style-type: none"> Tobacco Use Diet and Exercise Alcohol Use Sexual Activity 	<ul style="list-style-type: none"> Access to Care Quality of Care 	<ul style="list-style-type: none"> Education Employment Income Family and Social Support Community Safety 	<ul style="list-style-type: none"> Environmental Quality Built Environment

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

The results of low birth weight can affect the health of an individual from infancy into adulthood. Children born with low birth weights (5 lbs., 8 oz. or less) are more likely to have special health care needs, require regular medications and other health services, according to the Urban Child Institute’s *Prematurity and Low Birth Weight*. <http://www.urbanchildinstitute.org/articles/policy-briefs/prematurity-and-low-birth-weight>

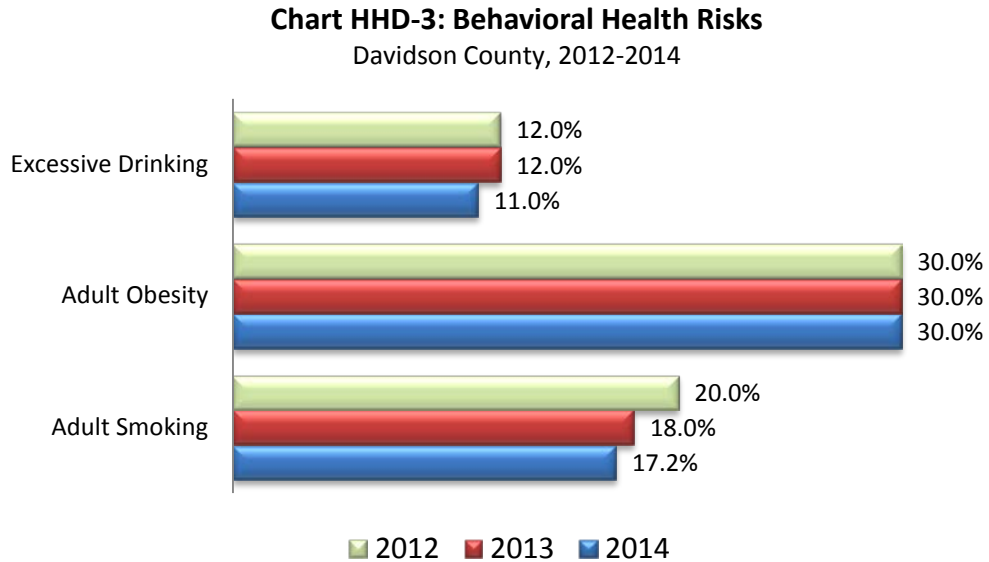
The Maternal Child Health Initiatives of the Metropolitan Nashville Public Health Department consist of many health programs and projects that focus on the health of children, infants and improvement of birth outcomes. <http://www.nashville.gov/Health-Department/Family-Youth-and-Infant-Health/Maternal-Child-Health-Initiatives.aspx>

Chart HHD-2 compares three major behavioral health risks in Davidson County, Tennessee and the U.S., which are adult smoking, adult obesity and excessive drinking. In Davidson County, 30% of adults are obese (slightly lower than Tennessee at 32%). Both the county and the state have higher percentages than the nation. In the area of excessive drinking and smoking Davidson County showed improvement from 2012 to 2014.



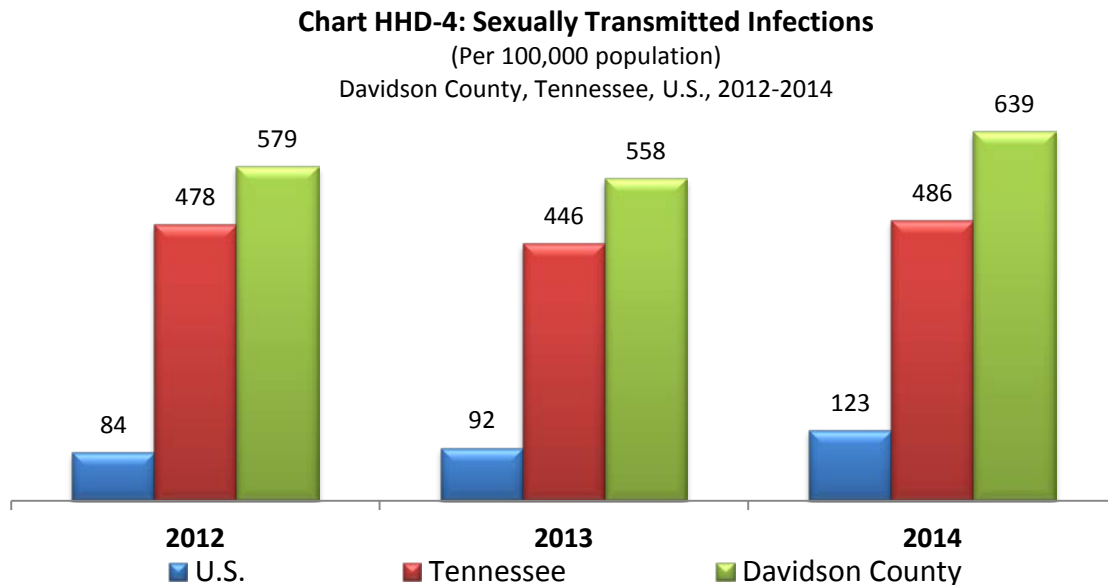
Source: 2014 County Health Rankings and Roadmaps, Robert Wood Johnson Foundation

Chart HHD-3 compares adult obesity, adult smoking and excessive drinking in Davidson County from 2013-2014, showing consistent improvement in adult smoking from 2012-2014. As for adult obesity, the percentage was unchanged for the three years at 30% and excessive drinking had marginal improvement of 1% in 2014.



Source: 2012-2014 County Health Rankings and Roadmaps, Robert Wood Johnson Foundation

One of the most challenging behavioral health risks for Davidson County has been sexually transmitted infections (STI's). It negatively affected Davidson County's 2014 health ranking because of the number of new cases reported of sexually transmitted infections (per 100,000 people). Chart HHD-4 shows that the number of infections in Davidson County was higher than the state and the U.S. There was a marginal decrease for the county from 2012-2013, but the number of new cases in 2014 increased. Researchers have linked risk behaviors and the lack of prevention through education and testing to the increase of infections.



Source: 2012-2014 County Health Rankings and Roadmaps, Robert Wood Johnson Foundation

The CDC recommends early detection and treatment, as well as reduction of risk behaviors and vaccination. In areas where there are higher rates of infections, the CDC recommends the expansion of screening and treatment programs, with strategies being implemented with private and public partners. STIs also increase the risk of an HIV-infected person transmitting the virus to his or her sex partners.

<http://www.cdc.gov/std/hiv/stdfact-std-hiv.htm>

Another health risk for Davidson County has been the air quality, according to the County Health Rankings. The air quality of Davidson County is an environmental concern. The County Health Rankings considered air quality as part of the physical environment because of its impact on health. It states that some of the things that influence poor air quality or air pollution are the increased dependence on driving, driving alone to and from work and driving alone for long commutes.

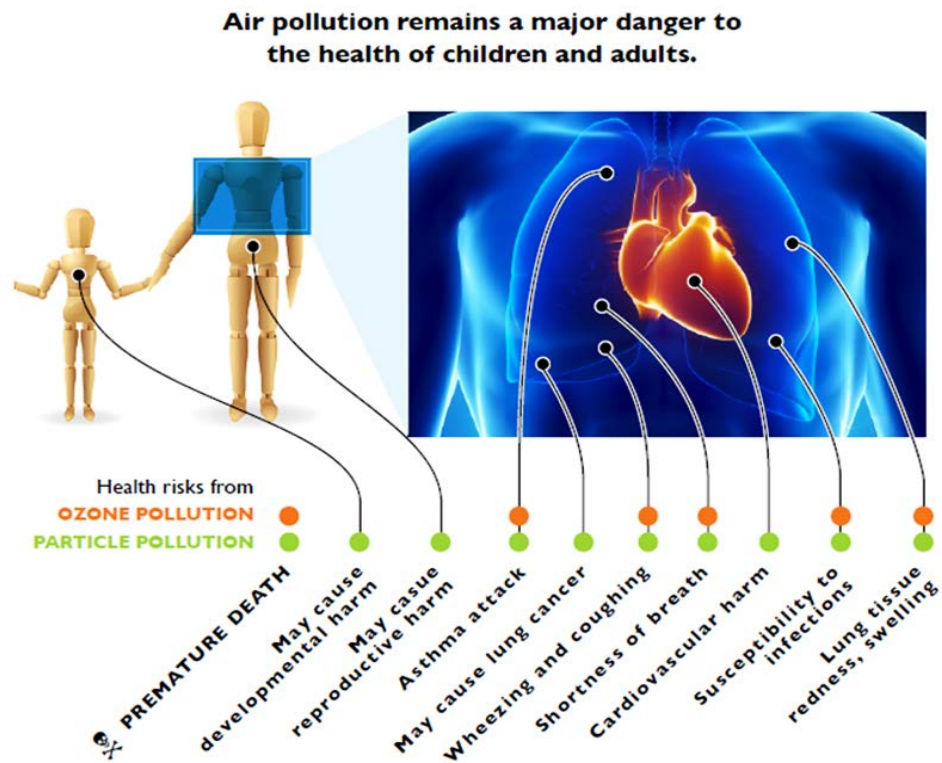
<http://www.countyhealthrankings.org/sites/default/files/2014%20County%20Health%20Rankings%20Key%20Findings.pdf>



For air pollution of particulate matter, County Health Rankings reported that Davidson County measured 14.5 micrograms per cubic meter, compared to 13.8 for Tennessee. Shelby County's exposure to particulate matter was at 14.2, Hamilton County at 13.5 and Knox County at 13.3, all better than Davidson County.

<http://www.countyhealthrankings.org/app/tennessee/2014/measure/factors/125/data>

The impact on health generated from air pollution is shown in the illustration from the American Lung Association and ranges from asthma and cardiovascular harm to premature death. It shows the specific detriments from both ozone and particle pollution.

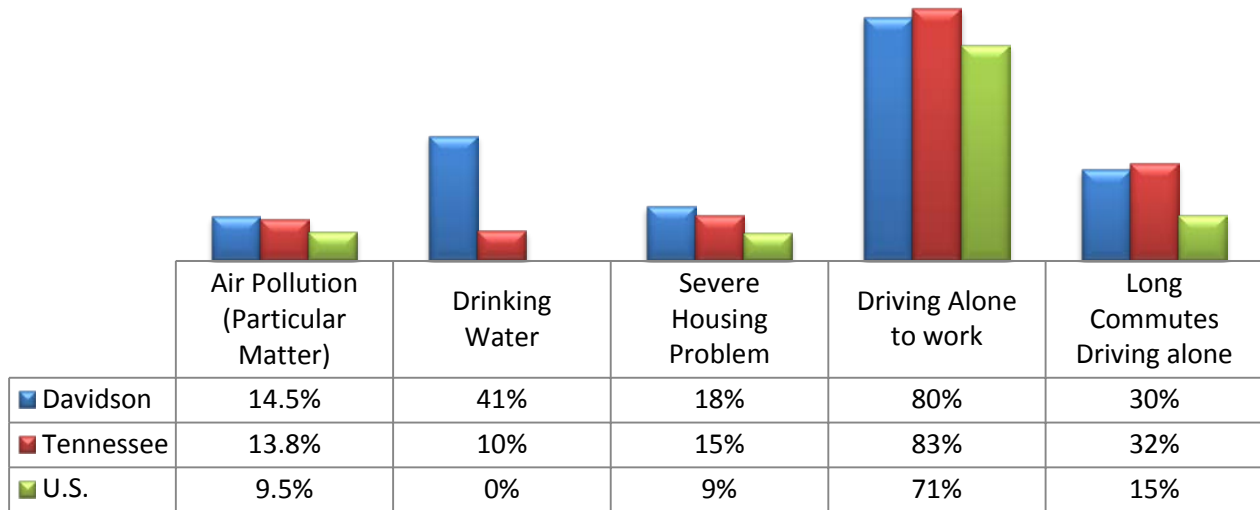


<http://www.stateoftheair.org/2014/health-risks/>

As shown in Chart HHD-5, the comparison of Davidson County to Tennessee and the U.S. indicates the need for improvement in the areas of air pollution, drinking water violations, driving with only one person per vehicle and driving for long commutes with only one person per vehicle.

Chart HHD-5: Physical Environment Health Factors

Davidson County, Tennessee, U.S., 2014



Source: 2014 County Health Rankings and Roadmaps, Robert Wood Johnson Foundation

County Health Rankings indicated that 41% of Davidson County’s population was potentially exposed to “water exceeding a violation limit during the past year,” compared to 0% in Shelby and Hamilton Counties and 25% in Knox County.

<http://www.countyhealthrankings.org/app/tennessee/2014/measure/factors/124/data>

Unsafe drinking water, not enough water for hygiene, and lack of access to sanitation contributes to diarrheal diseases that accounts for about 88% of human deaths, according to the CDC’s *Global Water, Sanitation, & Hygiene*. The CDC also reports that the presence of certain contaminants in the drinking water supply can lead to health issues, including gastrointestinal illness, reproductive problems, and neurological disorders. Infants, young children, pregnant women, the elderly, and people with weakened immune systems may be at greater risk of becoming ill after drinking contaminated water. However, elevated levels of lead can cause serious health problems, particularly in pregnant women and young children. Contaminants can get into the drinking water supply through:

- Naturally occurring chemicals and minerals like arsenic, radon, or uranium
- Fertilizers, pesticides, livestock, concentrated animal feeding operations
- Manufacturing processes
- Sewer overflows
- Malfunctioning wastewater treatment systems

http://www.cdc.gov/healthywater/global/wash_statistics.html



<http://www.cdc.gov/healthywater/drinking/public/drinking-water-faq.html#health>

Overall Health of Tennesseans

Health is affected by many factors, including what people do, living conditions, environment, income, education and their 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 the lack of physical activity, obesity, tobacco, substance use, mental illness, poor environmental quality and immunization needs. http://www.healthypeople.gov/2020/TopicsObjectives2020/pdfs/HP2020_brochure_with_LHI_508.pdf

In overall health, Tennessee was ranked as the 42nd worst state in the nation in 2013 by America's Health Rankings. It also reported the state's improvements in binge drinking, and immunization of children. The greatest health problems overall in Tennessee were identified as smoking, violent crimes, low birth weights and infant mortality.

America's Health Rankings annually assesses each state for health policies, community and environmental conditions, behaviors, and clinical care, which is illustrated in the following graphic. America's Health Rankings was created to stimulate responsive actions of individuals, elected officials, health care professionals, educators, communities and others directed toward improved health outcomes.



<http://www.americashealthrankings.org/TN>

<http://www.americashealthrankings.org/about/annual>

According to data from World Life Expectancy, Tennessee was ranked 43rd of 51 (all states plus the District of Columbia) for female life expectancy at 79.1 years, compared to 81.2 years for the U. S. Tennessee was ranked 45th for male life expectancy at 73.2 years, compared to 75.9 for the U.S. Davidson County was ranked at 11th for female life expectancy among Tennessee Counties at 79.9 and 14th for male life expectancy at 73.7 years.

According to the *2014 Tennessee Men's Health Report Card*, the health of men is improving, but more efforts are needed to understand and address disparities. The report also noted that the life expectancy of men and women varied according to races as well as genders. Men in Tennessee lived on average five years less than women in 2012, and black men have a shorter life expectancy than white men.

Black men also have a shorter life expectancy than black or white women. It also stated that the three leading causes of death for Tennessee's men are heart disease, cancer and lung disease. The report suggests that changes in the access to education, health care, jobs, community resources and faith-based support, safer recreational spaces and improved environmental quality, the health of men could improve.

<http://www.worldlifeexpectancy.com/tennessee-cause-of-death-by-age-and-gender>
<https://medicineandpublichealth.vanderbilt.edu/tmhrc/2014TMHRCFINALcorrected.pdf>



The 2013 *Tennessee Women's Health Report Card* reported that the overall health of women in Tennessee had shown improvement and received a grade of "C" (fair). It stated that women's health would improve with increased focus on preventive behaviors, such as exercising, not smoking, nutritious eating, decreasing alcohol use, and preventive care. Health concerns for women were listed as smoking during pregnancy, sexually transmitted infections, breast and cervical cancer deaths (especially in African American women), heart disease deaths and stroke related deaths.

The 2013 *Tennessee's Women Health Report Card* reported that heart disease was the leading cause of death in women, followed by stroke, and cancer. Lung cancer and breasts cancers were the leading cancer causes of death. Tennessee has the 6th 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://medicineandpublichealth.vanderbilt.edu/twhrc/2013whrc.pdf>

Children and Youth Health in Tennessee

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

Tennessee was ranked at 31st worst in the area of children's health by the 2014 *KIDS Count* of the Annie E. Casey Foundation. However, Tennessee showed improvement across all four of the health indicators:

- 9.2% of babies had low birth weight
- 6% of children did not have health insurance
- 31% of child and teen deaths per 100,000 population
- 6% of teens abuse alcohol or drugs

The overall well-being of children in Tennessee was ranked at 36th. The well-being of a child is measured based on being able to thrive and have opportunities for economic security, education, health, community and family stability.

<http://www.aecf.org/m/resourcedoc/aecf-2014kidscountdatabook-2014.pdf#page=18>

The state and local health department initiatives have progressively enhanced infant outcomes for Tennessee's children that include improvement of the infant mortality (death) rate. Infant mortality rates are indicators of a community's health and the overall social and economic well-being, according to the Fetal and Infant Mortality Review (FIMR) team of Davidson County and the Metro Nashville Public Health Department. A major function of the team has been to prevent fetal and infant deaths in Davidson County. FIMR explained that a fetal death, or stillborn, is a fetus that dies before being born, and the death of an infant is defined as the death of a child before his or her first birthday. <http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/FIMRofDavidsonCounty2012B.pdf>

Child Health USA indicated that the health of children in the U.S. not only reflects the overall health of the nation but also influences the nation's future, as children become adults. It stated that good health should begin before birth through prenatal care, because babies born prematurely have a higher risk for short and long-term complications and mortality.

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

Mental Health

Research has consistently recognized the connection between physical health and mental health. For example, Healthy People 2020's *Mental Health and Mental Disorders* addressed the correlation between mental health and physical health. It stated that the ability to maintain good physical health is related to the stability of one's mental health. It also specified that physical health problems, such as chronic diseases, could impair mental health and decrease the individual's ability to participate in treatment and recovery. There are approximately 216,000 homeless adults in the U. S. with untreated mental illness, with mental illness being a major public health issue and a primary cause of disability, according to the CDC.

The CDC's report on Morbidity and Mortality, *Mental Illness Surveillance Among Adults in the United States*, noted that mental illness increases the risk for deterioration of many chronic illnesses, including heart disease, diabetes, obesity, asthma, epilepsy, and cancer. This increased risk can be a result of lower use of medical care and treatment. Mental illness also is associated with use of tobacco products and alcohol abuse.

http://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html

<http://www.healthypeople.gov/2020/LHI/mentalHealth.aspx>

<http://www.cdc.gov/mmwr/pdf/other/su6003.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA) describes risks for people with mental health and substance abuse disorders that include premature death caused by heart disease and other preventable illnesses. The premature deaths were attributed to lifestyle choices, lack of treatment and the side effects of the mental illness or substance abuse. SAMSHA strongly endorsed the need for wellness as an important measure of physical and mental health. *The Wellness Initiative* of SAMHSA promotes the need for wellness of people with mental health and substance abuse disorders, which involves actively engaging in improving quality of life. Wellness incorporates multiple dimensions of health that are interconnected for total well-being.

<http://promoteacceptance.samhsa.gov/10by10/PDF/8pageGuide.pdf> http://promoteacceptance.samhsa.gov/10by10/PDF/2014_Facts_Individuals.pdf

According to *The Treatment of Persons with Mental Illness in Prisons and Jails 2014*, research from the Treatment Advocacy Center indicates that many jail inmates are mentally ill. It revealed that with the shortage of affordable mental health treatment resources and treatment laws, untreated mentally ill individuals often become involved with law enforcement, the criminal justice system or both. In the U.S. roughly one-third of the inmates have severe mental illness that is untreated. In Tennessee the three largest state prisons in Henning, Tiptonville, and Wartburg, each have more than 2,300 prisoners and all three have more seriously mentally ill prisoners than the state's largest psychiatric hospital.

According to *No Room at the Inn Trends and Consequences of Closing Public Psychiatric Hospitals*, from the Treatment Advocacy Center, during the five-year period of 2005-2010, there were 38 states that reduced the number of public psychiatric residents. The reduction of residents created a gap in the number of public psychiatric beds available. There were 10 states that increased the number of beds and two states were unchanged.

No Room at the Inn reported that Tennessee was among the five states that reduced the number of public psychiatric beds by at least 40%. The report also stated that the largest state psychiatric hospital in Tennessee is Western Mental Health Institute in Bolivar, with 247 residents. There are a total of four state psychiatric hospitals combined in Tennessee. Table 2 shows the reduced number of public psychiatric beds in Tennessee from 2005-2010. A total of 3,222 additional public psychiatric beds in the U.S. were closed from 2009-2012 in 29 states.

<http://tacreports.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf>
http://tacreports.org/storage/documents/no_room_at_the_inn-2012.pdf

Table 2: Number of Public Psychiatric Beds between 2005 and 2010 in Tennessee

# of Beds in 2005	# of Beds in 2010	# of Beds in 2005-2010 eliminated	% of Beds in 2005-2010 eliminated	2010 Beds per 100,000 total population
1,068	616	452	42%	9.7

Source: Treatment Advocacy Center, *Trends & Consequences of Closing Public Psychiatric Hospitals*, 2012

Incarceration as a Catalyst for Worsening Health from the Health and Justice Journal presents the causes and effects of incarceration on health. The mass reduction of public mental health facilities has led to an increased number of people with untreated mental illnesses that are more likely to become involved in high-risk behaviors and illegal activities that may result in incarceration. Incarceration without comprehensive mental health services and adequate discharge planning can be damaging for individuals with mental illness. Release from incarceration without mental health treatment can lead to the inability to maintain relationships with probation officers or case managers, as well as friends, family and others.

<http://www.healthandjusticejournal.com/content/pdf/2194-7899-1-3.pdf>

Substance and Prescription Drug Abuse

The abuse of opioid prescribed pain medications is one of the most costly and critical problems in Tennessee and in the nation. According to the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) opioid prescriptions exceeded alcohol as the primary substance of abuse for people whose treatment was paid for by TDMHSAS in 2012. Most opioid prescriptions are dispensed with a legitimate prescription and based on medical need, but there are others being used for non-medical purposes.

<http://tn.gov/mental/prescriptionforsuccess/Prescription%20For%20Success.pdf>

The following charts show the high rate of prescription drug use in Tennessee. Using data from the Tennessee Board of Pharmacy, Chart HHD-6 reflects a 3-year comparison of the number of prescription drugs categorized as controlled substances that were dispensed in Tennessee between the years of 2010-2012.

Chart HHD-6: Number of Prescriptions for Controlled Substances
Tennessee, 2010-2012

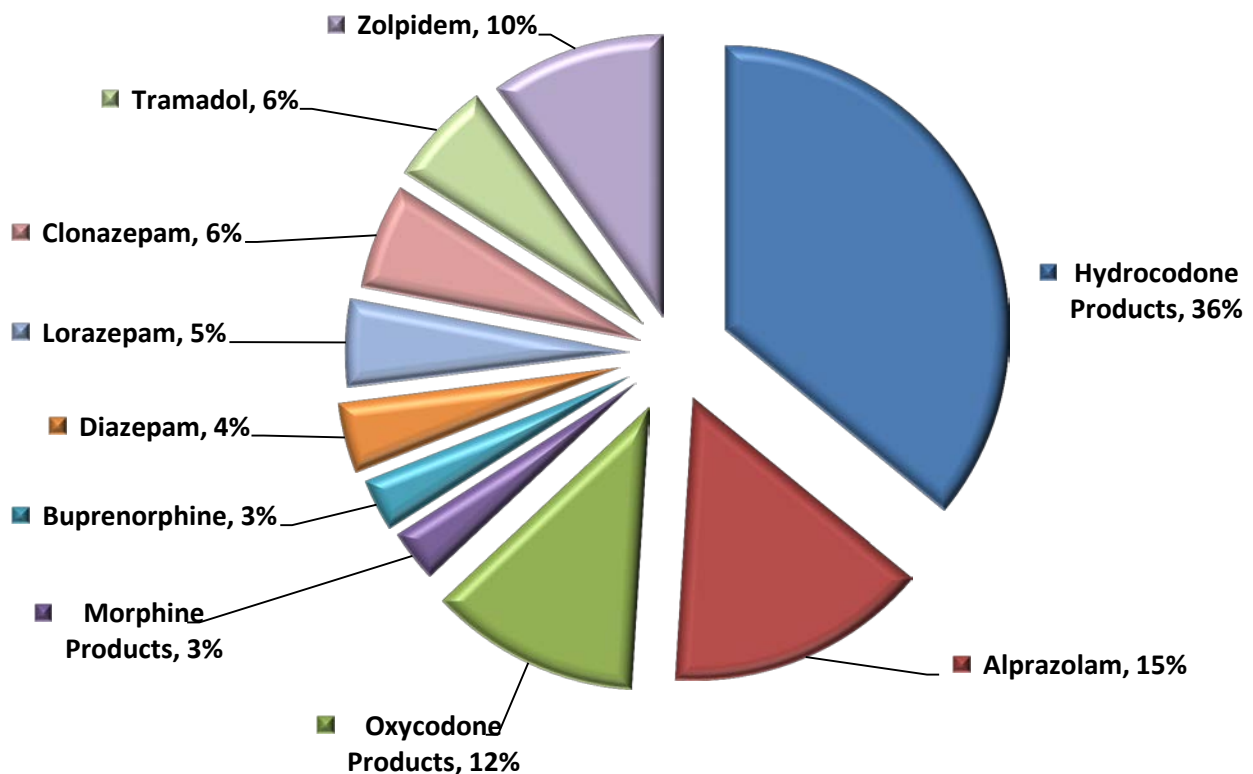


Source: Tennessee Board of Pharmacy, Tennessee Controlled Substance Monitoring Database

Of the 10 most prescribed drugs reported in the Tennessee Controlled Substance Monitoring Database, 5 of them were opioids (hydrocodone, oxycodone, tramadol, buprenorphine, and morphine). More than 16,500 people in the U.S. die annually from overdoses of prescribed opioid pain reliever drugs and Tennessee is among the top states for opioid pain reliever drugs sold, currently ranked second, according to the Tennessee Department of Mental Health and Substance Abuse Services.

Chart HHD-7 shows the percent of controlled substances reported in 2012 to the Tennessee Controlled Substance Monitoring Database.

Chart HHD-7: Top 7 Controlled Drug Types Reported
Tennessee, 2012



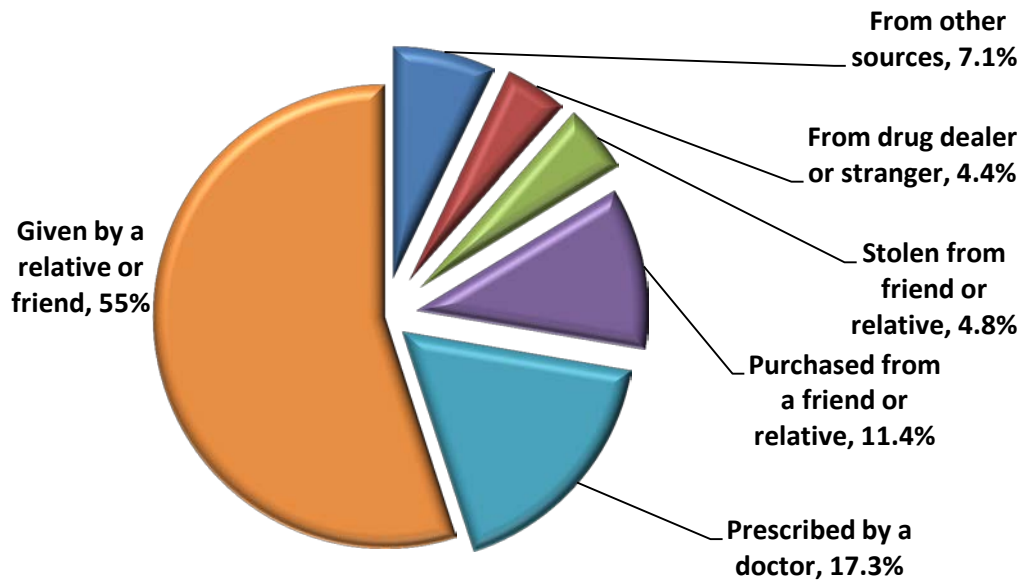
Source: Tennessee Board of Pharmacy (2013)

In April 2, 2014, the Drug Enforcement Administrator testified before the U.S. House of Representatives that the threat from prescription drug abuse is persistent, and deaths caused by it outnumber deaths caused by heroin and cocaine combined. It also stated that the increasing demand for heroin is being driven by prescription drug abusers switching to heroin because it is less expensive and available.

Chart HHD-8 is based on national data from SAMHSA of the means that individuals use to get prescription painkillers.

Chart HHD-8: Sources of Prescription Painkillers

U.S. 2010



Source: Substance Abuse and Mental Health Services Administration, **2010 National Survey on Drug Use and Health**
<http://www.dea.gov/pr/speeches-testimony/2014t/040214t.pdf>

Along with the distribution and abuse of prescription pain medications, methamphetamine drug abuse has been a serious problem in Tennessee. The National Institute on Drug Abuse defined methamphetamine as a highly addictive stimulant that affects the central nervous system. Also known as meth, chalk, ice, crystal, and many other terms, it forms a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol. The abuse of methamphetamine causes memory loss, aggression, psychotic behavior, damage to the cardiovascular system, malnutrition and severe dental problems.

Methamphetamine abuse has also been shown to contribute to increased transmission of infectious diseases, such as hepatitis and HIV/AIDS. It also stated that methamphetamine use can be prevented and addiction to the drug can be treated. In addition, people can recover over time if they have ready access to effective treatments to address the multiple health problems caused by the drug.

<http://www.drugabuse.gov/publications/research-reports/methamphetamine/what-methamphetamine>
<http://www.drugabuse.gov/publications/research-reports/methamphetamine/letter-director>

The state's boundaries are described as important factors in Tennessee's drug control according to the *FY 2015 Statewide Strategy for Drug and Violent Crime Control and Criminal Justice System Improvement Update*, a plan from Tennessee's Office of Criminal Justice Programs (OCJP). Tennessee borders 9 states, which is more than any other state in the nation, with 6 major interstate highway systems, and 37 of the counties in the state have an

interstate that passes through to another state. Tennessee has been a highly trafficked state for drugs and other crimes.

<http://www.iir.com/bja-state-fact-sheets/PDF/Strategies/TN-Strategic-Plan.pdf>

Disabilities and Quality of Life

Being able to live long and healthy lives with good mental health and well-being can be challenging for people with disabilities, according to the CDC. It strongly suggests that people with disabilities should have equal access to comprehensive health care. The CDC states that individuals with disabilities should have the resources and information needed to make healthy choices. People in the U. S. with disabilities have legally protected rights for use of public facilities and services.

CDC studies have shown that individuals with disabilities are more likely than people without disabilities to have poor overall health. It recommends that all people need to be healthy, well and active, with opportunities to work and engage in their communities.

<http://www.cdc.gov/ncbddd/disabilityandhealth/healthyliving.html>

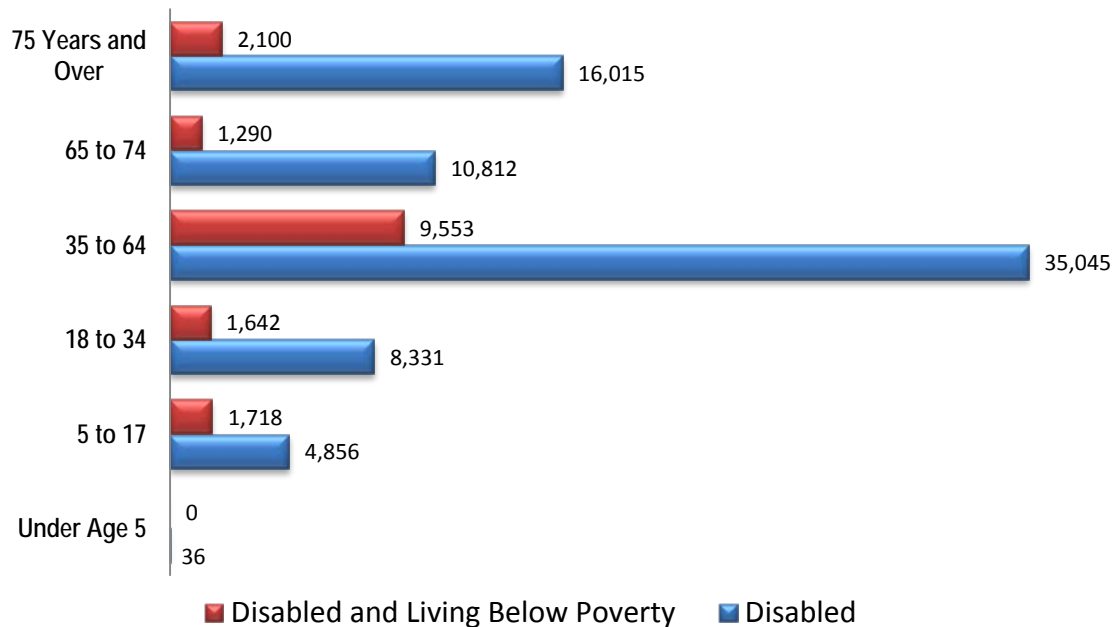
<http://www.cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html>



In January 2013, The Social Security Disability Insurance program provided benefits to 10.9 million people. More than 80%, 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, according to testimony of the Social Security Disability Insurance Program on March 14, 2013 before the U.S. Congressional Budget Office. The 8.8 million in 2013 of disabled worker beneficiaries had substantially increased from the 1.5 million in 1970. http://www.cbo.gov/sites/default/files/cbofiles/attachments/43995_DI-testimony_one-column.pdf

Chart HHD-9 shows the number of disabled individuals in Davidson County grouped by age category and living below the poverty level. The age group of 35-64 represented 35,045 people, the largest number of potential wage earners who were disabled. That age group also consisted of 9,553 living below the poverty level in Davidson County.

Chart HHD-9: Number of Disabled Persons by Poverty and Age
Davidson County, 2013



Source: 2013 American Community Surveys

The Council for Disability Awareness, a national organization that provides public education regarding the risks and outcomes of disabilities, addressed the issue of potential wage earners that are disabled. It pointed out that many high-risk behaviors and other health risks can contribute to the increased likelihood of disability. Some of those risks for disabilities are excess body weight, tobacco use, frequent alcohol consumption substance abuse, and other risk behaviors, along with chronic health conditions such as diabetes, high blood pressure, back pain, anxiety or depression.

http://www.disabilitycanhappen.org/chances_disability/disability_stats.asp

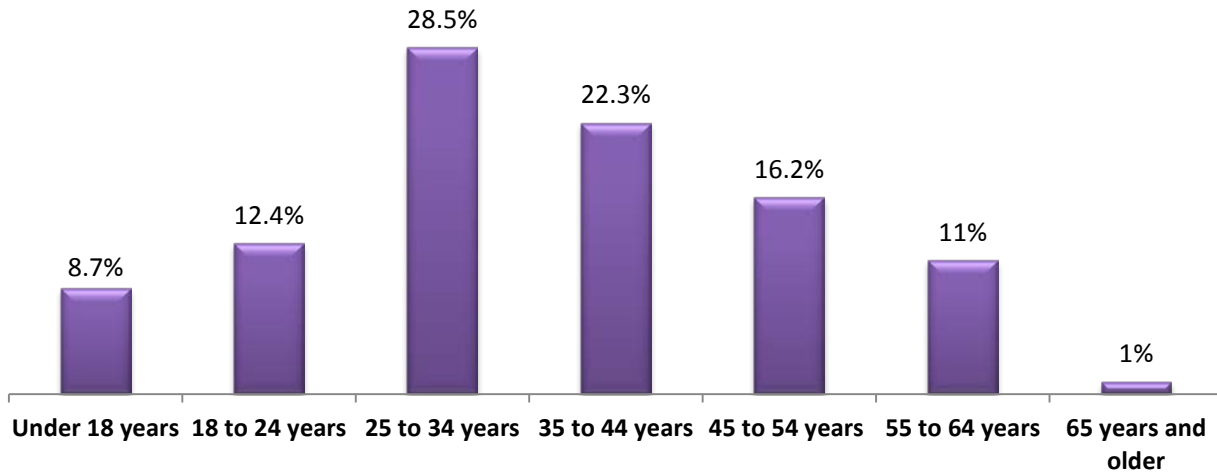
Health Insurance and Access

The U.S. Census reported in *The Health Insurance Coverage in the United States: 2013* that 64.2% of the nation's population had health coverage through private insurance, with the largest type of private insurance being employment-based health insurance. For all or part of 2013, 86.6% of people in the U.S. had health insurance coverage. Health Insurance is critical to providing a means to accessing health care and paying for health care costs. It stated that although most people have private health insurance coverage, many others who do not.

The report discussed the relevance of the age of individuals and whether or not they are insured. Older adults aged 65 years and over and children under 19 years of age were most likely to have health insurance coverage, primarily because their age would qualify them for government health care programs such as Medicare, Medicaid or the Children's Health Insurance Programs (Tennessee's CoverKids). <http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf>

In Davidson County, there were an estimated 105,795 people uninsured according to the 2013 ACS. In Chart HHD-10, the percent of uninsured varied according to the age group. The group with the highest percent of uninsured individuals ranged from ages 25-44, followed by ages 45-54.

Chart HHD-10: Uninsured by Age
Davidson County, 2013

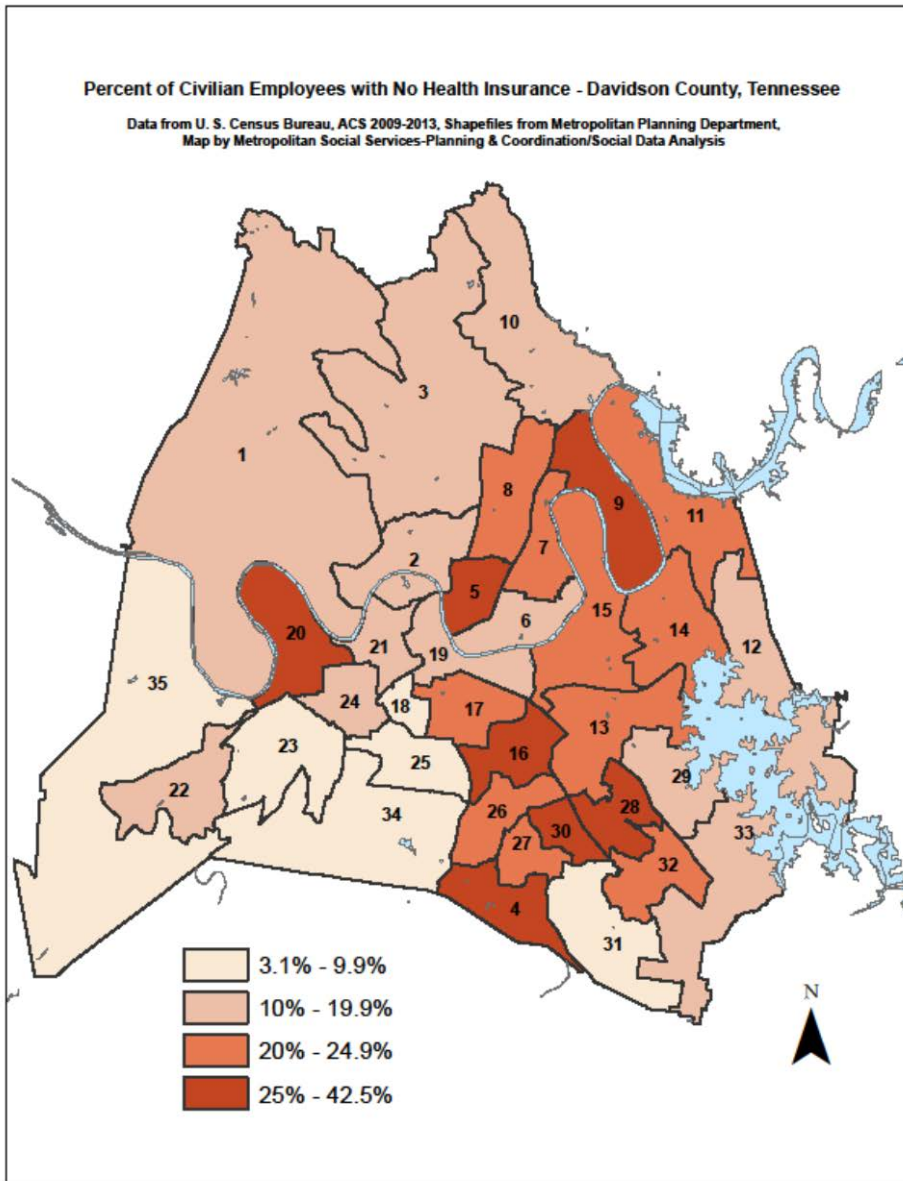


Source: 2013 American Community Survey

The 2009-5-Year U. S. estimates Davidson who were employees who were employees insurance.

Those insurance evenly County. shows the civilian not have Metro

The fewest insurance (581) and without lived in



2013 American Community Survey Summary from the Census Bureau that 105,634 County residents civilian (nonmilitary) did not have health

without health were not distributed across Davidson The map at left percentage of those employees who did health insurance by Council District.

without health lived in District 34 the largest number health insurance District 32 (6,551).

As a result of Tennessee not expanding Medicaid in early 2014, health access for many poor adults was limited, according to the Kaiser Family Foundation's report, *How Will the Uninsured in Tennessee Fare under the Affordable Care Act?* As of January 2014, in Tennessee, Medicaid eligibility for non-disabled adults was limited to parents with incomes below 111% of poverty level (almost \$26,100 a year for a family of 4). Children in Tennessee with family incomes up to 255% of poverty (about \$60,100 for a family of 4) were eligible for Medicaid (CoverKids).

<http://kaiserfamilyfoundation.files.wordpress.com/2013/12/8531-tn.pdf>

<http://www.politico.com/story/2014/12/tennessee-medicaid-expansion-113577.html>

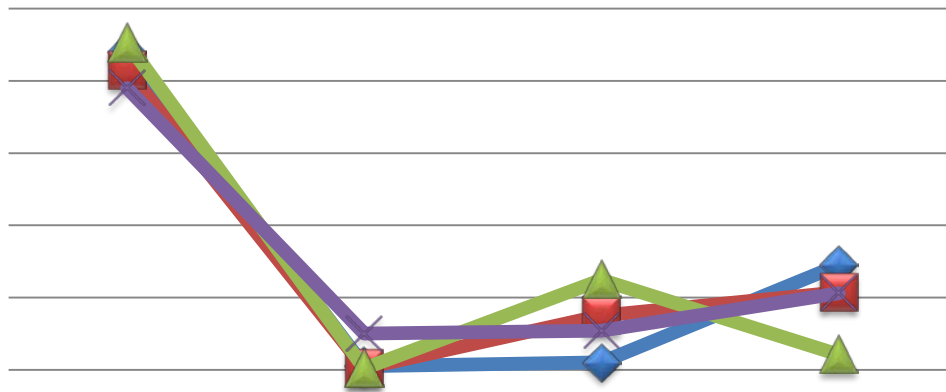
In December 2014, Gov. Bill Haslam announced a two-year pilot program, called Insure Tennessee an alternative approach that would expand Medicaid in Tennessee. If the governor's plan were approved by the Tennessee General Assembly in 2015, it would provide health care coverage to thousands of uninsured Tennesseans.

Grassroots Community Survey

The Grassroots Community Surveys, conducted annually since 2009, asked respondents to identify their greatest unmet needs among various issues. In 2011, a question on unmet needs in the category of health was added. The 2011-2014 survey results are shown in Chart HHD-11, in which 48.4% of respondents identified the unmet

need of basic health care for the uninsured or underinsured. The second highest unmet health need in 2014 was for specialty care needs, followed by preventive care and mental health or substance abuse care.

Chart HHD-11: Greatest Unmet Need in Health
Grassroots Community Survey, 2011-2014



	Basic Health Care-Uninsured/Underinsured	Mental Health or Substance Abuse Care	Preventive Care	Specialty Care
2011	54.0%	10.5%	11.0%	24.5%
2012	51.5%	10.2%	17.5%	20.8%
2013	55.2%	10.2%	22.5%	12.1%
2014	49.0%	15.0%	15.4%	20.6%

Source: 2011-2014 Grassroots Community Surveys

According to the Kaiser Health News report, *Specialty Care Is a Challenge in Some ACA Plans*, there have been concerns that some of the specialty care needs of patients may not be covered by some of the less expensive insurance plans. The response of the insurance industry has been that patients do have choices and access to more hospitals and some specialty care. The challenge is that the costs of specialists are more expensive and available through the more expensive health insurance plans.

<http://kaiserhealthnews.org/news/narrow-networks-specialists-community-health-centers-insurance/>

The need for basic health care for uninsured individuals and individuals with limited health insurance has consistently ranked as the greatest need from 2011-2014 in the category of health. According to Chart HHD-11, respondents showed an increased demand for mental health and substance abuse needs, having increased by more than 5% since 2013. The trends of the extended stress could be related to the slow economic recovery for many low-income residents since the recession.

The Federal Reserve Bank of San Francisco, in *Financial Stress and Its Physical Effects on Individuals and Communities*, discussed the impact of financial stress on Americans. It talked about the extended periods of stress in the U.S. that has been driven by troubled economic times. It stated that the results of the stress have been very damaging to physical, mental, and emotional health, especially in low and moderate-income families. It stated that strengthening the economy would have to be more than community financial development. It would also need to ensure that individuals have opportunities for financial stability that lead to better health outcomes. <http://www.frbsf.org/community-development/files/choi.pdf>

Human Development

Human development, particularly child development, is an essential part of health, according to Harvard University's Center on the Developing Child. It described child development as a science that is so powerful that it can transform the lives of children and improve their life outcomes, pointing out that child development is the foundation for a productive and sustainable future.

In early childhood, the brain develops rapidly along with many of the body's biological systems, so that early childhood becomes a critical time for establishing a foundation for sound health. When those systems are developing early in a child's life, the experiences and environments can influence the development. Such influences can affect the child early in life and be magnified as the child grows into adolescence and adulthood. Through extensive research and analysis, Harvard University's Center on the Developing Child has determined that the genes, life experiences, and interactions with their environment during the prenatal, child, and adolescent stages of life are contributing factors to the child's outcomes in health, learning and behavior.

http://developingchild.harvard.edu/key_concepts/innovation/

http://developingchild.harvard.edu/index.php/download_file/-/view/700/

http://developingchild.harvard.edu/index.php/download_file/-/view/67/

For children who grow up living in poverty, they face many adverse conditions that reduce their chances for healthy development, according to *Start Early to Build a Healthy Future: Research Linking Early Learning and Health*, from the Ounce of Prevention Fund. It stated that childhood adversity leads to poorer health outcomes and disparities over a lifespan. Those health disparities begin early in life and progresses over time, affecting the potential for children in poverty to lead healthy lives not limited by illness or injury. Children in poor families experience higher incidences of childhood injury, chronic disease, suppressed immune systems, and cognitive and behavioral challenges. They are five times more likely than higher-income children to be in "less than optimal health."

<http://www.ounceofprevention.org/research/pdfs/start-early-healthy-future.pdf>

The *2014 Human Development Report* from Harvard University identifies the foundations of healthy development as stable and responsive environments with:

- Relationships that nurture and protect children
- Safe spaces that are free from harm, allowing children to explore and develop
- Proper nutrition
- Sound health practices that are essential to the development of the child's brain and learning capacity

According to the World Health Organization, 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://developingchild.harvard.edu/index.php/download_file/-/view/701/

Early Childhood Development

Early childhood is the time to build strong foundations to break the intergenerational cycle of deprivation.

2014 Human Development Report

The early years of a child's life are critical to health and development

t. 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 the additional components of healthy child development.

The CDC advised parents, health professionals, educators and others to work collaboratively to help children grow up healthy in order to realize their full potential for success.

<http://www.cdc.gov/ncbddd/childdevelopment/facts.html>

<http://www.cdc.gov/ncbddd/childdevelopment/index.html>

According to *The Foundations of Lifelong Health Are Built in Early Childhood*, scientific advances in research have established that:

- Extreme stress and adversity can weaken the body's stress response system and cause damaging effects on the brain, immune and cardiovascular systems, and the metabolism.
- The physiological disturbances caused by adversity can continue and lead to a lifetime of physical and mental health problems.
- Early experiences in a child's life are established in the child's body and physical condition.

http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/foundations-of-lifelong-health/

Early Childhood Education and Care

Early childhood education programs can have significant effects on children from early childhood into adulthood, according to *Early Childhood Education: Pathways to Better Health*, from the National Institute for Early Education Research. For example, the relationship of children who attend high quality early education programs have better cognitive, social and emotional development that researchers have linked to better health outcomes as adults.

According to *Early Childhood Education*, preschool participants in high quality early education programs were more likely to have appropriate health screenings and immunizations, as well as medical and dental care to produce an early foundation for better health. These improvements were linked to the educational focus on healthy living and prevention. The report also stated that early childhood education programs can lead to improvements in the child's health, health-related behaviors and access to health care.

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

The Head Start program has long been an early childhood education to help low-income children to prepare for school. It is a federally funded early childhood education program developed for low-income children ages 3 and 4 years of age and their families. It provides comprehensive early education and support services, according to the Tennessee Department of Education. The state's Tennessee Department of Head Start Collaboration Project, a statewide partnership with Head Start Centers addresses program issues and problems to improve services for economically disadvantaged children and their families.

http://www.tn.gov/education/early_learning/head_start.shtml

According to Tennessee’s Head Start State Collaboration Office, there are 27 Head Start programs in the state that annually serve more than 20,000 children and their families with comprehensive educational, social and health programs. There are 350 classrooms operated by government, private, faith-based, and nonprofit organizations in the state. Head Start programs partner with schools, social service agencies, health services, childcare services and families.

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

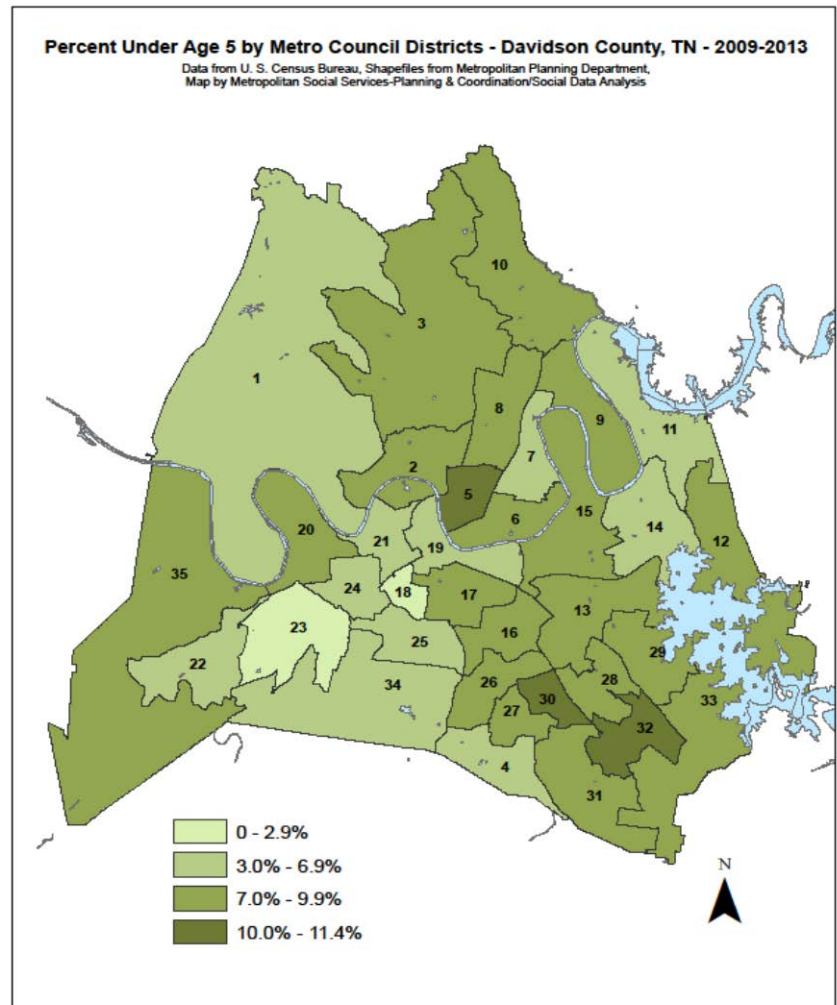
http://www.tnheadstart.org/Head_Start_2.html

The Metro Action Commission (MAC) Annual 2013-2014 Report described school readiness is a major focus of their Head Start and Early Head Start programs. That focus is being implemented through an ongoing plan that will ensure success and includes the child as well as the caregiver, parent, home and the school environment. MAC served 1,685 children enrolled in Head Start during the school year, and 130 children enrolled in Early Head Start during the school year of 2013-2014.

<http://www.nashville.gov/Portals/0/SiteContent/MAC/docs/Annual%20Reports/2013-2014%20ANNUAL%20REPORT.pdf>

[The 2009-2013 American Community Survey 5-Year Summary from the U.S. Census Bureau estimates that the highest concentration of children under age 5 live in in the eastern side of Davidson County.](#)

[The map shows that the Council Districts 32 and 30 located in Southeast Nashville have more than 10.0% of the population under age 5, as did Council District 5 in East Nashville.](#)



Addressing early childhood education for low-income children in Districts 32, 30, and 5 is a part of the MAC Head Start programs. Two of their largest programs are located in the Southeast which are Susan Gray Head Start Center (220 capacity) and Berry International Head Start Center (252 capacity). The Tom Joy Head Start Center

located in District 5 of East Nashville, is also one of their larger programs with a capacity of 300. They are also assisted by two Head Start Partner Sites in District 5, the McNeilly Child Care Centers on Meridian Street and Stockell Street. The partner sites are privately owned, licensed child care centers that have a contractual agreement with MAC.

<http://www.nashville.gov/Metro-Action-Commission/Head-Start-Center-Locations.aspx>

<http://www.nashville.gov/Metro-Action-Commission/Head-Start-Partner-Sites.aspx>

A child’s early exposure to language is related to the family’s status and income, according to the *Human Development Report 2014*. It reported on the importance of parent and child interactions, as well as the critical roles of families and communities in a child’s life, especially for children from low-income families. According to Stanford University’s *Talking to Children Matters: Early Language Experience Strengthens Processing and Builds Vocabulary*, the more that parents and caregivers talk to toddlers, the more children learn to strengthen language skills, process language and increase their vocabulary. Talking with children, using more descriptive words, asking questions, giving instructions using complete sentences and encouraging responses using full sentences all help to develop the vocabulary of children. [The following table with the cumulative vocabulary experiences of U.S. preschool children shows that higher socioeconomic status families tend to use more verbal communication with children.](#)

<http://hdr.undp.org/sites/default/files/hdr14-report-en-1.pdf>

<http://news.stanford.edu/news/2013/october/ferald-vocab-development-101513.html>

Family Socioeconomic Status	Words Heard Per Hour	Words Heard by Age 4
Families First (TANF)	616	13 Million
Working Class	1,251	26 Million
Professional	2,153	45 Million

Source: The Human Development Report 2014

In Tennessee, the Voluntary Pre-K program was enacted by the Tennessee General Assembly in 2005. The purpose of VPK is to provide 4 year-old children, school readiness skills and social skills in preparation for academic success. It promotes high quality academic environments to stimulate the child’s enjoyment of learning. In the 2012-13 and 2013-2014 school years there were 935 Pre-K classrooms in Tennessee and the total number of children served was 18,621.

http://www.tn.gov/education/early_learning/pre-k.shtml

Based on *Kindergartners’ Skills at School Entry* from the Mathematica Policy Research (July 2014), children begin kindergarten at different levels of school readiness. Those who start school behind in math, reading, and other skills are at risk of not being able to keep up with their peers throughout school. Differences in their language, reading, writing, math and their social/behavioral skills affect how well children perform in school. In the U.S., approximately one-third of all children who begin kindergarten need help with basic reading, math, and social-emotional functioning due to the lack of adequate early childhood learning.

http://www.sesameworkshop.org/wp_install/wp-content/uploads/2014/07/Kindergarten-Skills-Report-2014.pdf

The *State of Preschool 2013* specified that in the state funding in the U.S. for Pre-K increased by \$30.6 million in 2012-2013. However, during the previous 2011-2012 period, federal Pre-K spending decreased by nearly half a billion dollars. In Tennessee, funding for the state’s Volunteer Pre-Kindergarten (VPK) program relied on the dependable funding from the state’s general education revenue, the state lottery and federal TANF funds. The Voluntary Pre-K is a state initiative that provides 4-year old children with an opportunity to attend classes that prepare them with early childhood education and social skills before they start to attend school.

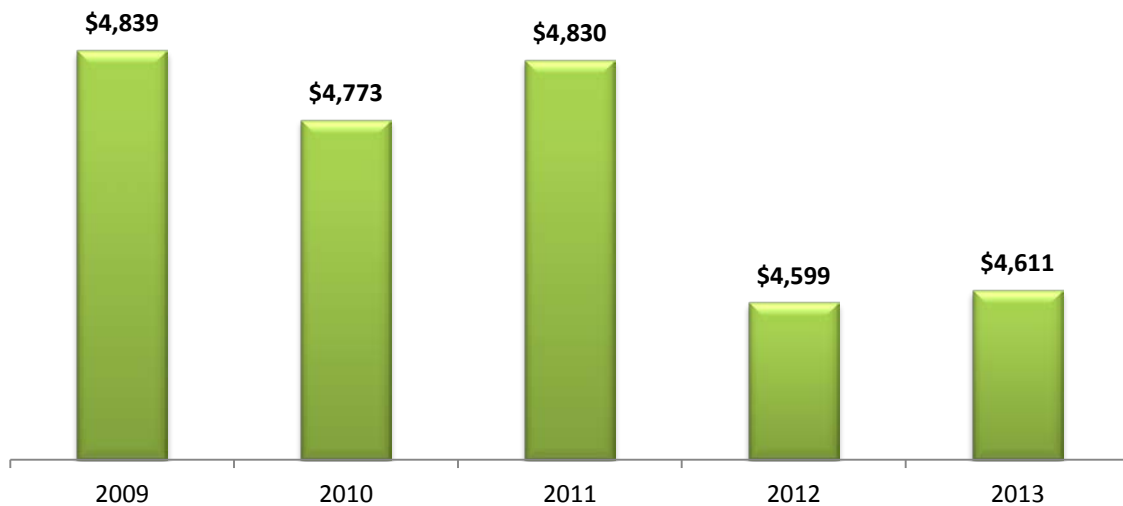
http://www.tn.gov/education/early_learning/pre-k.shtml

<http://nieer.org/sites/nieer/files/yearbook2013.pdf>

The national average cost for high-quality private pre-K is \$8,800 per year, according to *Pre-K for Every Child: A Matter of Fairness* by First Focus. Since the Great Recession, many states have decreased funding, with the greatest decrease since the recession occurring in 2011-2012, according to the report. <http://firstfocus.net/wp-content/uploads/2014/06/FirstFocus-EarlyEd-Pre-KforEveryChild.pdf>

Chart HHD-12 shows Tennessee’s spending for each child enrolled in VPK has remained below \$5,000 for the past 5 years, 2009-2013, ranging from \$4,599 in 2012 to \$4,839.

Chart HHD-12: State Spending per Child Enrolled in VPK
Tennessee, 2009-2013



Source: The State of Pre-K 2013

Metropolitan Nashville Public Schools (MNPS) provide Pre-Kindergarten for Davidson County to provide children with essential learning skills that help them to succeed in kindergarten and school. In collaboration with Alignment Nashville, the Teaching Readiness to All Integrating Lessons and Strategies program was developed as a resource for families and educators to assist in preparing pre-kindergarten children for success in kindergarten by using lessons and strategies from the Tennessee Early Learning Developmental Strategies.

<http://www.mnps.org/Page89311.aspx>
<http://itrails.org/>

For preschool age children that are not in preschools, high quality child care can also be an advantage in the child’s development. High quality child care is essential for working parents and increases their capacity to maintain employment, according to the U.S. Department of Health and Human Services. 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>

The state’s financial subsidy program to help with the cost of child care is the Child Care Certificate Program (CCCP), which is administered by the Tennessee Department of Human Services. The CCCP is intended to assist:

- Families in the Temporary Assistance for Needy Families (TANF) 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 to pay for child care
- Children at risk as determined by the Tennessee Department of Children Services

http://www.tn.gov/humanserv/adfam/cc_olm/2.1EligibleChildren.htm

The Tennessee Department of Human Services (DHS) developed the Child Care and Development Fund (CCDF) Plan for FY 2014-2015 as a comprehensive plan for child care services and related activities. The plan involved quality improvements for infants, toddlers, school aged children, resources and referrals, as well as professional development. The CCDF Plan DHS plan proposed strategies for improvement and development of child care services and related activities in the following areas:

- Infant/Toddler program provides training, technical assistance and resources to licensed child care providers and families
- School-Age/Child Care Resource and Referral provides training, targeted technical assistance, and resources to licensed child care providers and to provide referral services to families of young children
- Quality and Expansion provides training and targeted assistance for infant/toddler and school-age providers; quality improvements, parental choice in selecting quality child care, and establishing a family child care mentor's network. Additional quality services for program assessment support and evaluations, as well as comprehensive data and evaluation systems; higher education academic courses, early childhood technical certificates, child development related degrees for licensed child care staff; financial incentive to providers; and improved overall quality of child care and better informed parents

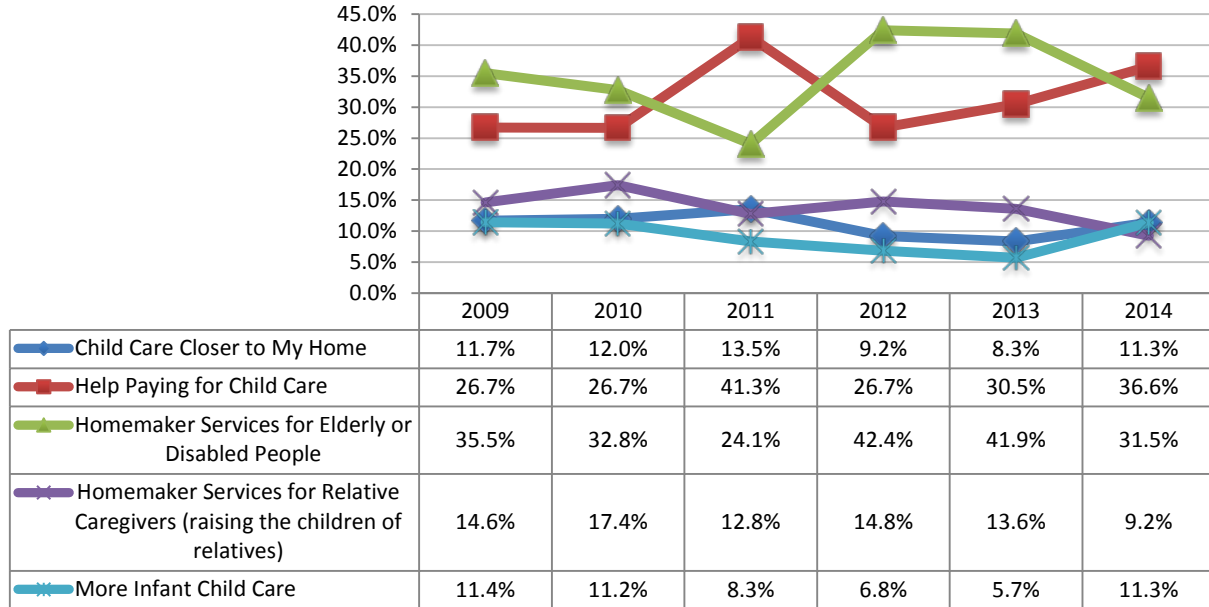
<http://www.tennessee.gov/humanserv/adfam/cc/2014-2015-CCDF-Plan.pdf>



Grassroots Community Surveys

The Grassroots Community Survey asks respondents to identify their greatest need in the category of Home and Community Based Services that includes services for dependent persons (either children or elderly people with disabilities). The three areas of childcare service needs as identified in Chart HHD-13 were child care closer to home, help paying for child care and more Infant child care.

**Chart HHD-13: Greatest Unmet Need in Home & Community Based Services
Grassroots Community Survey, 2009-2014**



Source: Grassroots Community Survey, 2009-2014

Educational Challenges of Children and Youth

“There can be no keener revelation of a society’s soul than the way in which it treats its children.”
Nelson Mandela

According to the Brookings Institute’s *Starting School at a Disadvantage: The School Readiness of Poor Children*, when children who are poor start to school they often have disadvantages because of inadequate educational skills and health development. It reported that by age 5, only about 48% of poor children are ready for school compared to 75% of children from families with moderate to high incomes. It also reported that along with poverty, a child’s school readiness was influenced by preschool attendance, the parents’ education, prenatal exposure to tobacco, and low birth weight.

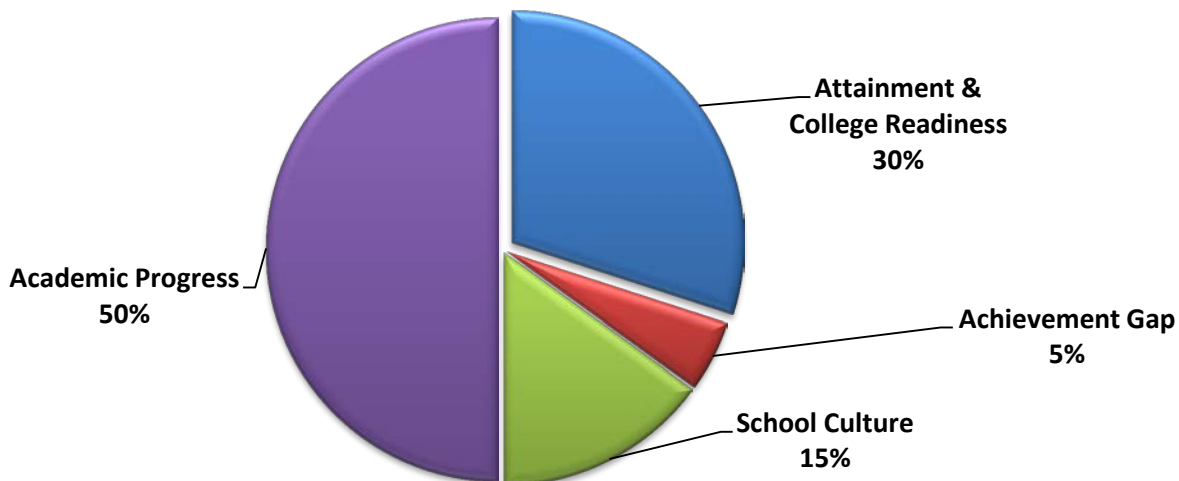
The probability of being school-ready is 9% higher for children who attend preschool. Being ready for school was 10% lower for children whose mothers smoked during pregnancy and 10% lower for children whose mothers were not supportive and nurturing during parent-child interactions.

http://www.brookings.edu/~media/research/files/papers/2012/3/19%20school%20disadvantage%20isaacs/0319_school_disadvantage_isaacs.pdf

Overall school performance for MNPS has been a major focus by the school system, according to *The Academic Performance Framework (APF) Executive Summary*, of Metropolitan Nashville Public Schools (October 6, 2014). It is focused on helping students to be aware of their accomplishments, be ready for college, prepared for academic growth that will help students to be successful and reach high standards of achievement.

The APF will measure overall school performance and consist of performance indicators as shown in Chart HHD-14, and the weights or values of each of the performance measures. According to APF, the four performance indicators used in the evaluation of school performances are Academic Progress (50%), Attainment & College Readiness (30%) Achievement Gap (5%) and School Culture (15%). The goal of the APF is to ensure that MNPS level of performance improves using the performance indicators. Since the APF is newly implemented, performance outcomes are not yet available. The effectiveness of the framework will involve being linked with other school performance measures, as well as professional observations and input from educators. http://www.mnps.org/dynimg/7PAAA_/docid/0x7AC106CC8ACA1FE4/2/APF%2B2014%2B-%2BExecutive%2BSummary.pdf

Chart HHD-14: Performance Indicators of School Performance
Metropolitan Nashville Public Schools, 2014



Source: The Academic Performance Framework (APF) Executive Summary, of Metropolitan Nashville Public Schools (October 6, 2014)

Children and Housing

Creating and sustaining healthy homes for children and families has been one of the major public health issues in the nation according to researchers from How Housing Matters of the MacArthur Foundation. In their research brief, *Poor Quality Housing is tied to Children's Emotional and Behavioral Problems*, inadequate housing significantly affected low-income children due to the stress of unsafe or unhealthy living conditions.

The stress of living in poor quality homes or having to move multiple times in short spans of time can lead to symptoms of depression, anxiety, and family instability. It stated that when a home does not meet the basic needs for comfort, stability, and security the child as well as parents are negatively impacted. *Poor Quality Housing* stated that researchers have determined that substandard housing, such as exposed wiring, peeling paint or infestation of rodents can not only contribute to stress in children but can also hinder their emotional stability and capacity to learn.

Stable homes are very important to the well-being of children. *Poor Quality Housing* notes that instability for children can also interrupt their ability to form friendships and healthy relationships, as well as to hinder their behavioral and academic development. It also specified that instability in the family is a major factor in the diminished functioning of the children. The report recommended implementing innovations that support low-income families in safe and stable housing. It emphasized the importance of working with local public health departments, along with other local state and federal agencies to strengthen and enforce housing codes, and improve indoor environmental quality and housing conditions.

http://www.macfound.org/media/files/HHM_Research_Brief_-_September_2013.pdf

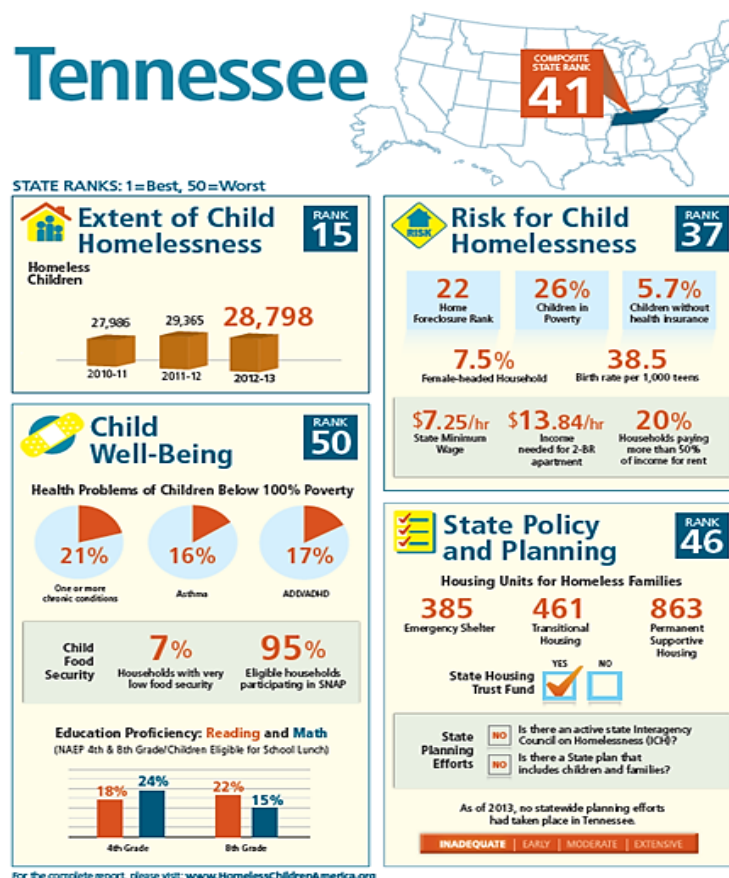
Homeless Students

The health and development of children are affected by homelessness. According to the Homeless Resource Network, children who are homeless are four times more likely to have slower academic growth than children who are not homeless, and homeless children are twice as likely to have learning disabilities. There are barriers, such as the child's lack of a stable address, delays in transfer of school records, lack of transportation and absence of immunization and health records that often prevent homeless children from enrolling in school. <http://bostonhern.org/about/facts/#f3>

America's Youngest Outcasts, from the National Center on Family Homelessness, released November 2014, presented a comprehensive report card on child homelessness in the United States. Based on the most recent U.S. Department of Education's count of homeless children in U.S. public schools and the 2013 U.S. Census, there were 2,483,539 children that experienced homelessness in the U.S. in 2013. That means that 1 out of 30 children in the U.S. were homeless at some point in 2013.

In the report, each of the U.S. states were ranked based on child homelessness, child well-being, risk for child homelessness, as well as the state's policy and plans to address the problems. As for the state of Tennessee, the overall composite score was 41st with 50th being the worst. The following graphic of Tennessee's overall composite report illustrates the areas reviewed and assessed in their determination of ranking. It shows that Tennessee ranked relatively well for the extent of child homelessness (15th), but much lower for state policy and planning for housing units for homeless families (37th) and child well-being related to health problems of children living in poverty (50th).

<http://www.homelesschildrenamerica.org/mediadocs/280.pdf>



Source: *America's Youngest Outcasts*, National Center on Family Homelessness, 2014

The federal McKinney-Vento Homeless Assistance Act of 1987 ensures educational rights and protections for children and youth experiencing homelessness. The McKinney-Vento Act's Education for Homeless Children and Youth Program defined homelessness 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



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 reported that during the 2012-2013 school year, there were a total of 2,821 homeless students identified in Metro Schools. During the 2013-2014 school year, the number of students identified by the H.E.R.O. program increased to 3,177.

The H.E.R.O. program had increased requests for clothing, food and housing assistance. Some schools have food and clothing pantries at the schools and they all work closely with other community organizations to address needs.

Health and Human Development Evidence-Based Practices

Striving To Reduce Youth Violence Everywhere (STRYVE)

National, U. S. Centers for Disease Control

According to the Centers for Disease Control and Prevention (CDC) youth violence is the second leading cause of death for young people between the ages of 15 and 24 and it affects not only youth but the entire community. Prevention of youth violence before it starts is the ultimate goal of youth violence prevention. STRYVE is a national initiative targeted at the prevention of violence of young people from ages 10 to 24. It uses the public health approach for prevention of violence, which is the same approach that is used to address diseases and other risks of danger to a community. The objectives of local health organizations funded by STRYVE involved: increased input from community stakeholders, ensuring adequate community resources, increased collaboration with stakeholders and health departments, and coordination of a central data system. STRYVE was developed by CDC through the Division of Violence Prevention as a prevention strategy that ensures the effectiveness of evidence based strategies.

http://vetoviolence.cdc.gov/apps/stryve/about_stryve.html

<http://www.cdc.gov/violenceprevention/pdf/youth-violence-accomplishments-a.pdf>

The Chicago Parent Program (CPP)

Chicago, Illinois

The Chicago Parent Program (CPP) is a parenting skills training program that is reinforced by research and proven to decrease behavior problems in children from ages 2-5 years. It is a community based approach and has proven to be an effective proactive strategy to address child behavior concerns before they worsen. It also helps to increase the confidence of parents in managing their child's behavior and reducing misbehavior. The program is strength based in that parents play a very important role in how their child's behavior and personality develops. The important components of CPP are the comprehensive educational trainings and family supports provided for low income children and their parents. The CPP is recognized by the National Registry of Evidence-based Programs and Practices by Substance Abuse and Mental Health Services Administration, as an evidenced based practice and has been very effective for parents of young children that may have been at risk of developing serious behavior problems.

<http://www.promisingpractices.net/program.asp?programid=98>

<http://chicagoparentprogram.org/>

Teen Pregnancy Prevention through Community Wide Initiatives (CWI)

National

In December, 2009 President Obama signed into law a \$114.5 million Teenage Pregnancy Prevention Initiative as a competitive grant program for communities to implement a common approach based on evidence and using a community wide initiative. The Centers for Disease Control and Prevention partnered with the federal Office of the Assistant Secretary for Health, which is part of the U. S. Department of Health and Human Services to administer the Community Wide Initiatives (CWI) specifically to reduce teenage pregnancy and to address disparities in teen pregnancy and birth rates. The CWI consist of a wide range of programs or services, and a community wide focus have the capacity to reduce teen pregnancy rates and births in communities at risk. It has been found to be particularly effective in African American and Latino/Hispanic teens ages 15- 19. CWI involves approaches that are designed specifically according to the needs and culture of the community to be served.

<http://www.cdc.gov/teenpregnancy/preventteenpreg.htm>

<http://www.guttmacher.org/pubs/gpr/13/1/gpr130210.html>

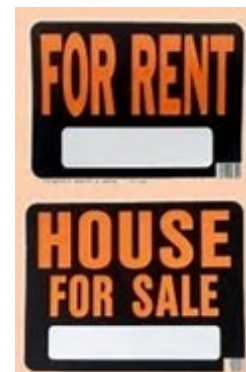
Annual Book Fairs in High-Poverty Elementary Schools

Florida

The annual book fair in high poverty elementary schools, is an intervention designed to help low income elementary school children remember what they have learned during the school year by reading more during the summer months of school breaks. It was developed to help low income and poor children retain and increase their reading skills during the summer vacation months in order to be prepared for academic achievement when they return to school. It was first implemented in 17 high-poverty elementary schools in Florida, after the student's completion of the 1st or 2nd grades, and for 3 consecutive summers. Giving 12 free books of interest to each student at the start of summer break to read during the summer helped students to retain what they had learned during the school year and it prepared them for academic achievement. Since the implementation of the Annual Book Fairs in Florida there has been an increase of student reading achievements by 35%- 40% of the child's grade level following the child's participation in the Annual Book Fair for 3 consecutive summers.

<http://toptierevidence.org/wp-content/uploads/Book-Fairs-writeup-for-Top-Tier-site-11-9-11.pdf>

Housing & Neighborhoods



Key Findings

- Housing and Related Expenses continues to be the top need category in the Grassroots Community Survey, and among callers to the TN 2-1-1 Call Center.
- The rental market continued to be tight in 2013. Multiple reasons have been cited in publications, such as tighter mortgage-lending standards, no growth in lower-income household earnings, unemployment, and high student debt delaying home ownership, among others.
- Nashville suffered from the housing crash less than many other places and housing construction and home ownership showed some rebounding. The lack of skilled labor and a limited supply of finished lots ready to build contributed to the sluggish recovery.
- There continues to be much research showing negative effects of higher-poverty neighborhoods on many aspects of children's lives, including physical and mental health and education.
- Some research shows that people of color were affected by the housing crisis and associated economic factors more than whites, feel less secure about their housing, and have made sacrifices in other areas to pay housing costs more than whites. Other research claims that since 1970 much of the racial segregation in neighborhoods can be attributed to income segregation, and that neighborhood economic disadvantage may have a greater role in resident feelings of well-being than racial factors.
- Based on annual HUD Point-In-Time counts, it appears that the number of people experiencing homelessness outdoors in Nashville is going down and the number who are in shelters is going up.

Introduction

The Great Recession affected Nashville's housing market less than some other parts of the country and recovery appears to be better. However, the housing recovery has not helped the poor and near poor in the community. Those with limited incomes, including working adults in low-wage jobs, find a challenging rental market with asking prices above the Fair Market Rent (FMR) levels determined by the U. S. Department of Housing and Urban Development (HUD) (see Affordability section below). These high rents combined with stagnant wages led to a significant percentage of residents who pay more than 30% of their incomes for housing and related expenses, which is referred to as being cost burdened. A general definition of FMR is the amount a unit would rent in the local market for if it were available. More specific information about HUD's FMR can be found at this web site address: <http://www.huduser.org/periodicals/USHMC/winter98/summary-2.html>

Numerous ways to increase affordable housing have been proposed in addition to just constructing more units. Policy changes that encourage developers to include affordable housing are among the most frequent housing-specific recommendations. A commentary in the Cato Institute *Spotlight on Poverty and Opportunity* in February of 2014 states that "There is no more important economic burden facing low- and middle-income Americans than housing costs."

<http://www.spotlightonpoverty.org/ExclusiveCommentary.aspx?id=a07e84af-6c6c-4b1a-8c68-8abb18207126>

A Walkable Neighborhood is “*a neighborhood type defined by services within walking distance of residents, a pedestrian orientation that minimizes car dependence and a level of density and land-use diversity that is higher than the typical American suburb.*”

Compact, Walkable, Diverse Neighborhoods: Assessing Effects on Residents, Housing Policy Debate, Volume 24, Issue 4, 2014.

<http://www.tandfonline.com/doi/full/10.1080/10511482.2014.900102>

An April 2014 blog post of *Better! Cities & Towns*, an online publication of New Urban Publications, notes several trends. Market-rate housing trends in the U.S. housing market are toward denser neighborhoods or town centers with amenities accessible by walking, bicycle or public transportation. Fueling a significant portion of the trend toward walkable neighborhoods are preferences of the Millennial generation (Gen-Y, Boomerang Generation) that were born between approximately 1982 and 2000. Many of these younger adults appear to choose to rent or lease at this stage of their lives more than the previous generation did due to multiple factors. Some of these other factors, discussed later in this section, include student debt, and sagging labor market. There is some evidence that this generation may be just postponing homeownership instead of abandoning that option.

The blog article also asserts that driving has declined since 2004. Miles driven per capita has declined in the last decade, fewer driver licenses are being issued, and maintaining roadways is an increasing burden on municipal and state budgets.

<http://bettercities.net/news-opinion/blogs/robert-steuteville/21041/top-10-reasons-new-american-dream>

Millennials are not the only age group that is renting. As the population ages, some seniors are down-sizing and looking for places to rent near transportation or within walking distance of a pharmacy, grocery store and other amenities. Some older homeowners change to renting to avoid the maintenance and upkeep of a house.



These inclinations toward renting have put greater pressure on the rental market, resulting in rising rent rates, which has disproportionately hurt lower-income people. Harvard University’s Center for Joint Housing Study reported that almost 50% of renters nationwide have incomes below \$30,000. Lower-income residents, earning less than 30% of the Area Median Income, are being squeezed by other forces: increasing energy costs, flat or reduced incomes, unemployment, and tighter home financing rules.

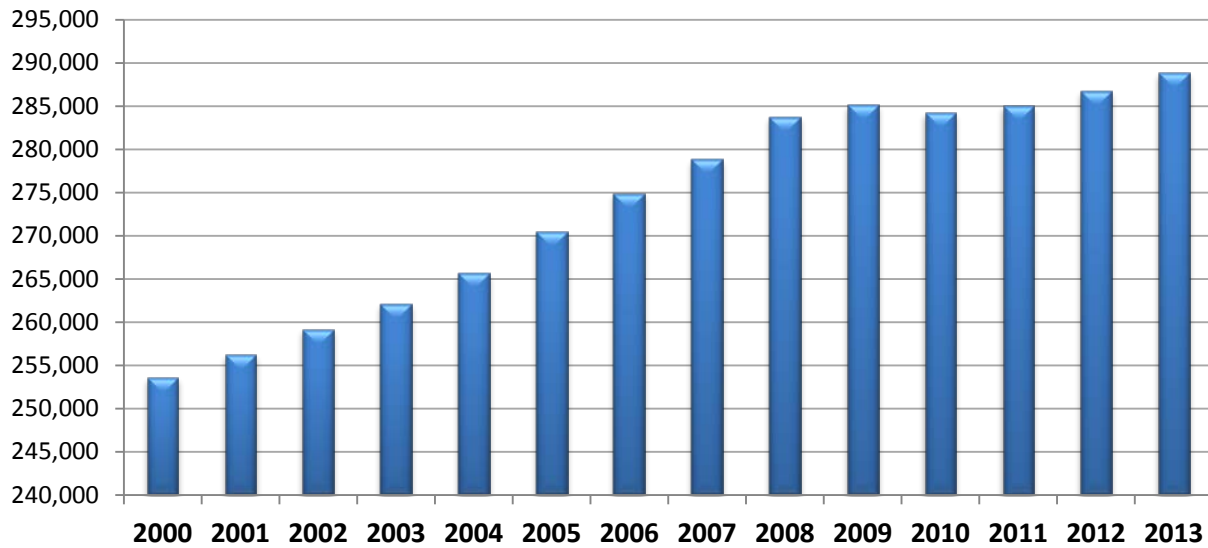
<http://www.jchs.harvard.edu/research/publications/americas-rental-housing-evolving-markets-and-needs>

Demographics

Unless otherwise noted, charts contain data from ACS 1-year estimates. While 3- and 5-year estimates are more precise, 1-year estimates are best for currency of data and are used here to show overall patterns. The Census Bureau explanation of the distinguishing features of 1-, 2-, and 3-year estimates can be found at this web site address: http://www.census.gov/acs/www/guidance_for_data_users/estimates/

Chart H-1 shows the number of housing units in Davidson County by year. The 2013 American Community Survey (ACS) 1-year estimate of total housing units for 2013 is 288,878, a substantial growth from 2012's number of 286,745. Housing units include apartments in multi-family buildings and other kinds of housing if they are occupied as someone's usual place of residence.

Chart H-1: Number of Housing Units
Davidson County, 2000-2013



Source: U.S. Census Bureau, 2013 American Community Survey, Table CP04

The table below shows that from 2011-2013, residential construction increased for 1-unit detached housing and for housing with 3-19 units. The numbers decreased for 1-unit attached housing and for housing of 2 units or with 20 or more units. U.S. Census Bureau American Community Survey (ACS) data margins of error and levels of statistical significance are stated in the online tables. For example, ACS Table CP04 indicates statistically significant changes in some of the annual differences shown below.

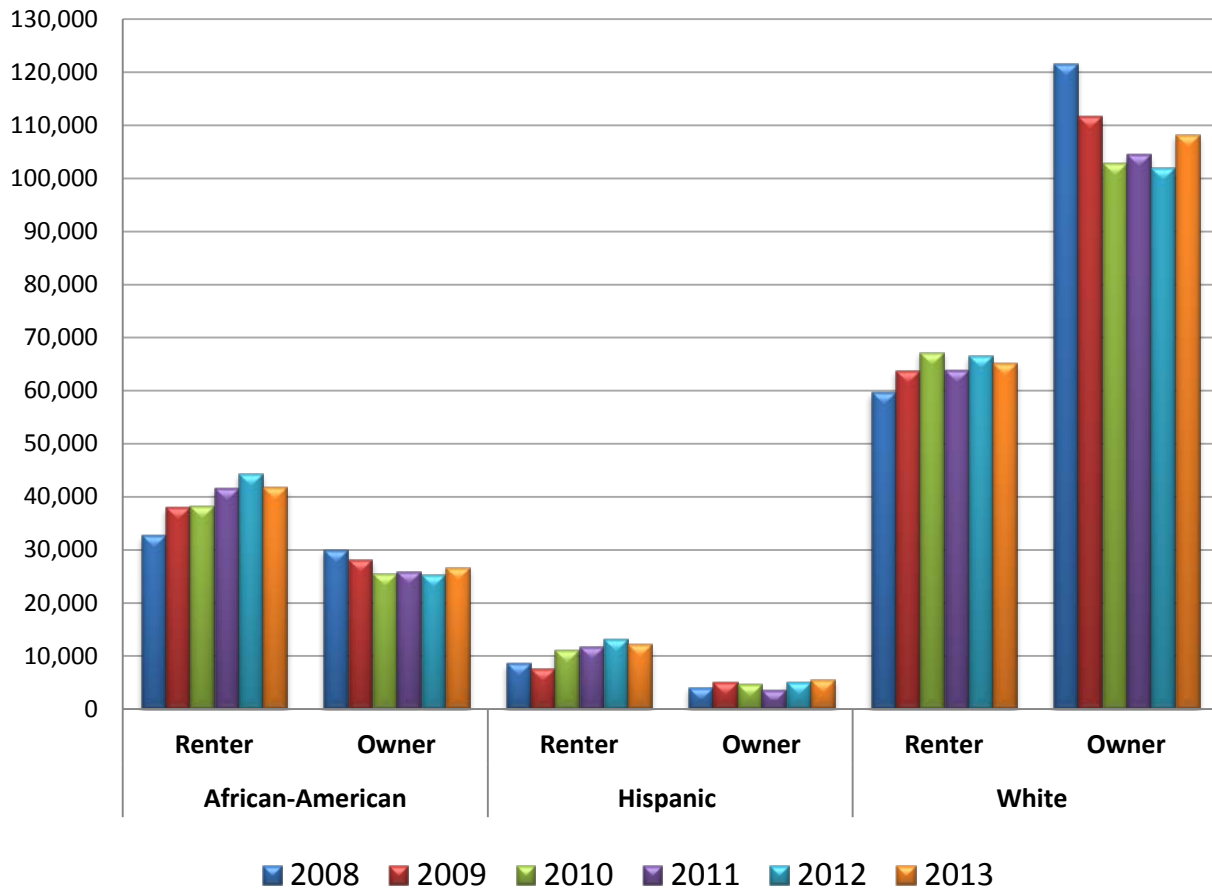
	2011	2012	2013
1-unit, detached	51.7%	53.0%	53.9%
1-unit, attached	9.0%	7.5%	7.6%
2 units	5.3%	5.1%	4.9%
3 or 4 units	3.4%	3.9%	4.4%
5 to 9 units	6.7%	7.7%	7.1%
10 to 19 units	9.4%	10.3%	10.1%
20 or more units	12.8%	10.8%	10.6%
Mobile home	1.7%	1.5%	1.5%
Boat, RV, van, etc.	0.0%	0.1%	0.0%

Source: U.S. Census Bureau, 2011, 2012, 2013, American Community Survey, Table CP04

The 2013 American Community Survey indicates that of the 288,878 total housing units in Davidson County, 90.5% were occupied. Of the occupied housing units in Davidson County in 2013, 54.5% were owner-occupied, with the remaining 45.5% occupied by renters.

Chart H-2 shows tenure by race/ethnicity. It appears that homeownership has risen slightly since 2012, which may be another indicator of a recovering housing market when considered with other factors.

Chart H-2: Number of Owners and Renters by Race and Hispanic Ethnicity
Davidson County, 2010-2013



Source: U.S. Census Bureau, 2013 American Community Survey, Table B25003a,b,l

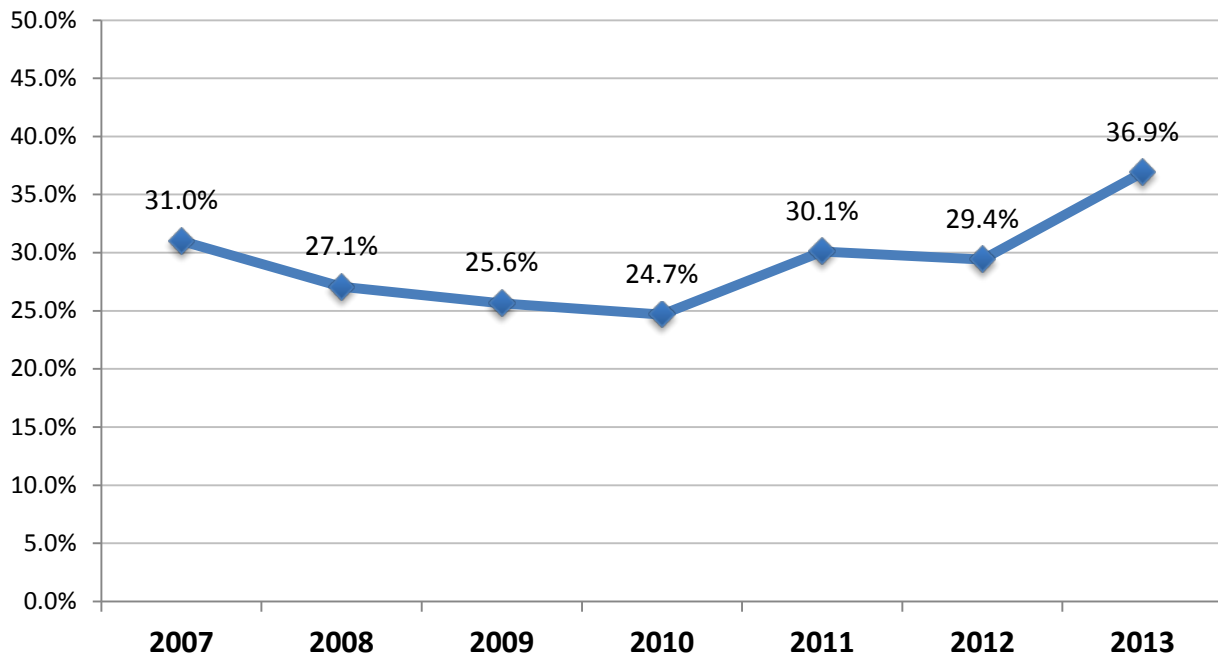


Housing Need

The percentage of calls to the 2-1-1 Call Center for Davidson County housing and utilities assistance since 2007 has ranged from 25.6% to 36.9%. The increase in calls from the most severe years of the recession (2009-10) to 2013 may be associated with the improvement in the ownership housing market. There were 60 types of housing need from callers in 2013, ranging from help with utilities and rent to calls about domestic violence shelters, need for housing goods, home repair programs, home loans, etc.

Chart H-3 shows the percentage of calls for housing and related needs from 2007-2013.

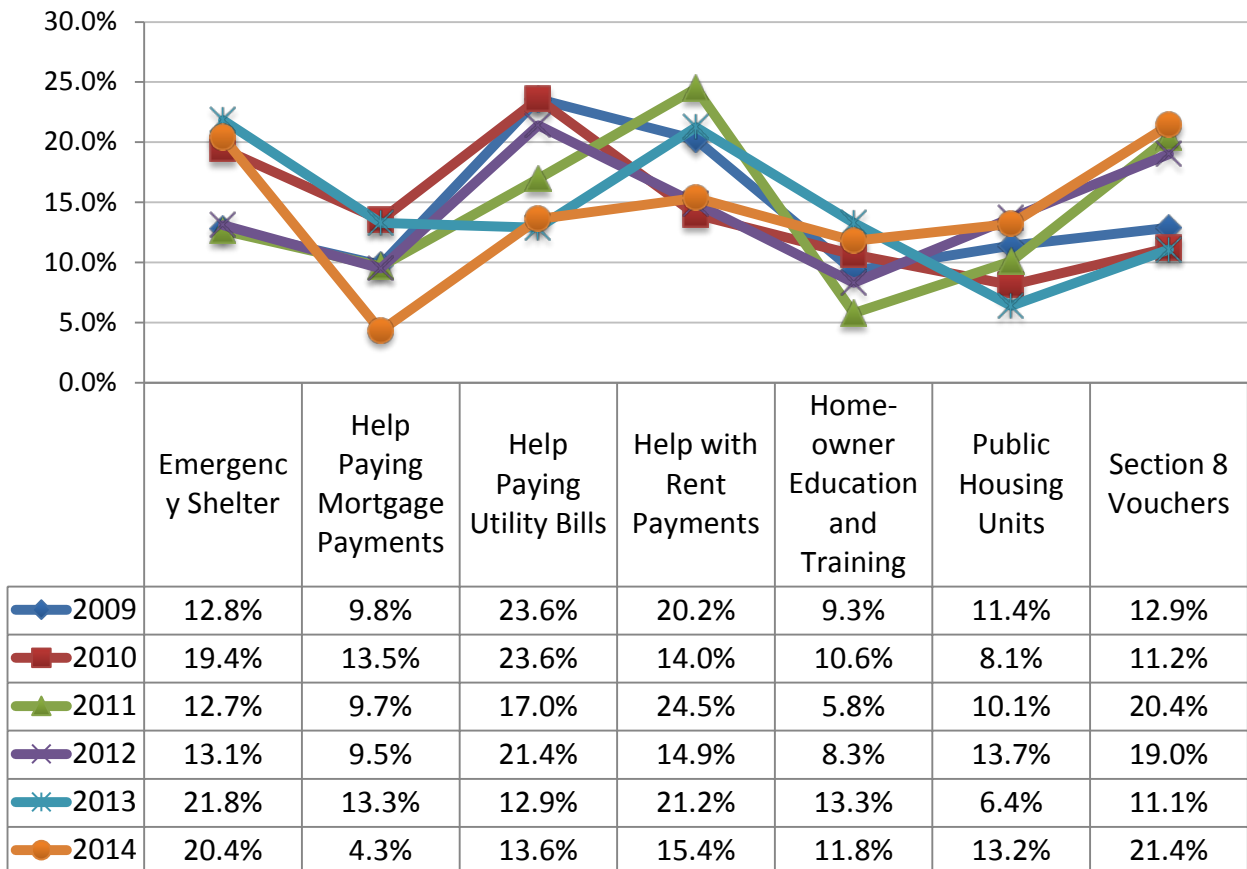
Chart H-3: Average Annual Percent of All Calls to 2-1-1 for Housing/Utilities
Davidson County 2007-2013



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

Chart H-4 shows ratings from the MSS Grassroots Community Survey by community respondents for 2009-2014. The top housing related need expressed by respondents in the 2014 survey was for more (Section 8) Housing Choice Vouchers. Survey respondents were clients served by Nashville Area Habitat for Humanity, Project Return, Goodwill Industries, the Metro Health Department, Nashville CARES, and Financial Empowerment Centers.

Chart H-4: Grassroots Community Surveys - Greatest Need in Housing
Davidson County 2009-2014



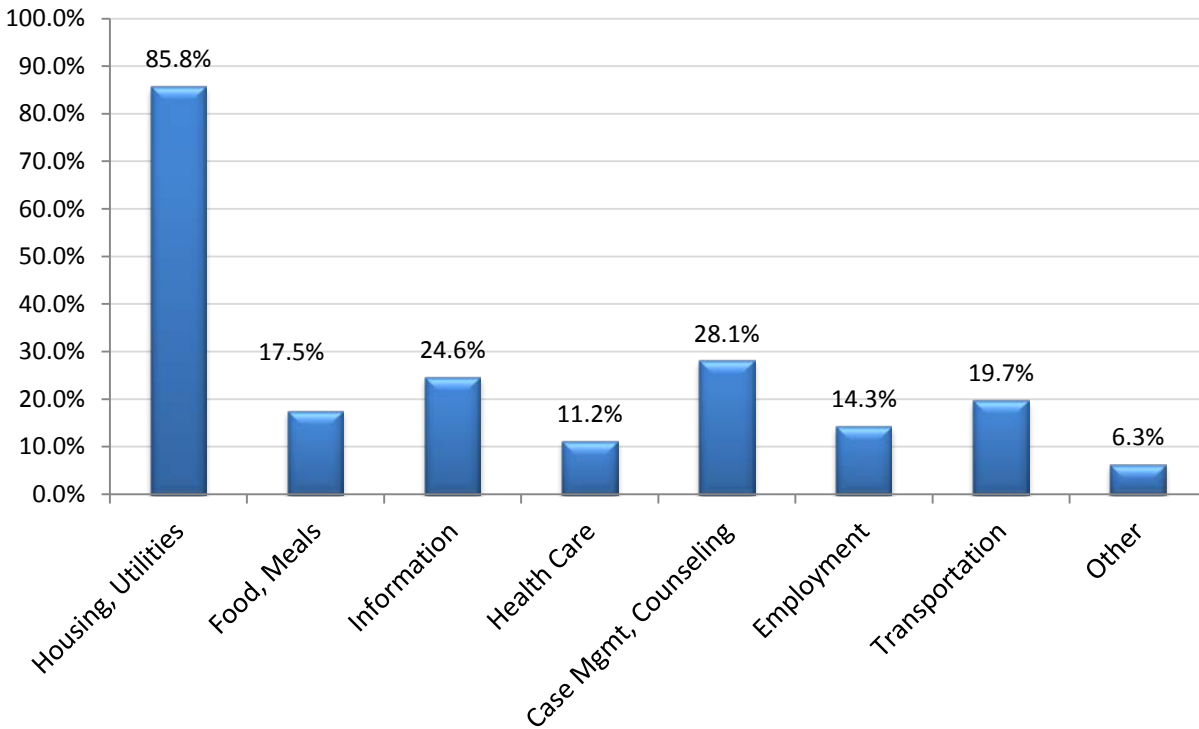
Source: 2009-2014 Metro Social Services Grassroots Community Surveys

From July 2013 through November 2014, clients coming to Metro Social Services were asked to complete a brief anonymous survey by checking boxes indicating the category of service they needed, e.g. Housing/Utilities, Food/Meals, as in the example below:

Your Initials	Housing, Utilities	Food, Meals	Information (about other agencies or benefits)	Health Care	Case Mgmt., Counseling	Employment	Transportation	Other – Please list
LTS	✓		✓					

Of the 1,177 respondents, 1,054 (89.5%) indicated a housing need, the only need identified for 49% of them. The clients identified a total of 2,594 needs (boxes checked). Chart H-5 shows that after Housing/Utilities, the next highest needs were for Case Management/Counseling and Information (about other agencies or benefits). This included people with an appointment with a social worker and people who came to MSS because they just did not know where else to go for help.

Chart H-5: Percent of Respondents Selecting Each Need Category
Davidson County, July 2013 – November 2014



Source: Metropolitan Social Services

Housing Market

Major influences on the housing market in 2013 were population demographics, residual effects of the Great Recession such as unemployment, changes in housing preferences, burdensome student debt for many young adults, rising costs of construction and land, and changes in housing-lending-related financial laws and rules.

Harvard’s Joint Center for Housing Studies’ *2013 State of the Nation’s Housing* report provides extensive national data about housing, including increasing residential construction, investor buying of homes and conversions from ownership to rentals, homebuyer credit constrictions, stagnant income growth, high debt, and continued cost-burden of many households. Their 2014 report generally confirms many of the trends cited in their previous study: Continued growth in house prices, more cost-burden among households, and low inventories of homes for sale. Some more hopeful indicators in the latest report include increased multi-family lending and multi-family construction and rental markets loosening somewhat–

<http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/son2013.pdf>

<http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/sonhr14-color-full.pdf>

The Davidson County rate of household formation appears to be increasing more than for the U.S., possibly due to the improving job market and increased inward migration of people attracted by those jobs. The national new

household formation rate continued to be slow in 2013. In *The Long and the Short of Household Formation*, a study of what determines household formation in the U.S., the Federal Reserve Board Divisions of Statistics and Monetary Affairs suggested that increased housing costs, a weak economy, and depressed labor market each played a role in reduced household formation nationally.

<http://www.federalreserve.gov/pubs/feds/2013/201326/201326pap.pdf>

National homeownership rates for 35-44 year olds dropped the end of 2007 to the fourth quarter 2013. First-time buyers face tight credit rules and large student-loan debt. Young family homeowners were affected more by the recession because their homes represented a greater percentage of their total household wealth, and much of the housing was financed with debt.



For households headed by someone age 40 younger, wealth in 2013 stayed 30% below 2007 levels on average, according to *Housing Crash Continues to Overshadow Young Families' Balance Sheets* by economists at the Federal Reserve Bank of St. Louis.

This may affect the growth of the economy because these younger households typically spend more on home furnishings, cars, and like items than do than older households that already own these things.

Additional information about homeownership may be found in *Who Doesn't Want to Own a Home*, and *Believing in Homeownership: Behavioral Drivers of Housing Tenure Decisions*, by the Joint Center for Housing Studies

[http://www.stlouisfed.org/publications/pub_assets/pdf/itb/2014/In%20the%20Balance%20\(Feb\)%20issue%207.pdf](http://www.stlouisfed.org/publications/pub_assets/pdf/itb/2014/In%20the%20Balance%20(Feb)%20issue%207.pdf)

<http://housingperspectives.blogspot.com/2014/10/who-doesnt-want-to-own-home.html>

<http://www.jchs.harvard.edu/research/publications/believing-homeownership-behavioral-drivers-housing-tenure-decisions>

The 2014 National Association of Realtors® *Profile of Home Buyers and Sellers* reported results of an annual survey of owner-occupants. The report gives data and explanations for the drop in the share of first-time buyers that dropped to its lowest share since 1987. Twenty-three percent of first-time buyers said saving for a down payment was hard. Fifty-seven percent of those respondents said the reason was student debt. The report also gives survey data about things that influenced respondents' neighborhood choice, transportation costs effects, and energy-conservation features in demand.

<http://www.realtor.org/news-releases/2014/11/nar-annual-survey-reveals-notable-decline-in-first-time-buyers>

The increasing trend away from ownership and toward renting has put greater pressure on the rental market, resulting in rising rent rates, according to *The State of the Nation's Housing 2014* by the Center for Joint Housing Studies. This has disproportionately hurt lower-income people, whose incomes have remained flat.

As Baby Boomers age and downsize from ownership to renting, the pressure on the rental market will increase. Nationally and in the Nashville market, rental demand is far greater than the supply of available units.

http://www.jchs.harvard.edu/research/state_nations_housing



Some experts believe that young adults still want to buy a home, but are waiting until they get a better job and accumulate a down payment, get married, and start to have children.

A discussion about young adults and renting with several sources cited is in a 2014 Corelogic Insights Blog titled *Generation Renter – Millennials Delaying Milestone Life Events, Such As Homeownership, to Pursue Different Goals.*



Generation Renter notes that Millennials were taking a different path regarding housing even before the recession. He states that education, debt and income of this group has steered them toward entry-level and affordable housing, such as condominiums and renting.

<http://www.corelogic.com/blog/authors/sam-khater/2014/06/generation-renter.aspx#.VKQ5BbHnbA0>

Amy Tierce, in the mortgage industry and a blogger, puts part of the Millennial home-buying delay on Baby Boomers. Writing in *Mortgage News* in November 2014, she claims that many Boomers cannot downsize to a smaller urban apartment due to the high rents, currently have low interest rates on their mortgages, and are comfortable with waiting to sell.

http://www.nationalmortgagenews.com/news/commentary/lets-talk-about-the-millennial-myth-1043071-1.html?site=default_on&utm_campaign=origination%20news-nov%206%202014&utm_medium=email&utm_source=newsletter&ET=nationalmortgage%3Ae3301944%3A4352918a%3A&st=email

The National Multifamily Housing Council (NMHC), representing the apartment industry, conducts quarterly surveys of their members’ observations of various conditions of their local markets such as market tightness. A tight market means fewer apartments available to meet demand and generally results in increased rents.

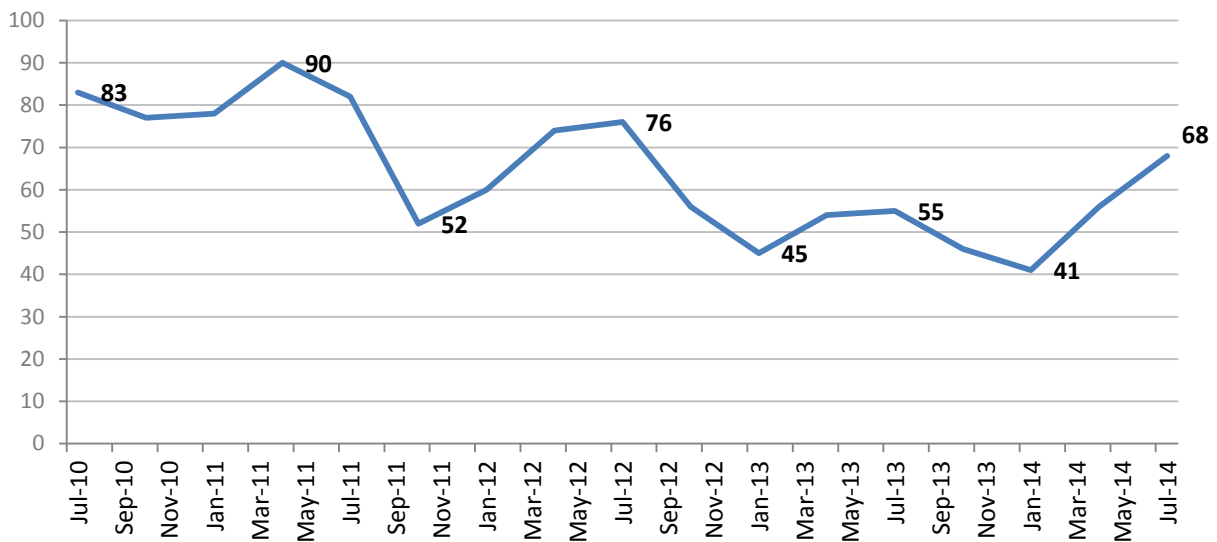


NMHC’s index numbers show the direction and latitude of changes, and are designed so that zero would mean all respondents replied in the negative (i.e. looser markets), and 100 would indicate all respondents replying positively (tighter markets observed). An index of above 50 would mean that apartments for rent in the U.S. are getting scarcer, below 50 would indicated looser market conditions, and 50 would indicate no change reported by the respondents on average. Although there was substantial variability over the time span, much of the data is above 50%, indicating a tighter rental market.

Chart H-6 shows changes in NMHC members’ opinions of market tightness. Market conditions in July 2014 seemed looser than in July 2010, but most surveys show scores above 50, indicating that respondents felt that there was less supply to meet demand.

Chart H-6: Survey of National Multifamily Housing Council Members about Market Demand/Supply Conditions

U.S., Quarter 2 2010 – Quarter 2 2014



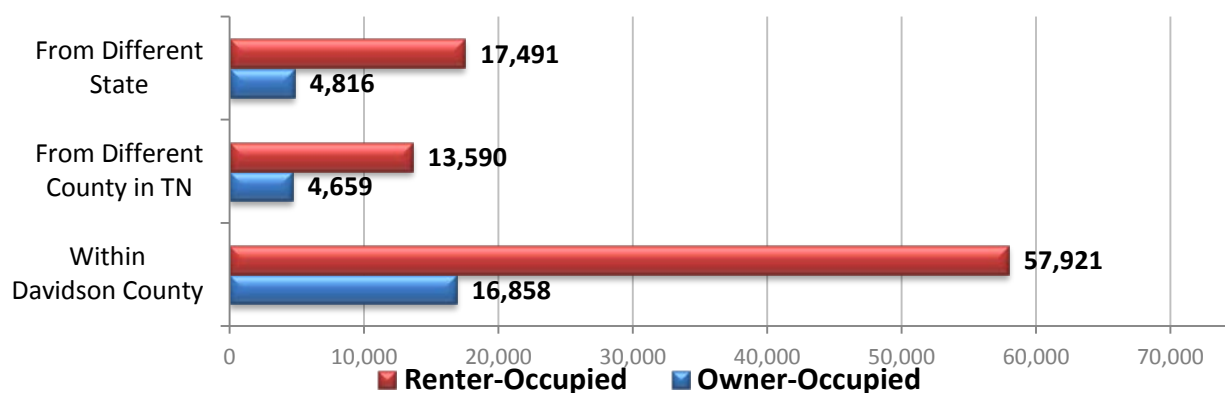
Source: <http://www.nmhc.org/Quarterly-Survey-July-2014/>

In September 2014, the Brookings Institution *Metro Monitor* published interactive maps of 100 metro areas, including Nashville/Davidson-Murfreesboro-Franklin to show ranking on several factors at three time periods: Pre-recession, Recovery, and Recession + Recovery (the last one is pre-recession peak to the most recent quarter). Users may look at a metro’s ranking for house prices, jobs, unemployment, and other economic factors. Metro Nashville MSA was ranked 6th for overall economic performance and 10th in terms of housing recession + recovery.

<http://www.brookings.edu/research/interactives/metromonitor#/M10420>

Chart H-7 shows that renters moved much more than homeowners did in the 2011-2013 American Community Survey 3-year summary. A little over twice as many homeowners lived in the same house in the past 12 months as did renters.

Chart H-7: Mobility by Tenure
Davidson County, 2011-2013

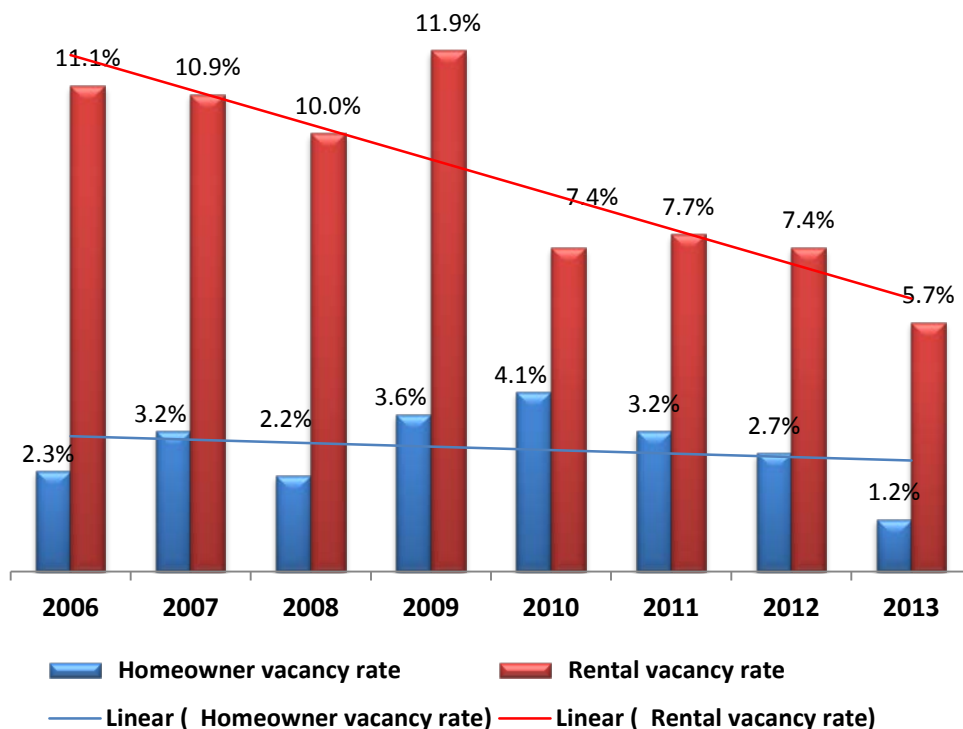


Source: U.S. Census Bureau American Community Survey, 2011-2013 3-Year Summary, Table B07013

Vacancies and Foreclosures

The need for affordable housing in Davidson County is growing. Chart H-8 shows Davidson County homeowner and rental vacancy rates since 2006. Vacancy rates for both renting and ownership have declined since 2010, with rental vacancies leading the way, at the same time that housing inventory was depressed and new construction had not reached pre-recession levels.

Chart H-8: Homeowner and Renter Vacancy Rates
Davidson County, 2006-2013



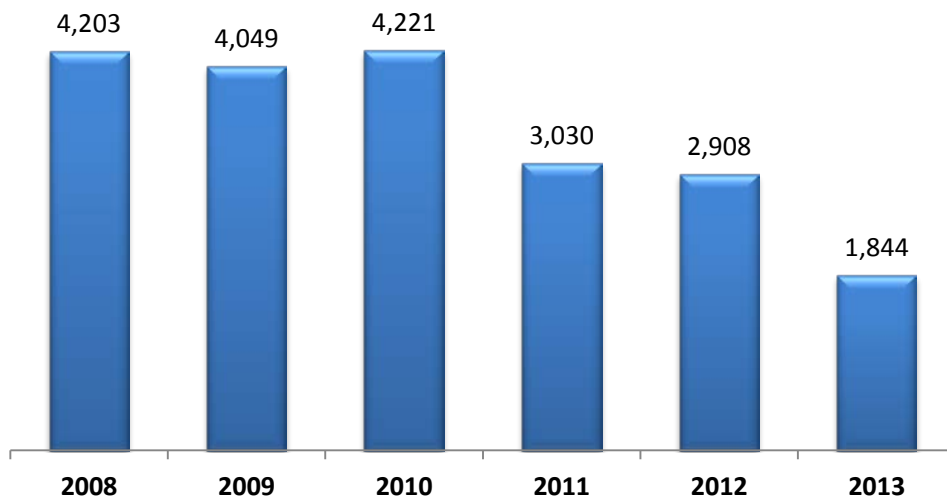
Source: U.S. Census Bureau American Community Survey, Table CP04

In 2013, *Tennessee Housing Market at a Glance* from the Tennessee Housing Development Agency (THDA) showed a decline in foreclosures. This decline is an indicator of improvement in the housing market in Nashville.



Chart H-9 shows the number of annual foreclosure filings in Davidson County from 2008-2013, reflecting a significant decrease after the recession.

Chart H-9: Annual Foreclosure Filings
Davidson County, 2008-2013



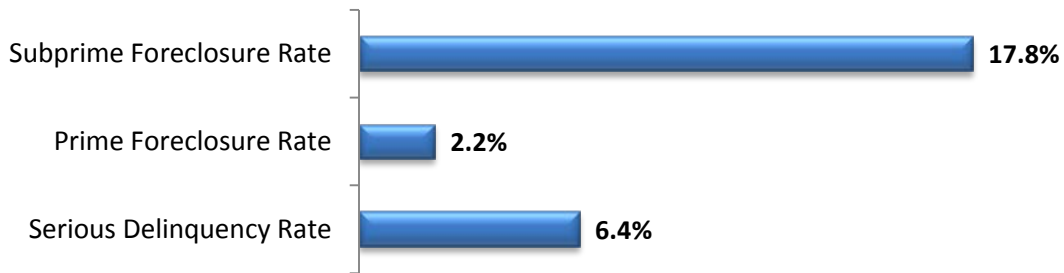
Source: Tennessee Development and Housing Agency
<http://www.thda.org/DocumentCenter/View/4723>
<http://www.thda.org/index.aspx?NID=176>

According to a study in 2013, the Nashville MSA foreclosure rate for subprime mortgages was about eight times the rate for prime mortgages (Chart H-10). The percent of mortgages either 90 days delinquent or in foreclosure (serious delinquency rate) was 6.4%.

The study was performed for Foreclosure-Response.org, an online guide to foreclosure prevention and neighborhood stabilization developed and maintained by the Center for Housing Policy, the Local Initiatives Support Corporation (LISC), and the Urban Institute.

Chart H-10: Mortgage Delinquency Rates

Nashville MSA, 2013



Source: http://www.foreclosure-response.org/maps_and_data/metro_delinquency_data_tables.html

RealtyTrac’s® published Nashville foreclosure data as of September 2014 indicated that new foreclosure filings were much less than in September 2013. Foreclosures by auction were down 40.7%, and bank-owned were down 90.5%. The top five zip codes for foreclosures were as 37209, 37214, 37215, 37217, and 37218 (see also Poverty section maps for comparison). RealtyTrac® is a provider of housing data and analytics for the real estate and financial services industries, federal, state and local governments, academic institutions, and the media.

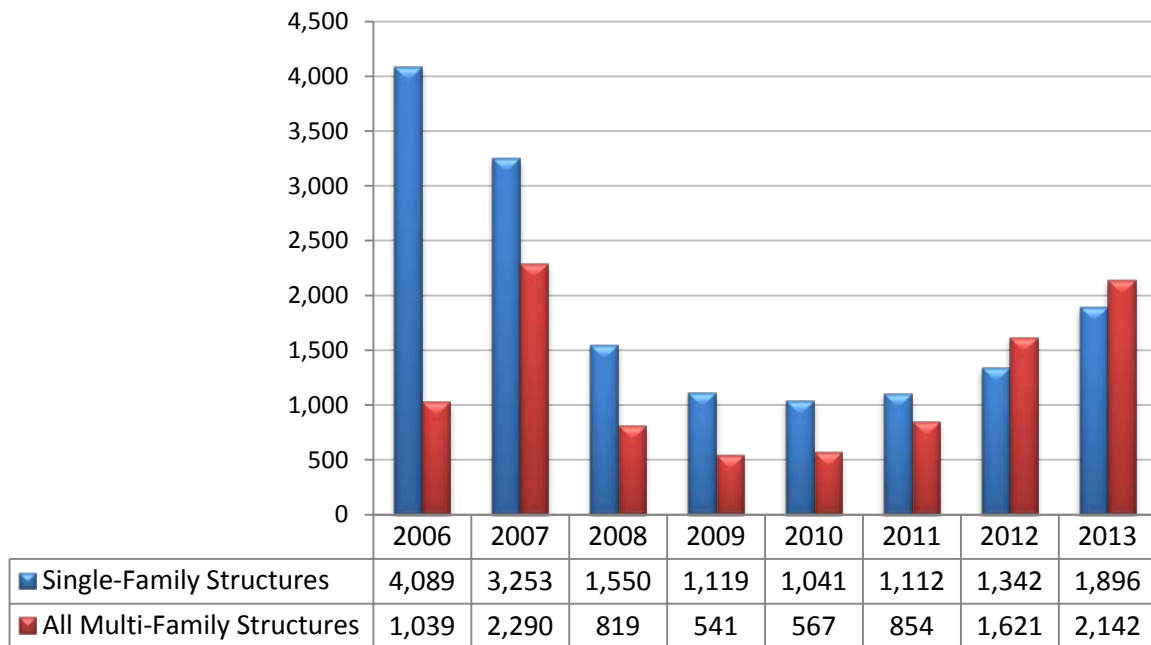
<http://www.realtytrac.com/statsandtrends/foreclosurestrends/tn/davidson-county/nashville>

Housing Construction and Sales

Local housing market construction of both single-family homes and multi-family structures continued to recover slowly, as can be seen by Chart H-11. The tight rental market contributed to increased investment in multi-family structures that were nearing 2007 levels last year, while single-family construction was substantially below 2007 levels and less than half of 2006 levels.

Chart H-11: Number of Building Permits for Structures by Size

Davidson County, 2006-2013



Source: HUD User State of the Cities Data Systems (SOCDS) Building Permits Database

<http://socds.huduser.org/permits/>

Multi-family rental construction continued into 2014, but builders often found it difficult to find skilled workers. In addition, there was a limited supply of finished lots ready to build. Both of these factors increased construction costs.

In the August 19, 2014 *Builder Online* e-magazine by Hanley-Wood (parent company of MetroStudy whose data is cited elsewhere), Brad Hunter discussed strong markets for new residential construction with data for the second quarters of 2013 and 2014. The Nashville eight-county region was among the top ten markets for new starts. The Nashville market had more new housing starts than Chicago, Sarasota and Naples/Ft. Myers in Florida and three smaller markets, and fewer housing starts than only three others in the top ten: Atlanta, Southern California, and Charlotte.

The October 17, 2014 *Builder Online* discussed the overall barriers and incentives for builders of new residential construction. Barriers cited included high land prices that slow builder activity, and reduced mortgage availability for people who actually qualify under the new federal rules, but who lenders believe have greater risk of loan default, such as people who work on commission or others without predictable income. Incentives for new residential construction include low mortgage rates and increasing employment.

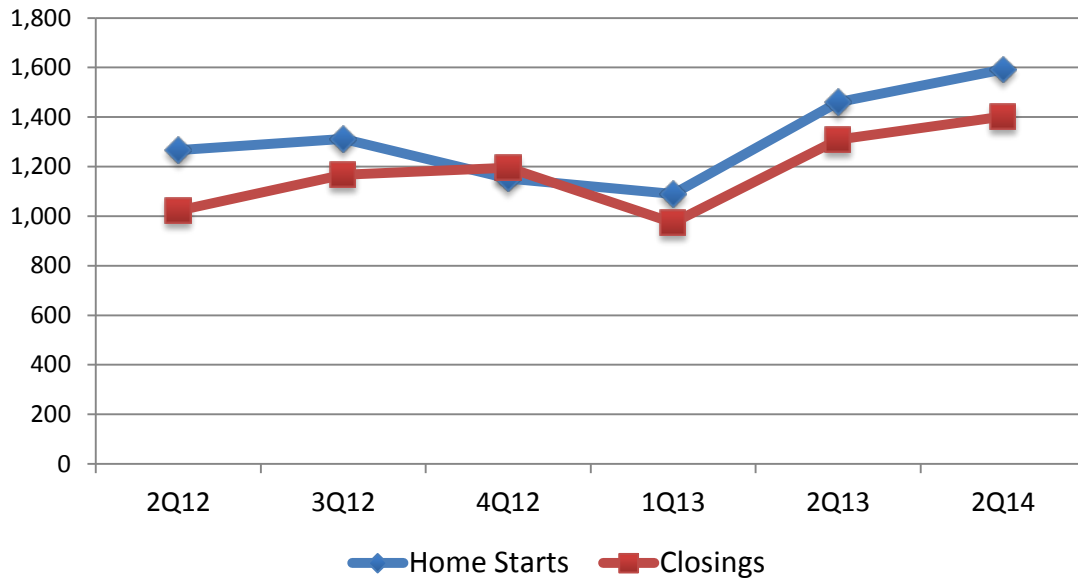
Nashville has been fortunate to have weathered the recession fairly well, and is now a destination for young people seeking jobs, especially in technology and creative arenas.



http://www.builderonline.com/building/top-4-obstacles-and-boosters-for-new-home-construction_o
<http://www.metrostudyreport.com/top-10-markets-percent-growth-in-new-residential-construction/>

Chart H-12 shows quarterly home starts and closings for Davidson County, as reported by MetroStudy. It reflects upward growth from 2013 into 2014. MetroStudy is a provider of primary and secondary market information to the housing and related industries.

Chart H-12: Quarterly Home Starts and Closings
2ndQuarter 2012-2nd Quarter 2014, Davidson County



Source: http://www.metrostudyreport.com/category/nashville-market?utm_source=+November+2013+Newsletter+%231&utm_campaign=NOV.+newsletter+%231&utm_medium=email

Chart H-13 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 have been increasing, but have not yet reached the pre-recession levels.

Chart H-13: Annual Home Sales by Type
Davidson County, 2005-2013

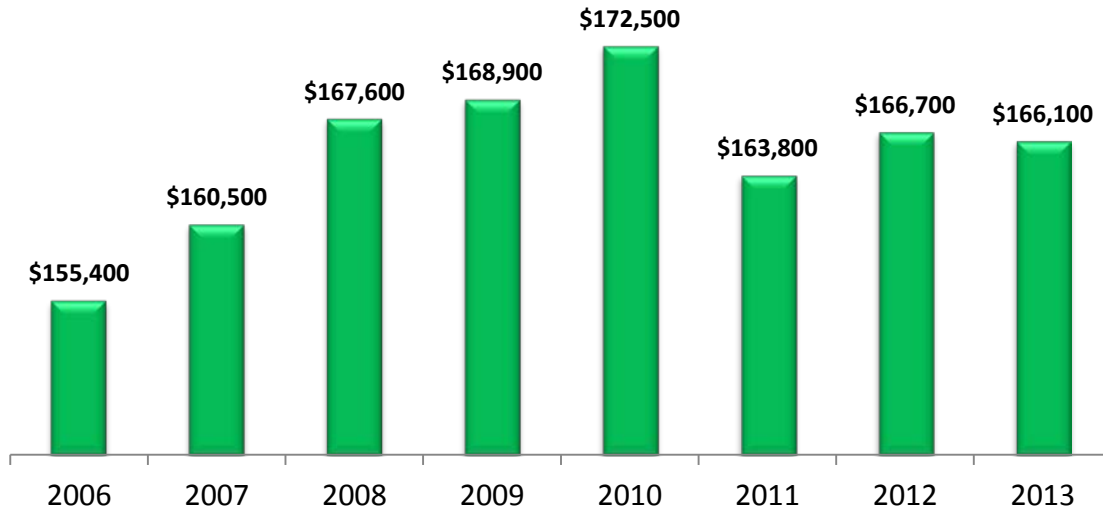


Source: Greater Nashville Association of Realtors
<http://gnar.org/sales-reports/quarterly/2013-fourth-quarter>

Housing Affordability

Chart H-14 shows the American Community Survey's annual estimates of Davidson County owners' opinions of the values of their homes from 2006 through 2013. During the peak of the housing recession in 2009-2010 ACS respondents' stated opinions of the value of their homes appear to be the opposite of actual sales (chart H-13 above). When owners believed their houses were worth the most, actual sales were at their worst.

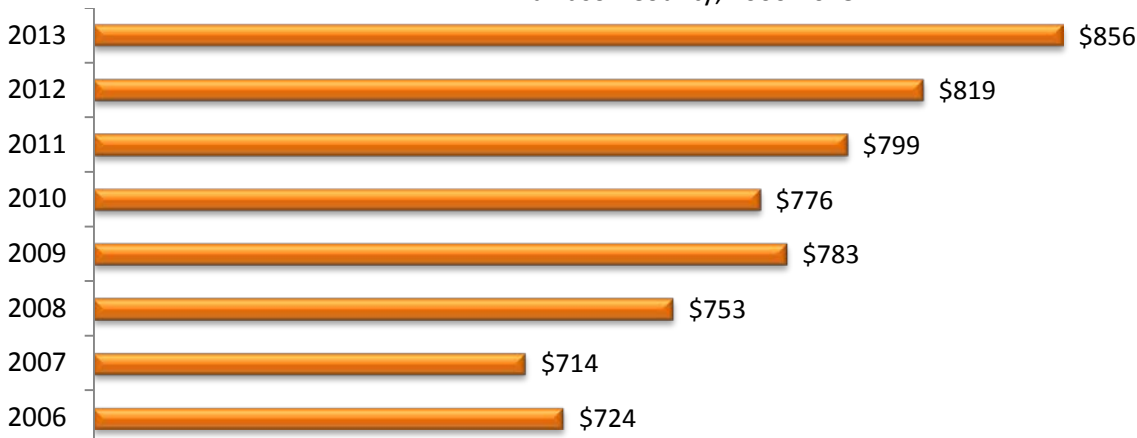
Charts H-14: Median Home Values from Owner Valuations
Davidson County, 2006-2013



Source: U.S. Census Bureau American Community Survey, Table DP04

Chart H-15 shows the increasing estimates of median gross rent from 2006 through 2013 from the American Community Survey.

Chart H-15: Median Gross Rent for 1-Bedroom Apartment
Davidson County, 2006-2013



Source: U.S. Census Bureau American Community Survey, 1-Year Estimates, Table B25064

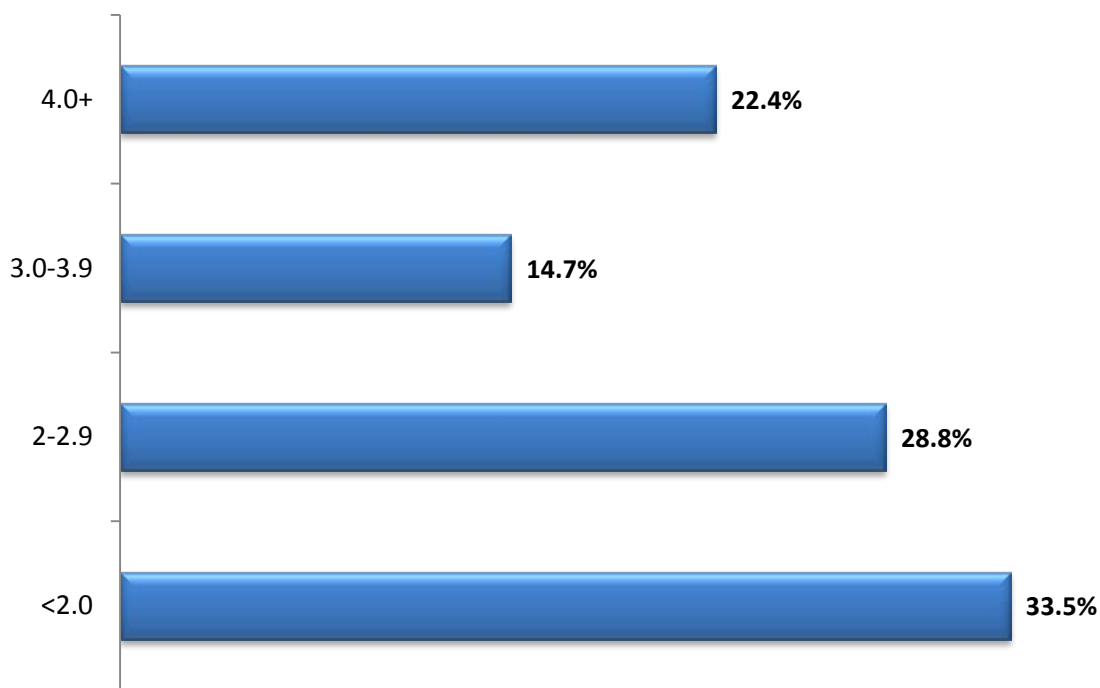
Home value is the owner's estimate of how much the property (house and lot, mobile home and lot, or condominium unit) would sell for if it were for sale. Gross rent includes the estimated average monthly cost of utilities and fuels if these are paid for by the renter. Median value means that one-half are above and one-half are below the reported number.

Lenders consider many factors when deciding on a home loan, including ratios based on current regulatory requirements that no more than 43% of the buyer’s gross monthly income should go to housing and related expenses (DTI: debt-to-income ratio). The ACS calculates another affordability indicator called home value-to-household income ratio.

The ACS 2011-2013 3-year summary of the ratio of home value-to-household income indicate that 22% of Davidson County homeowners had ratios of 4.0 or greater, as shown in Chart H-16. Over 40% of homes with a mortgage had price-to-income ratios between 2.0 and 3.9. Prior to the housing recession a ratio of about two and a half times annual income was often been used as an estimate of affordability.

<http://www.zillow.com/research/comparing-price-to-income-ratios-to-affordability-across-markets-2871/>

Chart H-16: Percent of Households by Value to Household Income Ratio
Davidson County, 2011-2013



Source: U.S. Census Bureau American Community Survey, 2011-2013 3-Year Estimates, Table S2506

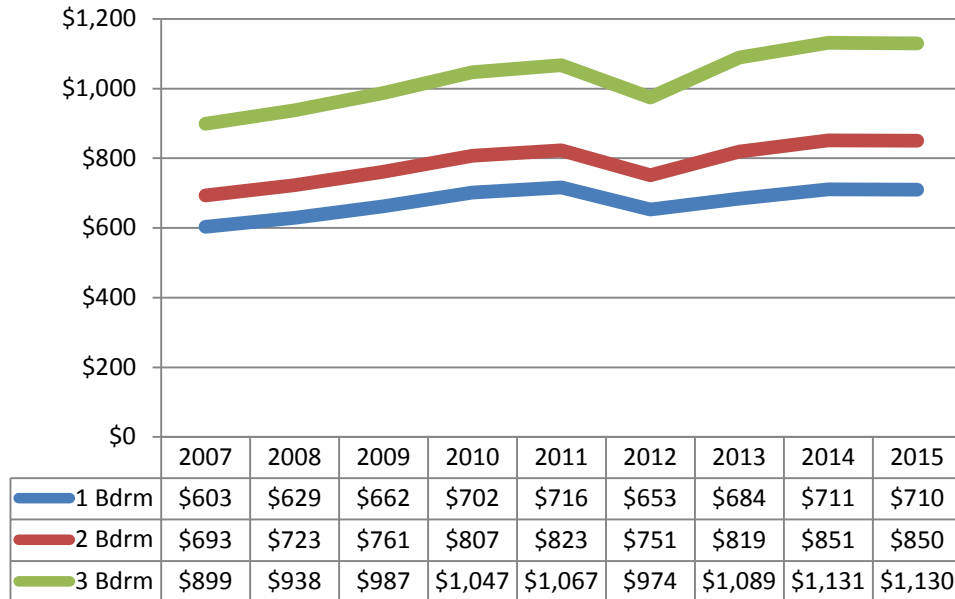
Fair Market Rents (FMR), determined annually by the U.S. Department of Housing and Development (HUD), are estimates of the amount rental units of various sizes would bring if on the open market in an area. HUD FMR estimates for the Nashville-Davidson/Murfreesboro/Franklin MSA are shown in Chart H-17 below.

HUD Fair Market Rent estimates for the Davidson County MSA are available through 2015, and have generally trended up. Although the rental market may be gradually loosening, the actual cost to rent an apartment in Nashville remains higher than the FMR.

For example, Rent Jungle, a private company housing search engine, states that as of September 2014 one-bedroom apartments in Nashville rent for \$940 a month on average and two-bedroom apartment rents average \$1,276. Some information about how HUD calculates FMR may be found http://www.huduser.org/portal/datasets/fmr_details.html.

It should also be noted that Metropolitan Statistical Area (MSA) data is based on areas whose affordability and income vary widely across the three county area including Davidson County. Housing affordability for low-income households in particular parts of the MSA may in fact be greater than the MSA data indicate, and these estimates do not usually take into account the full cost-of-living in certain areas that may include high transportation costs. <http://www.rentjungle.com/average-rent-in-nashville-rent-trends/>

Chart H-17: HUD Fair Market Rent
Davidson County MSA, 2007-2015



<http://www.huduser.org/portal/datasets/fmr.html>

A significant need is affordable housing for people in lower-wage occupations, often referred to as the working poor, who do not earn enough to rent an apartment or buy a home without being cost burdened (paying more than 30% of household income for housing expenses). Several of these occupations in the Nashville MSA are essential to the community in general, and to the business community in particular.

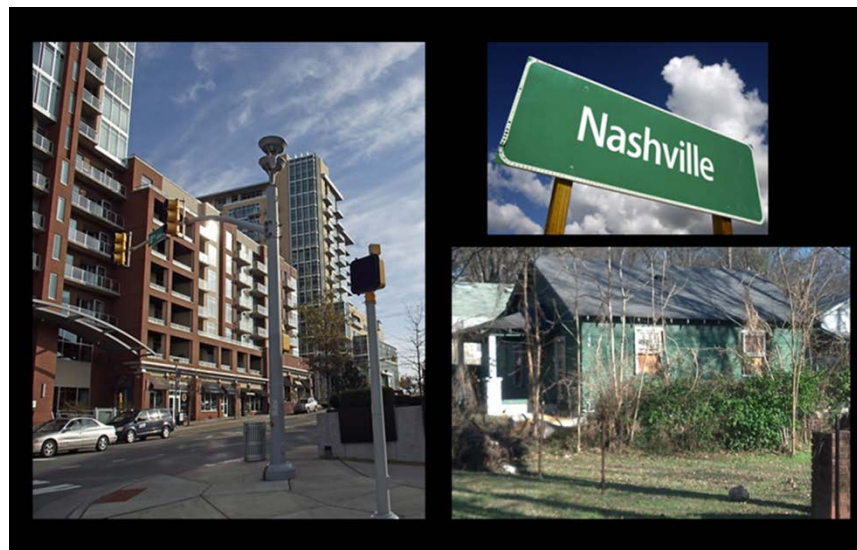
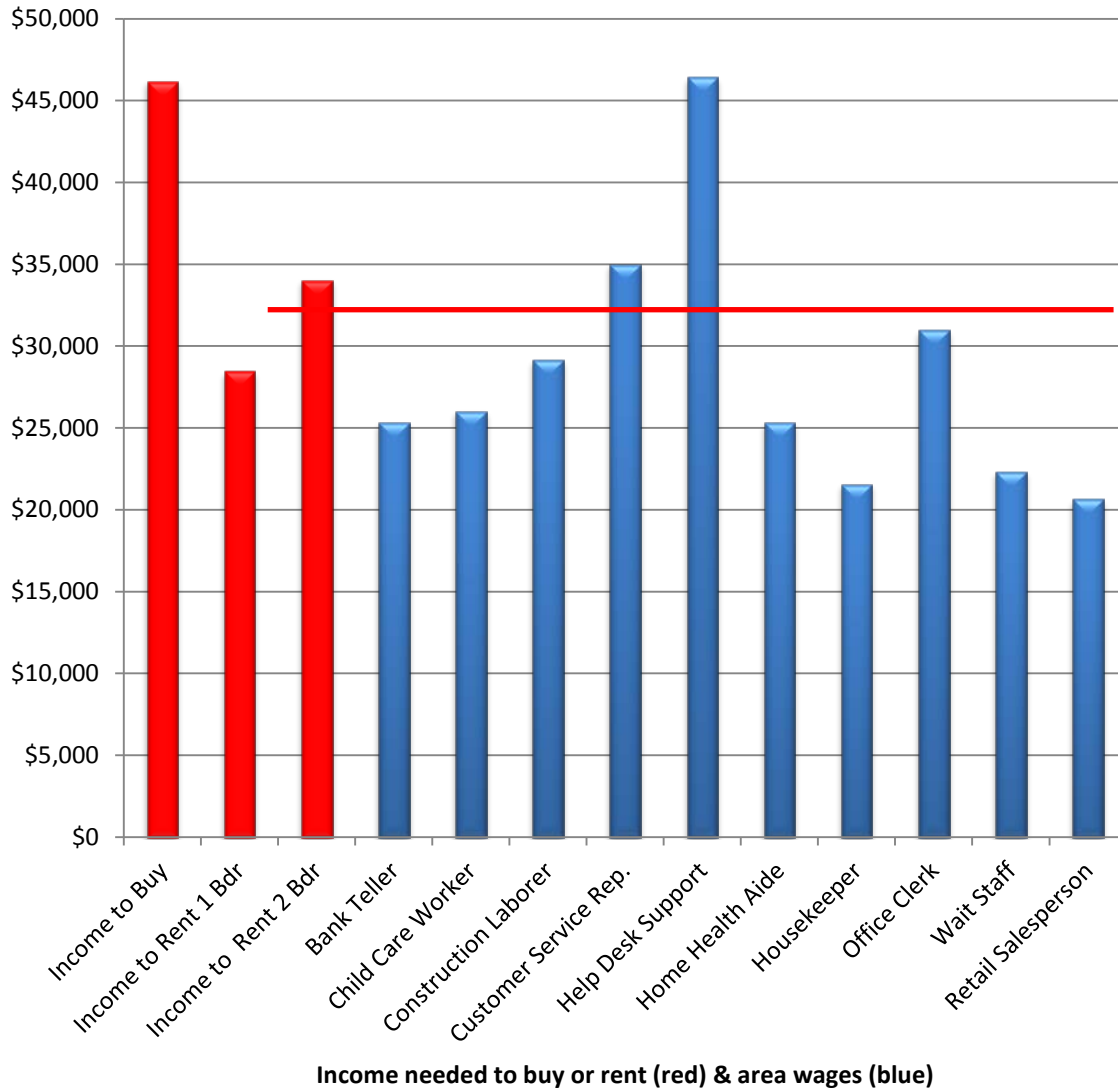


Chart H-18 shows some occupation median incomes compared to housing costs as shown in the National Housing Council’s Paycheck To Paycheck interactive database.

Chart H-18: Housing Affordability by Occupation
 Nashville-Davidson–Murfreesboro–Franklin Metropolitan Statistical Area
 First Quarter, 2014



<http://www.nhc.org/chp/p2p/>

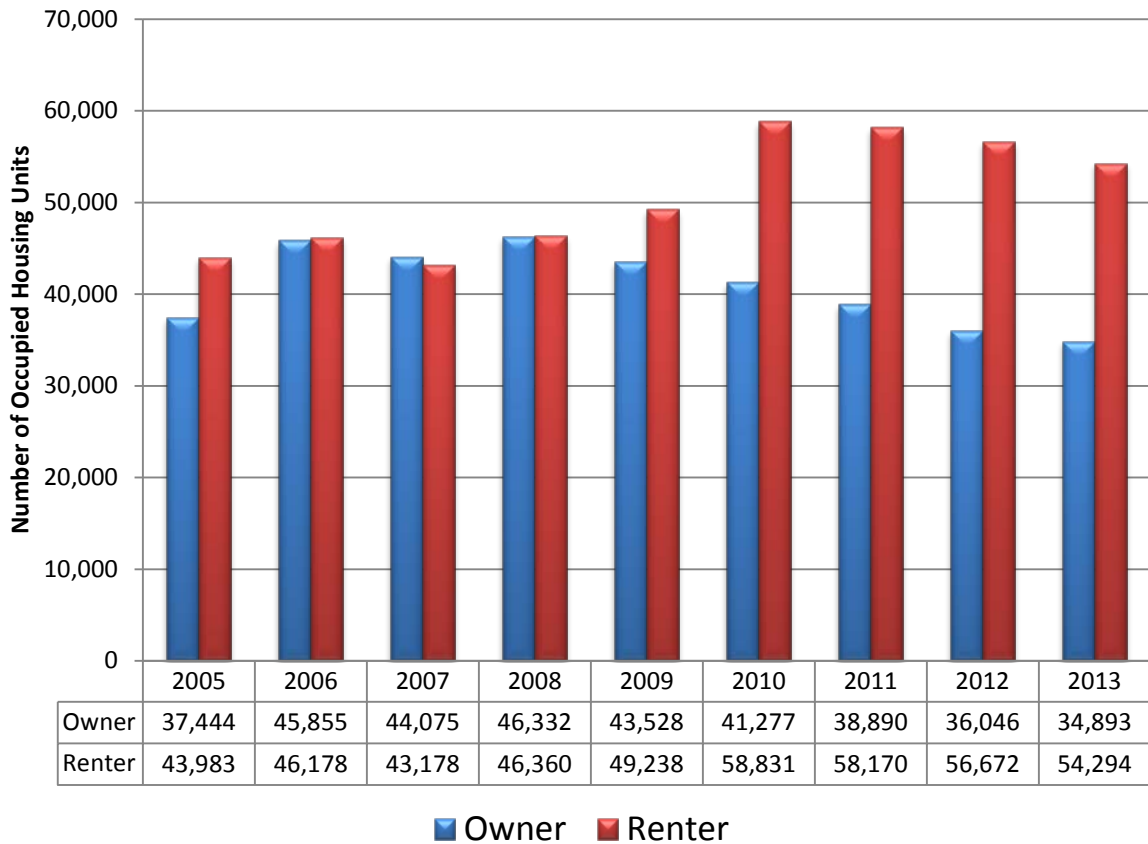
The National Low Income Housing Coalition publishes an annual report titled *Out Of Reach*. In the 2013 report, the Coalition estimated that the hourly wage necessary to afford a 2-bedroom apartment in the Nashville Metropolitan Area was \$15.75 (\$32,760 per year).

<http://nlihc.org/oor/2013>

Chart H-19 shows the ACS 1-year estimates of Davidson County households that were cost-burdened by tenure from 2005-2013. The chart shows a sudden increase in renter cost burden in 2010, declining through 2013, and a decrease in owner cost burden during the same time period.

There has been speculation that many home owners changed to renting after the housing crash. Although estimates of the number of each type have declined, there were still over 89,000 households with a cost burden.

Chart H-19: Owner and Renter Cost Burden
Davidson County, 2005-2013



Source: U.S. Census Bureau American Community Survey, Table B25106

Davidson County residents who rent and have lower incomes are much more likely to be cost-burdened (spending 30% or more on Housing Costs) than those in higher income categories. The table below shows that for households with less than \$20,000 income, 86.1% are cost-burdened, compared to 10.0% for those with incomes \$50,000-\$74,999 and 1.4% for those with incomes over \$75,000. Many homeowners also experience housing costs 30% and above, but less frequently than those who rent.

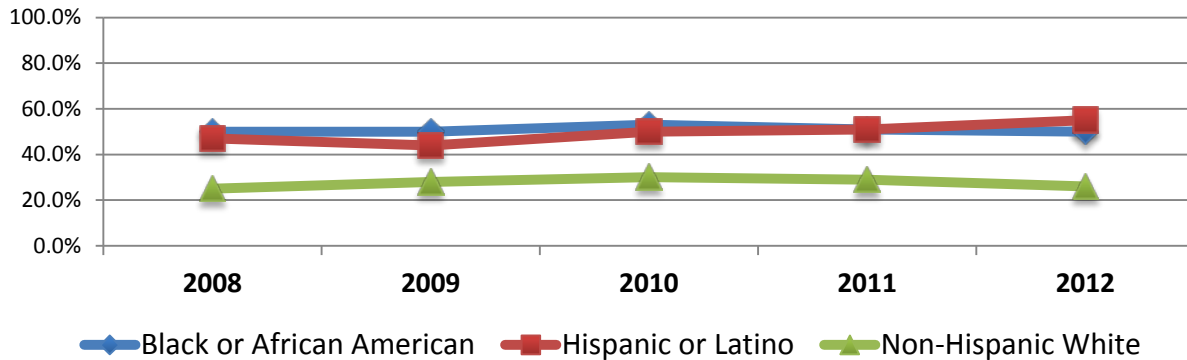
Davidson County - 30% or Over for Housing Costs	Renters	Homeowners
<\$20,000 income	86.1%	6.5%
\$20,000-\$34,999 income	75.9%	56.5%
\$35,000-\$49,999 income	24.6%	39.3%
\$50,000-\$74,999 income	10.0%	15.2%
\$75,000+ income	1.4%	4.6%

U. S. Census Bureau, 2013 American Community Survey, Table B25106

Chart H-20 shows data about children living in households with a high cost burden, from the Kids Count data center, a project of the Annie E. Casey Foundation. Additional data is presented in their November 2014 report *Creating Opportunity for Families: A two-Generation Approach*, and in the Health and Human Development section of this document.

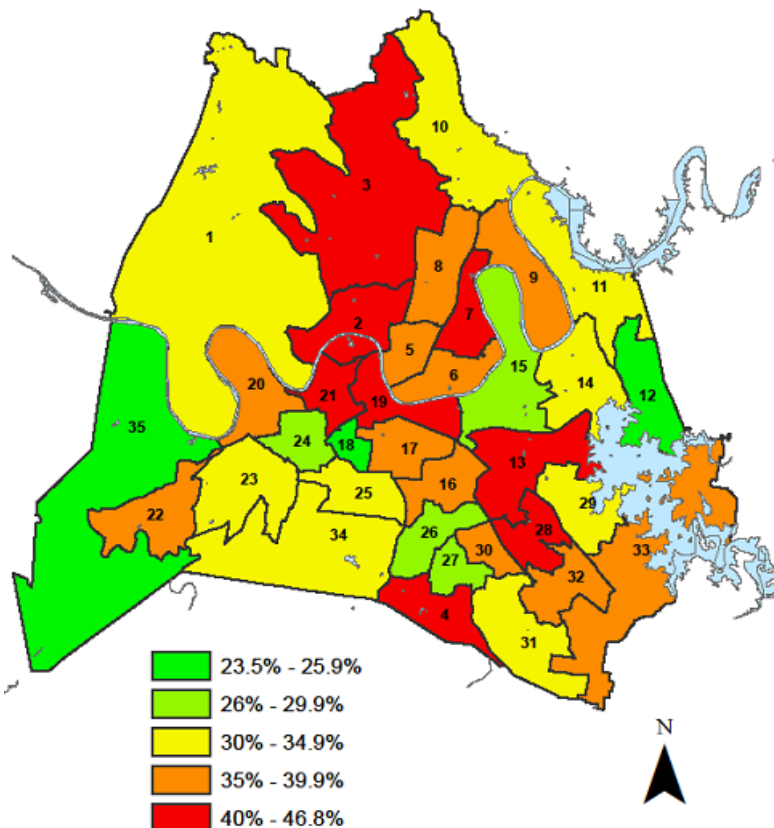
Chart H-20: Children Living in High Cost-Burden Households

Davidson County, 2008-2012



<http://www.aecf.org/resources/creating-opportunity-for-families/>

The three maps below show the extent of Davidson County cost-burdened households (paying more than 30% of household income for housing and related expenses). Map H-1 and Map H-2 show the distribution of cost-burdened households with and without a mortgage. ACS 5-year estimates show that there were many more households with a mortgage (100,905) than without a mortgage (39,469) in 2013.

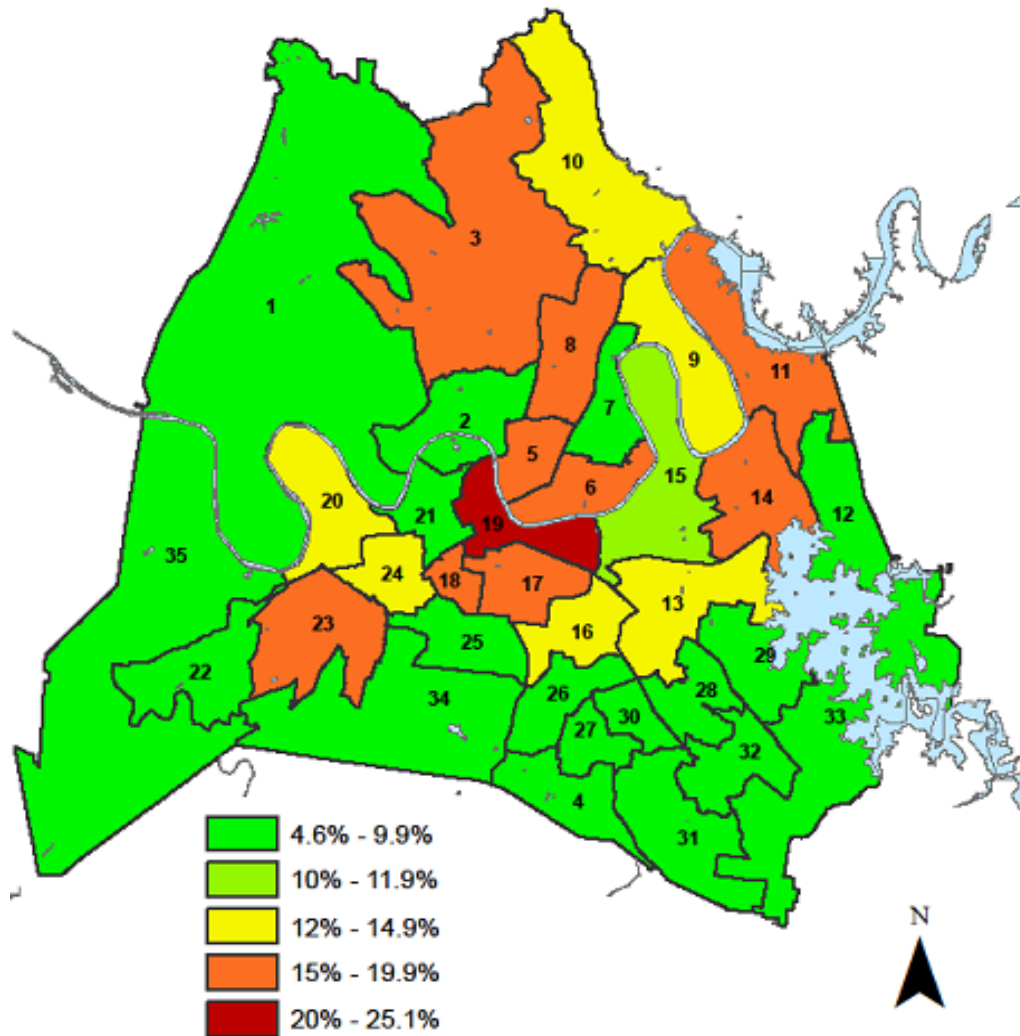


Map H-1: Cost-Burdened Households with a Mortgage by Council District
Davidson County, 2009-2013

Data from U. S. Census Bureau, ACS 2009-2013. Shapefiles from Metropolitan Planning Department. Map by Metropolitan Social Services – Planning & Coordination/Social Data Analysis

Map H-2: Cost Burdened

Households With/Without a Mortgage by Metro Council District
Davidson County, 2009-2013

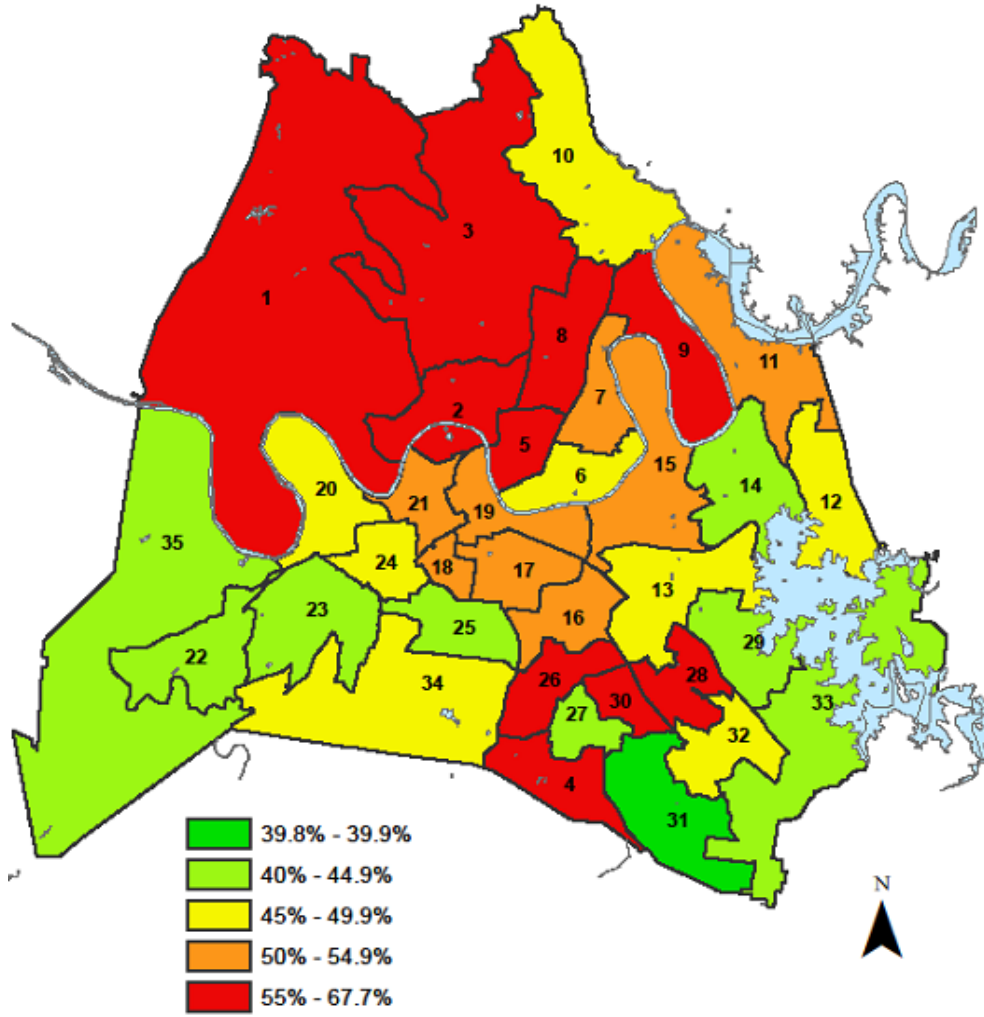


Data from U. S. Census Bureau, ACS 2009-2013. Shapefiles from Metropolitan Planning Department. Map by Metropolitan Social Services – Planning & Coordination/Social Data Analysis

The map below shows the distribution of cost-burdened renters across Davidson County by Metro Council Districts, using data from the U. S. Census Bureau’s 2009-2013 ACS. The 10 Council Districts in red have more than 55% of renting households that are housing cost-burdened by spending more than 30% of their incomes on housing-related costs. Eight additional Council Districts have 50-54.9% of renting households that are cost-burdened, shown in orange.

Additional maps showing cost-burdened owners (with and without mortgages) are available online. <http://www.nashville.gov/Social-Services/Planning-And-Coordination/Maps.aspx>

Map H-3: Cost Burdened Renter Households by Council District
Davidson County, 2009-2013



Data from U. S. Census Bureau, ACS 2009-2013. Shapefiles from Metropolitan Planning Department. Map by Metropolitan Social Services – Planning & Coordination/Social Data Analysis

There's a lot of information in an address...it tells me about your income, your education, the health amenities you have access to and employment opportunities you can access. I can pretty much predict your life expectancy by where you live.

Anthony Iton, MD, JD, MPH, Senior Vice President for Healthy Communities at The California Endowment

Housing Discrimination

Access to housing is more difficult for some groups due to discrimination in lending, sales, and renting. Persons of color, immigrants, formerly incarcerated people, those with disabilities, and people who identify as Lesbian, Gay, Bi-sexual, Transgender, or Questioning (LGBTQ) continue to be vulnerable to housing insecurity due to discrimination. The June 2014 *Rise of the Renter Nation* by the Homes for All campaign of the Right to the City Alliance contains data from several discrimination studies confirming this problem. The report also suggests some policy changes to increase access to housing for all.

<http://homesforall.org/campaign/reports/rise-of-the-renter-nation/>

American Prospect reported in October 2014 that in the nation's wealthiest majority African American county, Maryland's Prince George's County, subprime lending during the recession was disproportionately higher than in other Maryland counties. The report also gives data about other racial discrimination and racially disproportionate effects of the recession, especially for women. It states that upper-income black women were almost five times more likely to be given a subprime loan than were upper-income white men. The report provides other data about discrimination affecting access to housing and the report includes citations of other resources about this topic.

<http://prospect.org/article/staggering-loss-black-wealth-due-subprime-scandal-continues-unabated>

How Housing Matters reports on a 2014 nationwide survey to assess perceptions of housing issues and how attitudes changed because of the housing crisis. It was conducted nationally by Hart Research Associates for the MacArthur Foundation. Some of the results are published by race category. Findings in this issue area show that people of color were affected by the housing crisis more than whites, feel less secure about their housing, and have made sacrifices in other areas to pay housing costs more than whites. More African Americans and Hispanics believe that not only is the crisis not over, but that "...the worst is yet to come".

<http://www.macfound.org/programs/how-housing-matters/>

Additional data about discrimination in housing lending and effects on Fannie Mae and Freddie Mac is described in an article from Bloomberg online, *Dive in Minority Lending Puts Pressure on Fannie-Freddie* (July 2014).

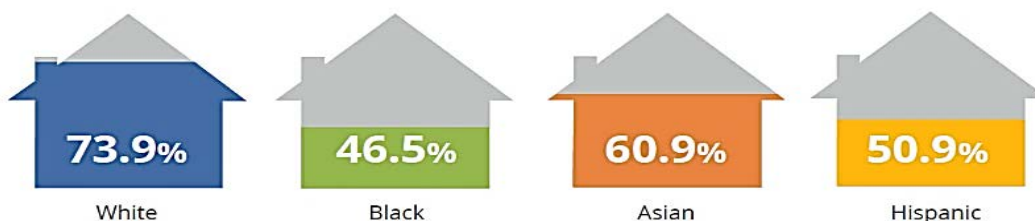
<http://www.bloomberg.com/news/2014-07-14/dive-in-minority-lending-puts-pressure-on-fannie-freddie.html?alcmpid=>

In October 2014, *Loan App Opt-Outs: A Telling Sign of Minority Mortgage Exclusion* described Home Mortgage Disclosure Act data that shows a large disparity between the loan denial rates for whites and people of color. For example, he states that 2013 loan denials ranged from 17.45% for white applicants to 32.44% for black applicants.

<http://www.nationalmortgagenews.com/news/commentary/loan-app-opt-outs-a-telling-sign-of-minority-mortgage-exclusion-1042940-1.html>

Zillow, a private real estate research and information company, conducted housing discrimination research partnering with the National Urban League in 2012. The results were presented in a report titled *A House Divided – How Race Colors the Path to Homeownership*. Using a variety of data, including Census data and data from the Home Mortgage Disclosure Act records, the report gives extensive empirical information about racial differences in the mortgage application process, homeownership rates, home values, and more. The graphic below reflects the rate of homeownership by race/ethnicity in 2011.

<http://www.zillow.com/research/minority-mortgage-access-6127/>



Davidson County attempted to address the issue of discrimination against LGBTQ residents. In 2011, Metro Council passed an ordinance to require that companies contracting with Metro have non-discrimination policies that included sexual orientation and gender identity. However, later that year Tennessee's General Assembly passed a law prohibiting local governments from setting anti-discrimination policies that protected groups not covered by the existing state law. That state law (Public Chapter 278) defines sex as "...the designation of an individual person as male or female as indicated on the individual's birth certificate." The new state law generally prevents local governments from setting their own anti-discrimination ordinances if they differ from the state law.

Where we live, work, and play really does matter to our health.

Robert Wood Johnson Foundation to Build a Healthier America – *Time to Act: Investing in the Health of Our Children and Communities*

Neighborhoods

In its 2014 report *Time to Act: Investing in the Health of Our Children and Communities*, the Robert Wood Johnson Foundation study makes the case strongly that inadequate housing has a proven deleterious effect on people's health in addition to the other areas of life such as education and employment.

The report points out that just building child care centers, grocery stores, and affordable housing is not enough, and that community development efforts should include collaborative planning in all of these areas. More and more the opportunities for healthy living vary from neighborhood to neighborhood – another effect of increasing income segregation. Descriptions of many best practice programs are given in the report. *Black Kids' Schools: Segregated by Poverty Too* provides data about the high percentages of black children attending high-poverty and racially isolated schools in concentrated poverty neighborhoods, compared to white children.

<http://www.rwjf.org/content/dam/farm/reports/reports/2014/rwjf409002>

http://www.realclearpolicy.com/blog/2014/10/30/black_kids_schools_segeregated_by_poverty_too_1119.html

The Right to the City Alliance's Homes For All initiative published a report in June 2014 called *Rise of the Renter Nation*. In it is an argument that determining affordability of housing should not use the Area Median Income (AMI) as is usual. Instead, using Neighborhood Area Income would avoid the masking effect of combining high-income neighborhoods with low-income neighborhoods, providing a more accurate picture of where efforts should be focused. The report has several other recommendations and has an extensive bibliography.

http://homesforall.org/campaign/wp-content/uploads/2014/06/RISE-OF-THE-RENTER-NATION_PRINT.pdf



A report studying economic upward mobility using income data about 40 million adults and children was published in June 2014 by the National Bureau of Economic Research (NBER), a private nonprofit research organization best known for providing beginning and end dates for recessions in the United States. NBER is the largest economics research organization in the United States. Like other research, the report *Where is the Land of Opportunity – the Geography of Intergenerational Mobility in the United States* found that neighborhood areas with high upward mobility had five common characteristics:

1. Less residential segregation
2. Less Income inequality
3. Better primary schools
4. Greater social capital (relationship networks among neighbors)
5. More family stability

Where is the Land of Opportunity includes extensive explanations of the statistical and research methodology used, and descriptions of specific factors examined.

http://obs.rc.fas.harvard.edu/chetty/mobility_geo.pdf

The Chief Economist at Trulia, an online residential real estate site, discussed how the housing bust led to reduced prices and more investor ownership in *Homeowners and Renters . . . Together?* (August 2014). The investors turned some single-family homes into rentals that were more accessible to low-income and racial/ethnic minorities, resulting in more integrated neighborhoods and fewer owner-only neighborhoods.

Homeowners and Renters points out that where neighborhoods tend to be renter-only or owner-only the choices for renters of where to live are limited. The article describes Trulia's study of the degree of integration in various metro census tracts. Along with specific results, they found that across all metros studied, smaller lower-population density places tended to be more owner-renter integrated. The report states that between 2000 and 2010 the change in the integration of owners and renters was strongly correlated with the housing recession severity in that area.

<http://www.trulia.com/trends/2014/08/homeowners-renters-together/>

A summary of research on the negative effects of living in a high-poverty neighborhood on childhood development may be found in an October 15, 2004 in *Creating Opportunity for Children – How Housing Location Can Make a Difference* from the Center on Budget and Policy Priorities. The article contains links to a variety of sources and explores effects of government housing assistance programs.

<http://www.cbpp.org/files/10-15-14hous.pdf>

The Fall 2014 edition of HUD's periodical *Evidence Matters* is focused on housing and neighborhood effects on the development of children. Three articles provide research and discussion of how to use lessons learned to guide national policy:

1. Housing's and Neighborhoods' Role in Shaping Children's Future
2. How Housing Mobility Affects Education Outcomes for Low-Income Children
3. Protecting Children from Unhealthy Homes and Housing Instability.

<http://www.huduser.org/portal/evidence.html>

“In terms of children there is considerable evidence that a wide range of outcomes are closely aligned with housing and neighborhood quality, among them physical health, behavioral and emotional welfare, school achievement, and economic opportunity.”

HUD Assistant Secretary for Policy Development

http://www.huduser.org/portal/pdredge/pdr_edge_featd_article_111714.html

Issues, best practices, and source citations about equitable housing, affordability, and gentrification of neighborhoods in Nashville may be found in the publications below:

- Dan Cornfield, *NashvilleNext Background Report: Partnering for an Equitable and Inclusive Nashville*, 2013. <http://acotn.org/background-report-on-partnering-for-an-equitable-and-inclusive-nashville/>
- A. Thurber, J. Gupta, J. Fraser, D. Perkins, *Equitable Development: Promising Practices to Maximize Affordability and Minimize Displacement in Nashville's Urban Core*, 2014. http://jamescfraser.com/storage/publications/Housing_Gentrification_EquitableDevelopment.pdf

Homelessness

In November 2014, the American Institute for Research® National Center on Family Homelessness published *America's Youngest Outcasts - A Report Card on Child Homelessness*. It provided data about homeless children for each state, identifying six major causes of child homelessness in the U.S.:

1. The nation's high poverty rate
2. Lack of affordable housing across the nation
3. Continuing impacts of the Great Recession
4. Racial disparities
5. The challenges of single parenting, and
6. The ways in which traumatic experiences, especially domestic violence, precede and prolong homelessness for families



For 2012-2013, Tennessee ranked near the bottom of the states on measures of risk of child homelessness (37), child well-being (50), and policy and planning (46). Tennessee's rank for extent of child homelessness was higher (15). However, there were still nearly 29,000 homeless children during that period.

<http://www.homelesschildrenamerica.org/mediadocs/280.pdf>

HUD's 2014 *Annual Homeless Assessment Report to Congress* (October 2014) provided data about homelessness. The HUD Continuum of Care (CoC) program funds public housing agencies and nonprofits 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." In its annual report to Congress, HUD has reported that U.S. homelessness, as determined by HUD's 2014 Point-In-Time count by CoCs, has declined 11% since 2007, and 2% since 2013. Children comprised 23% of those counted, and 37% were in families.

http://kshomeless.com/wp/wp-content/uploads/2011/09/Continuum_of_Care.pdf

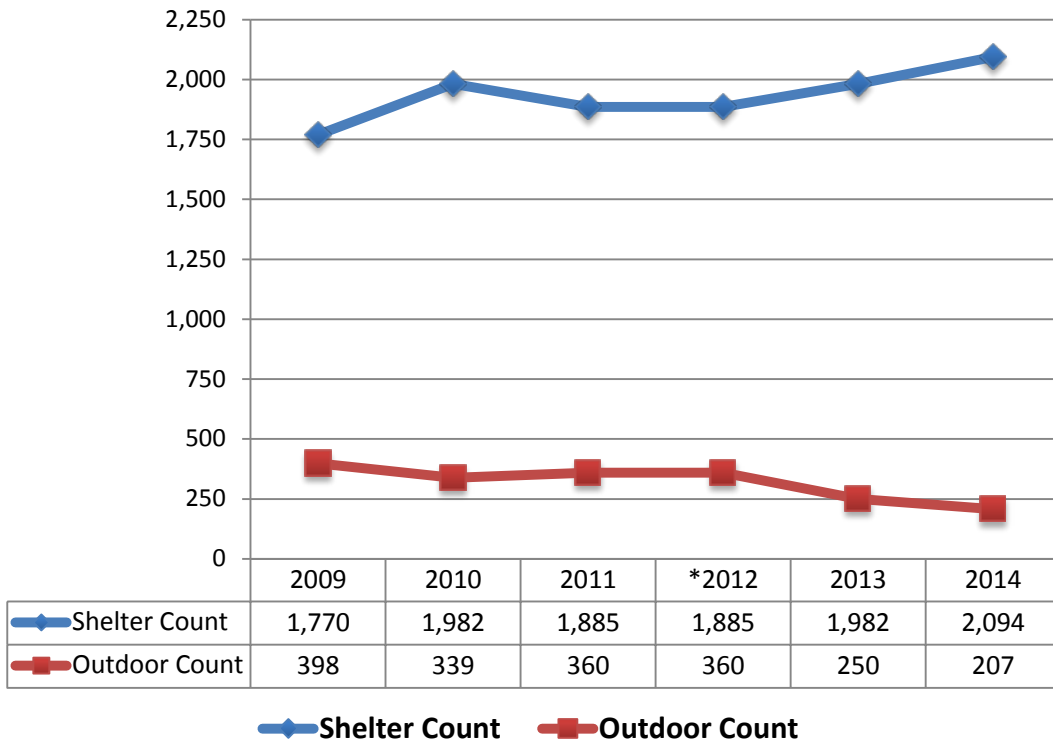
<https://www.hudexchange.info/resources/documents/AHAR-2014-Part1.pdf>

Like all other CoCs Davidson County conducts a Point-In-Time count on one night each year in January or February, and reports the data to HUD. HUD compiles a *Continuum of Care Homeless Assistance Programs* report of the data submitted from the funded CoCs. Chart H-21 shows the Point-in-Time counts for two categories for the Davidson County CoC. HUD notified CoCs that the 2012 Point-in-Time count was optional, so the Nashville CoC chose not to do a count and to use the 2012 numbers in their reporting, and that number is used in the chart below.

The chart shows that in January of 2013 and 2014 the number of homeless people served in shelters was rising, and the number of people living on the street was declining, which could be partially due to increased coordinated efforts of local agencies to find and house people who were chronically homeless and vulnerable due to health conditions as shown below.



Chart H-21: Annual Point-In-Time Counts
Davidson County, 2007-2013



<http://www.nashville.gov/Social-Services/Homelessness-Commission/About-Homelessness/Homeless-Counts.aspx>

HUD’s Housing Choice Voucher (HCV) program (formerly referred to as Section 8) allows many families to avoid homelessness by subsidizing housing in neighborhoods of the families’ choice. The program aspires to allow families who need housing assistance to choose neighborhoods with good schools, safe streets, low crime and low poverty. There is a growing body of evidence that the environment in which children live has a profound effect on many aspects of their lives.



An October 2014 paper *How Housing Location Can Make A Difference* by the Center on Budget and Policy Priorities (CBPP) delineates aspects of the program that are needed for the program to “realize its potential,” as seen in the graphic below. The report states that for the Section 8 program to be maximally effective, the policy and implementation changes noted in the graphic should be made to increase the number of families moving to low-poverty high-opportunity areas. The paper also contains research and citations on many aspects of neighborhoods and children, rental housing trends and HUD assisted living programs.

**Realizing the Housing Choice Voucher Program’s Potential
to Enable Families to Access Higher-Opportunity Neighborhoods**

**More Families
Would Move With:**

- Better information and reminders about where they can move and potential benefits
- Encouragement (e.g., counseling, financial incentives/moving costs)
- Improved transportation to jobs and other key supports

**More Families
Could Move If They Had:**

- Sufficiently high subsidy levels
- Willing landlords
- More search time in low-poverty areas

And If They Didn't Have:

- Added barriers to finding units in low-poverty neighborhoods
- Incentives to rent a larger unit in a higher-poverty neighborhood
- Extra costs to move to and live in low-poverty neighborhoods

<http://www.cbpp.org/files/10-15-14hous.pdf>

The Metropolitan Homelessness Commission, part of Metro Social Services, works to increase the number of permanent housing placements of people who are homeless. The Metropolitan Homelessness Commission provides planning, coordination and data tracking for the partner organizations that provide placements and supportive services.

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

Affiliated with the national 100,000 Homes Campaign, the How’s Nashville Campaign began in 2013 and is a collaborative community effort to end chronic homelessness in Nashville within this decade. It is a collaborative effort of more than 30 community agencies (listed on the How’s Nashville web site). The collaboration brings together advocates, property owners, nonprofit organizations, businesses, government agencies and others to work toward housing people who are chronically homeless and/or medically vulnerable.

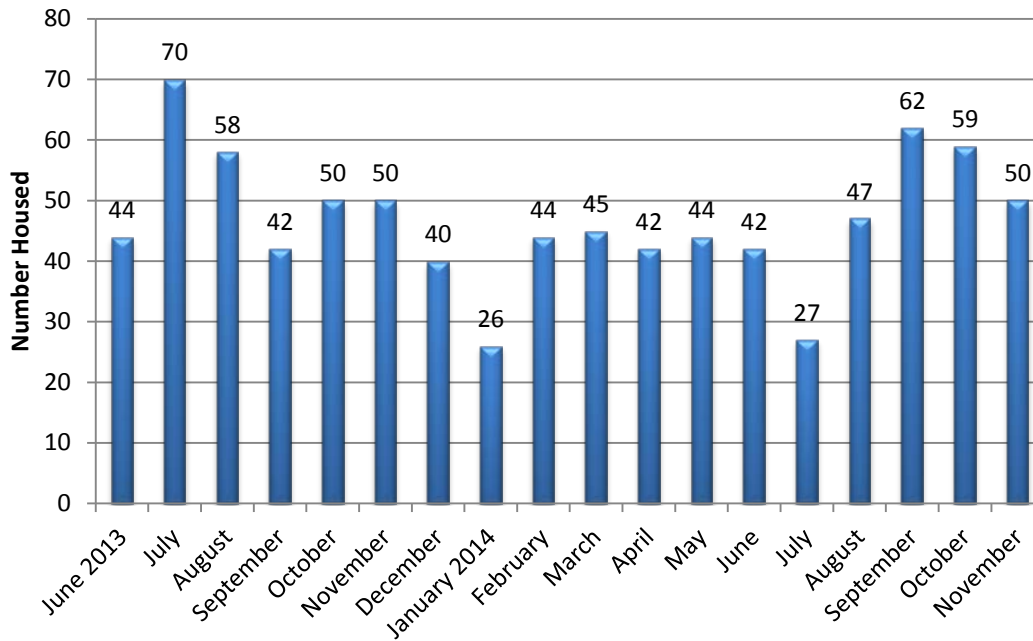


The How’s Nashville campaign community partners meet regularly to work on the campaign’s goals and to measure progress. Homeless individuals are assessed using a combination of two tools, the Vulnerability Index (VI) that is used to estimate chronicity and medical vulnerability and the Service Prioritization Decision Assistance Tool (SPDAT), which is an intake case management tool that helps target allocation of resources. The partnership has recently been working on developing a coordinated intake system for Nashville.

Chart H-22 shows the monthly housing placements by How’s Nashville partner organizations for people experiencing homelessness. An average of forty-four people per month was housed during the period shown in the chart. The one-year housing retention rate was 77% as of December 22, 2014.

<http://howsnashville.org/partners/>

Chart H-22: How’s Nashville Partners’ Monthly Housing Placements
Davidson County, 2013-2014



Source: Metropolitan Homelessness Commission

According to the How’s Nashville’s web site:

From June 4, 2013, to December 1, 2014, 842 people experiencing chronic and/or vulnerable homelessness obtained permanent housing – 44 per month average using a 12-month rolling average... Other details about our community housing placement numbers for July and August 2014:

- 50 people were housed in November 2014 including 4 families with 9 total children.
- 23% were vulnerable (at-risk of premature death) and meet the definition of chronic homelessness.
- 51% met the definition of “chronic” homelessness but are not vulnerable.
- 26% were vulnerable but do not meet the definition of chronic homelessness.

<http://howsnashville.org/outcomes/>

Promising and Evidence-Based Practices

Manufactured Housing – Affordable and Durable

Nationwide

When most people think of “manufactured housing”, they think about mobile homes, mobile home parks, and disasters. However, manufactured housing can be an affordable alternative to site-built (traditionally constructed) housing in today’s market. For example, manufactured housing in a wide variety of designs and sizes can be built at the site in a week using pre-fabricated materials, greatly reducing construction costs. New

manufactured housing can be two stories, have fireplaces and vaulted ceilings, and use exterior finishes and styles that can blend into a traditional neighborhood.

“Few stereotypes are as well entrenched — and wrongheaded — as the perception of mobile homes as the marginal housing choice of the destitute and downtrodden.”

Andrea Levere, President of Corporation For Enterprise Development - <http://cfed.org/>

Manufactured homes have to meet or exceed regulations that cover design, construction, strength, durability, fire resistance, energy efficiency, ventilation, wind resistance and installation procedures. In 1976, the U.S. Congress created the National Manufactured Home Construction and safety Standards Act and the Department of Housing and Urban Development (HUD) followed up with the Manufactured Home Construction and Safety Standards (HUD Code).

The HUD Code is a national and preemptive, meaning each State or political subdivision of a State must adopt the Code without any changes. Manufactured homes must display an official certification tag, be designed for used a dwelling, built with a permanent foundation and complying with Federal Housing Administration (FHA) criteria. Modular homes are factory-built to comply with state or local codes.

<http://www.hud.gov/offices/adm/hudclips/handbooks/hsggh/4150.2/41502c8HSGH.pdf>

Financing of a manufactured home can be through the retailer, or directly with a financial lending institution. Considered real property, these homes can also qualify for financing from the Veteran’s Administration (VA), the Federal Home Administration (FHA), and the Farmer’s Home Administration (FmHA).



There are specific guidelines for each loan type for manufactured home loans. The online Freshome Design & Architecture magazine published an article called *10 Basic Facts You Should Know About Modular Homes*.

It claims that modular homes, on permanent foundations and considered real property, appraise the same as site-built homes, and do not depreciate in value.

<http://freshome.com/2013/03/27/10-basic-facts-about-modular-homes/>

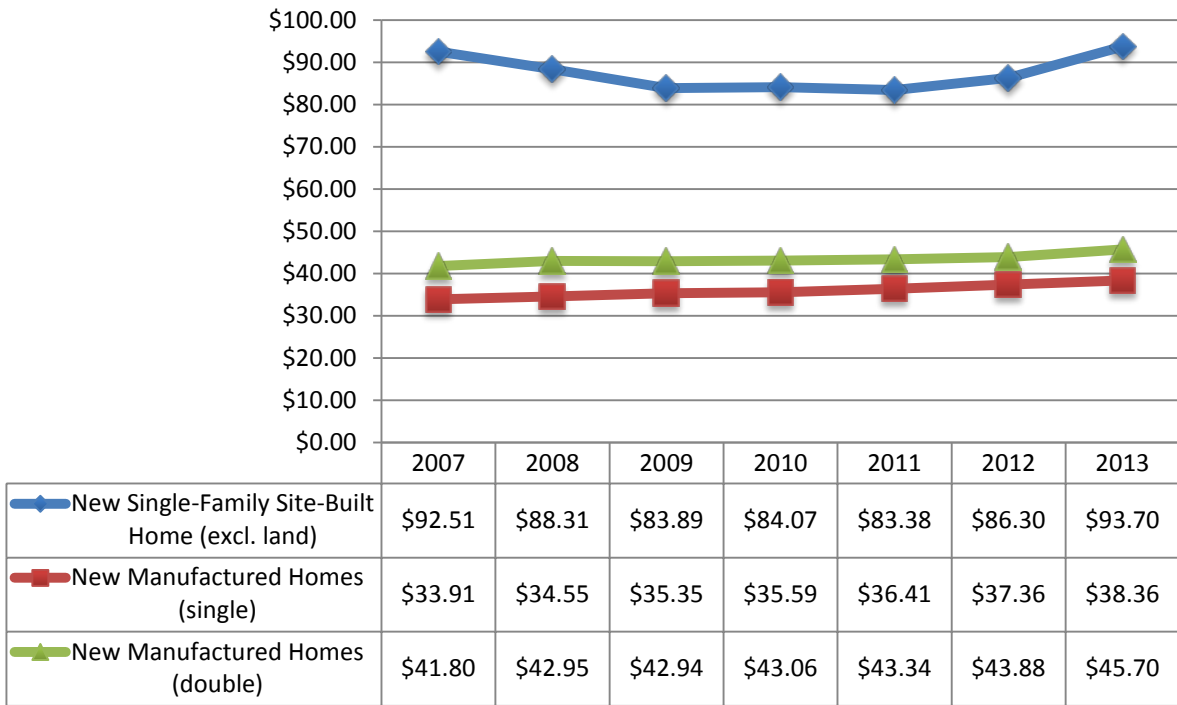
The Census Bureau defines mobile home as a HUD-code manufactured home.

<https://www.census.gov/construction/nrc/definitions/#m>

The U. S. Census Bureau’s American Community Survey 3-Year estimates 2011-2013 (tables B25083 and 25085) give the median value of mobile [manufactured] homes in Davidson County as \$33,800.

The cost of manufactured housing is low compared to a traditional site-built single-family dwelling. Chart H-23 shows data developed by the Census Bureau from a survey sponsored by HUD. The chart compares the average square foot cost of a site-built home to single- and double-wide manufactured housing.

Chart H-23: Square Foot Costs of Site-Built & Manufactured Housing
U.S., 2007-2013



Source: U.S. Commerce Department's Census Bureau from a survey sponsored by the U.S. Department of Housing and Urban Development.

<https://www.census.gov/construction/mhs/pdf/sitebuiltvsmh.pdf>



Manufactured housing fits with a current trend toward smaller and simpler dwelling spaces. Design schools, architects, and some sustainable housing nonprofits are coming up with energy- and space-efficient designs using new technology and materials. These incline toward clean lines and multi-use elements, much like those in houseboats.

<http://www.hcd.ca.gov/codes/mhp/proghist.html>

www.mhao.org

<http://www.manufacturedhousing.org/default.asp>

http://www.manufacturedhousing.org/lib/showtemp_detail01.asp?id=1884&cat=Advocacy

In its publication *Manufactured Housing Appreciation: Stereotypes and Data*, Consumer’s Union states that the average appreciation rates of manufactured housing are statistically comparable to site-built homes. It indicates that the value of a manufactured home is affected by the desirability and stability of the community, the local market for homes, and initial and maintenance costs. The Manufactured Housing Institute says that “When

properly installed and maintained, today's manufactured homes will appreciate the same as surrounding site-built homes". Manufactured housing on owned land is considered and financed as real property, and taxed as real estate – different from prefabricated modular housing that is moveable and considered personal property that depreciates in value.

<http://consumersunion.org/pdf/mh/Appreciation.pdf>

<http://www.manufacturedhousing.org/default.asp>

A New Way to Talk About Housing Based on Science

Portland, Oregon, and other locations

A promising practice for housing and other social services advocates is based on cognitive science and linguistics. Portland, Oregon, is home to the Advocacy College, which trains agencies' staff and other advocates on how to change the way they communicate their messages based on scientific evidence. It is now operated by Neighborhood Partnerships, a Portland nonprofit organization. Neighborhood Partnerships and the Housing Alliance of Portland developed a toolkit for communicating about housing needs. <http://hub.nhc.org/toolkit/messaging-framing>

The Advocacy College enrolls learners with varied interests to promote progressive housing policy exposure to a variety of constituencies such as advocates representing food security, workers' rights, LGBTQ issues, health care, and social justice. College participants must bring with them a specific policy focus they are interested in and an advocacy plan. Advocacy College tuition is \$1,200, with scholarships available. An average Advocates College cohort is 16 people.

The curriculum includes areas such as:

- Crafting messages that really connect with listeners or readers, based on how the mind works
- Specific words and phrasings that resonate with an audience
- The research about effective ways to discuss the issues such as inequality and race
- How to communicate complex data, ideas, and policy recommendations using accessible and relatable messages

The Advocacy College teaches that convincing messages are framed so the recipient can quickly identify with them. For example, talking about "poverty" or "poor people" instantly brings up mental pictures in listeners based on their individual cultural background, knowledge, experiences, believed myths, and stereotypes. The same message can be framed so it has a higher probability of being positively received. Instead of trigger words that may conjure up negative feelings, the message could be framed as "people having trouble making ends meet" or "working hard but not able to really get ahead." Many people can identify with those phrases, and that identification can help stimulate empathy. A second important idea is to convey a message that will be attended to, meaning it should address the questions "Why is this important to me?" or "Why should I care?" Advocacy communications are better received if they can convince the audience that the issue has value to them personally.

<http://advocatescollege.tumblr.com/>

A similar effort exists in Davidson County. The Entrepreneur Center (EC) "focuses on 4 key sectors: Health Care, Technology, Digital Media, and Entertainment and Social Enterprise." Although many of their participants are in the private sector, much of their training involves ideas and techniques that are similar to those of the Advocacy College. Applicants are screened and make presentations about their ideas. Participants choose from several structured courses based on their needs and the current state of development of their plans. A variety of

mentors help participants map out their ideas and frame their messages to potential investors/funders/policy makers.

<http://www.ec.co/>

Value of Housing Counseling

Nationwide

HUD has approved a nationwide network of Housing Counseling Agencies (HCA) with counselors who are trained to provide tools to current and future homeowners and renters to give them the knowledge to make good choices about housing that are in line with their financial situations.

Research has mostly been consistent in showing that this kind of counseling leads to better outcomes for homebuyers. In 2011, the Center for Housing Policy published an issue brief, *The Role of Housing Counseling in Reducing Mortgage Delinquency and Foreclosure*, which summarized research conclusions indicating the value of housing counseling in reducing mortgage delinquencies and foreclosures. It asserts that the research supported five conclusions:

1. Housing counseling can be effective as an intervention to help homeowners avoid foreclosure
2. Early intervention is important
3. Families who took advantage of the national foreclosure mitigation counseling program were able to negotiate lower monthly costs
4. Counseling before the home purchase can reduce the likelihood of mortgage delinquency
5. Pre-purchase counseling can also help reduce the likelihood of default and foreclosure

http://www.nhc.org/media/files/Role_of_Housing_Counseling_in_Preventing_Foreclosure.pdf

The Effectiveness of Pre-Purchase Homeownership Counseling and Financial Management Skills, a 2014 report of a 5-year experimental study by the Federal Reserve Bank of Philadelphia, confirmed the value of mortgage counseling. Participants were randomly assigned to either a treatment or a control group. Control group participants received only education while the treatment group received both education and one-on-one counseling. The report contains a literature review, detailed explanation of the statistical methodology and data, and results:

- One-on-One counseling had a positive effect on the credit scores of both future homeowners and those who did not become homeowners within the study period. The effect was greater for those who became homeowners
- Participants who eventually became homeowners say debt balances decline, and those who did not buy a home had a rise in debt balances. On unexpected result was that non-buyers who received education and counseling had a significantly higher rise in debt compared to non-buyers who received only education
- Whether or not they eventually bought a home, participants who got only education reduced their delinquencies slightly, while participants who received education and counseling on average had fewer delinquent accounts

<http://www.philadelphiafed.org/community-development/homeownership-counseling-study/2014/homeownership-counseling-study-042014.pdf>

The National Housing Research Center web site has a list of other research reports relevant to housing counseling and financial education.

<http://www.hsgcenter.org/research-reports-relevant-to-housing-counseling/>

A list HUD-approved Housing Counseling Agencies in Tennessee is available online:

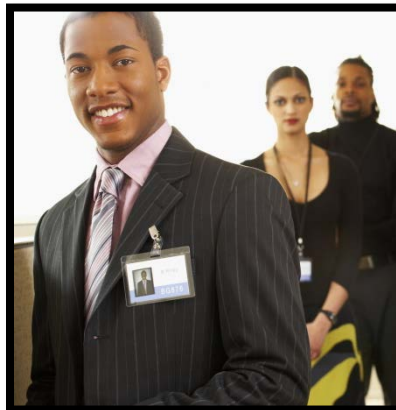
<http://www.hud.gov/offices/hsg/sfh/hcc/fc/index.cfm?searchstate=TN&filterLng=&filterSvc=dfc&filterMultiState=&searchName=&searchCity=Nashville&searchZip=&searchLang=&webListAction=Search.>



Workforce & Economic Opportunity

Key Findings

- The unemployment rate in Davidson County has been on a steady decline and reached its lowest level in recent years in April 2014 at 4.7%.
- While the rate for the short-term unemployed (people out of work for six months or less) has returned to pre-recession levels nationwide, the level of unemployment for workers who remain jobless for more than six months is still high. However, over the past 12 months, the number of long-term unemployed is down by 1.2 million. The struggle for the long-term unemployed to secure permanent employment makes them bear long-term financial and social repercussions even if the economy is gradually improving.
- The employment recovery experienced five years after the Great Recession ended is not being equally shared among industries and occupations. Lower-wage industries accounted for 22% of job losses during the recession, but 44% of employment growth over the past four years. Today, lower-wage industries employ 1.85 million more workers than at the start of the recession.
- For some types of jobs, employers may experience a difficult time filling jobs that require additional skills. More than half of employers nationwide have an open job for which they cannot find qualified candidates, and 81% indicate that it is often difficult filling positions altogether.
- Higher levels of educational attainment typically lead to greater labor participation and higher employment rates. It also improves job prospects and the likelihood of remaining employed even in times of economic slowdown.
- In addition to ethnic minorities, youth, and those who have lower educational attainment, persons with disabilities are also less likely to be employed than people who do not have disabilities.
- 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.



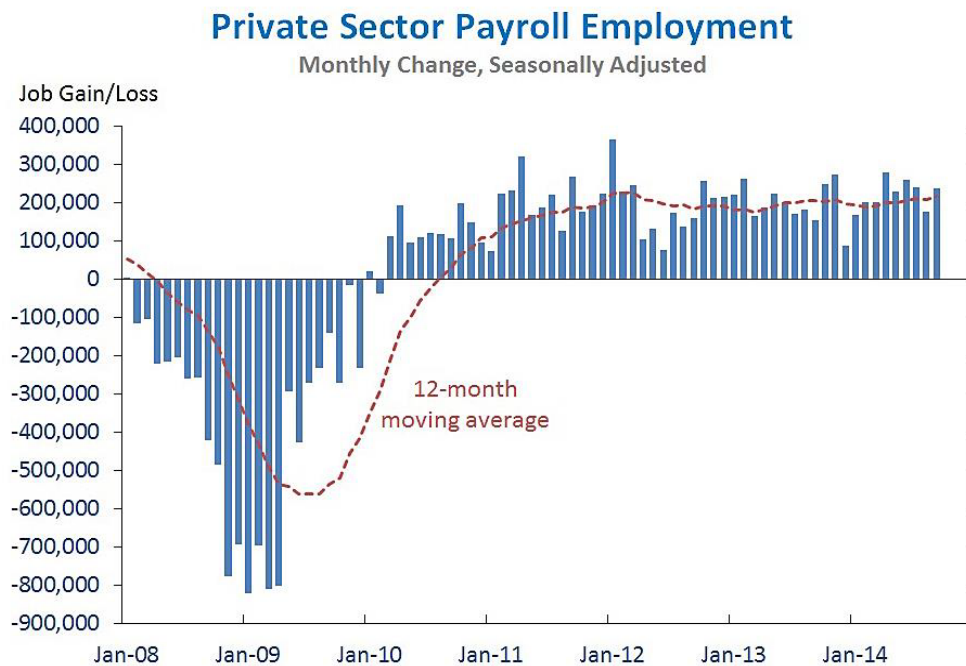
Unemployment

According to the U.S. Bureau of Labor Statistics, the total non-farm payroll employment rose by 248,000 in September 2014, and the national unemployment rate declined to 5.9% mainly reflecting a 236,000 increase in private sector employment.

<http://www.bls.gov/news.release/pdf/empsit.pdf>

As Chart W-1 shows, the White House's Council of Economic Advisers reported that as of September 2014 "the private sector has added 10.3 million jobs over 55 straight months of job growth, extending the longest streak on record". The Council also shared that so far this year, private employment has risen by nearly 2 million jobs, on pace for the strongest year of private-sector job growth since 1998.

Chart W-1: Private Sector Payroll Employment – Job Gain/Loss (Thousands)



Source: Bureau of Labor Statistics.

<http://www.whitehouse.gov/blog/2014/10/03/employment-situation-september>

Tennessee's economic outlook points to the same positive trend of the national economy with moderate-to-strong growth expected for the rest of the year and a continuation of growth through 2015, according to the *Tennessee Business and Economic Outlook* Fall 2014.

<http://cber.bus.utk.edu/tefs/fall14.pdf>

As reported in the *Job Openings and Labor Turnover* in August 2014, the U.S. Bureau of Labor Statistics noted that the number of unemployed persons per job opening ratio in August 2014 has trended downward. Since the end of the recession, the ratio between the unemployment rate and the number of job openings was 2.0, which means that for every job opening that was filled, there was an additional person who was unemployed. 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.

<http://www.bls.gov/news.release/pdf/jolts.pdf>

While the rate for the short-term unemployed (people out of work for six months or less) has returned to pre-recession levels nationwide, the level of unemployment for workers who remain jobless for more than six months

is still high. According to the U.S. Bureau of Labor Statistics' *The Employment Situation – September 2014*, the number of long-term unemployed (those jobless for 27 weeks or more) was essentially unchanged at 3.0 million in September. These individuals accounted for 31.9% of the unemployed. However, over the past 12 months, the number of long-term unemployed is down by 1.2 million.

<http://www.bls.gov/news.release/pdf/empst.pdf>



The struggle for the long-term unemployed to secure permanent employment makes them bear long-term financial and social repercussions even if the economy is gradually improving. As we have pointed out in previous editions of the Community Needs Evaluations, the unemployed workers find it increasingly hard to secure jobs as the duration of unemployment increases and even when they are re-employed, long-term unemployed workers continue to earn less than similarly positioned workers without lengthy unemployment history.

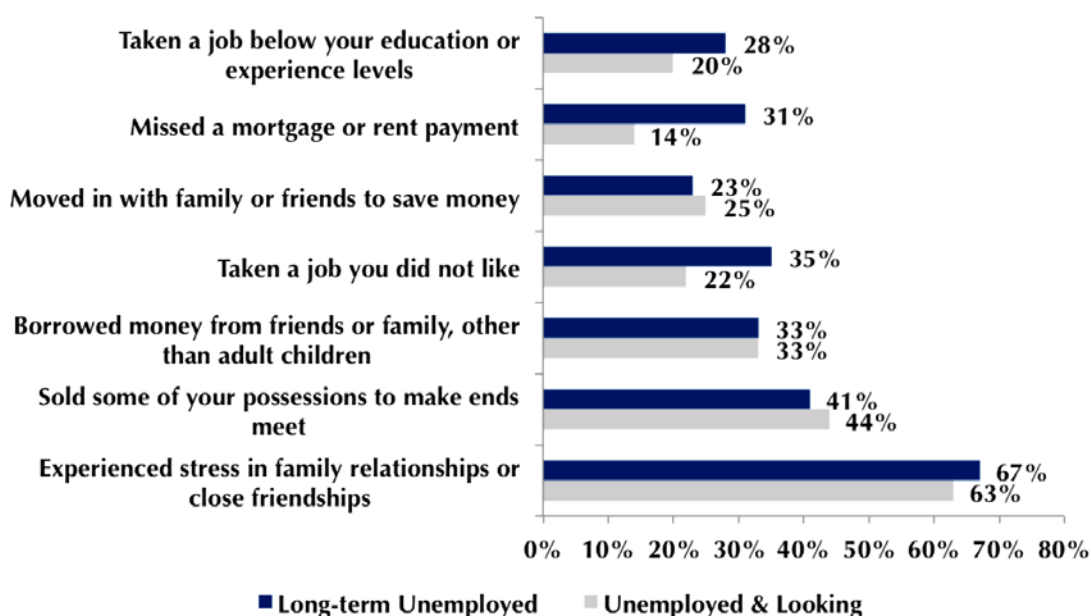
The John J. Heldrich Center for Workforce Development at Rutgers University conducted a nationally representative survey of 1,153 Americans between July 24 and August 3, 2014. The overall findings from that research were reported in *Unhappy, Worried, and Pessimistic: Americans in the Aftermath of the Great Recession*. The report profiled the demographic characteristics of the currently unemployed and the long-term unemployed, and found that they are represented in all age categories, educational levels, regions of the nation, and income levels.

This report explores the experiences of unemployed Americans, and especially the long-term unemployed, and reveals the following:

- More than 7 in 10 of the long-term unemployed say they have less in savings and income than they did five years ago.
- More than 8 in 10 of the long-term unemployed rate their personal financial situation negatively as only fair or poor.
- 55% of the long-term unemployed say they will need to retire later than planned because of the recession.
- 5% say the weak economy forced them into early retirement.
- Nearly half of the long-term unemployed say it will take 3 to 10 years for their families to recover financially.
- 20% say it will take longer than that or that they will never recover.

The report also examines the recession's impact on their finances and what measures they took to cope with their diminished income and savings. As Chart W-2 shows, more than 6 in 10 unemployed and long-term unemployed say they experienced stress in family relationships and close friendships during their time without a job. More than 4 in 10 sold some of their possessions to make ends meet, while more than a third borrowed money from friends or family other than adult children.

Chart W-2: The Painful Realities of Unemployment



http://www.heldrich.rutgers.edu/sites/default/files/products/uploads/Work_Trends_September_2014_0.pdf

Some groups face particularly disproportionately longer high unemployment and economic hardship. A June 2014 Issue Brief by the National Women’s Law Center, *Long-Term Unemployment: Spotlight on Women and Families*, highlighted the long-term unemployment trends among women and the impact of parents’ long-term unemployment on children since women earn less when they are unemployed, are economically more vulnerable, and more likely to be single parents. The Brief’s key facts are summarized as follows:

- About four in ten unemployed adult women and men have been seeking work for more than six months, double their rates at the start of the recession.
- Women 55 and older experience the highest rates of long-term unemployment and the longest spells of unemployment, among women by age.
- Asian-American and African-American women have the highest long-term unemployment rates and the longest spells of unemployment, among women by race and ethnicity.
- In an average month in 2013, 2.3 million children across the country were living with a parent who had been looking for work for six months or more, three times the number in 2007.
- The long-term unemployment rate for unemployed single parents was 55%, compared to 44% for unemployed married parents.
- More than one in three families with a parent unemployed long-term was poor.

http://www.nwlc.org/sites/default/files/pdfs/long_term_ui_spotlight_on_women_and_families2.pdf

Studies show that the employment recovery experienced five years after the Great Recession ended is not being equally

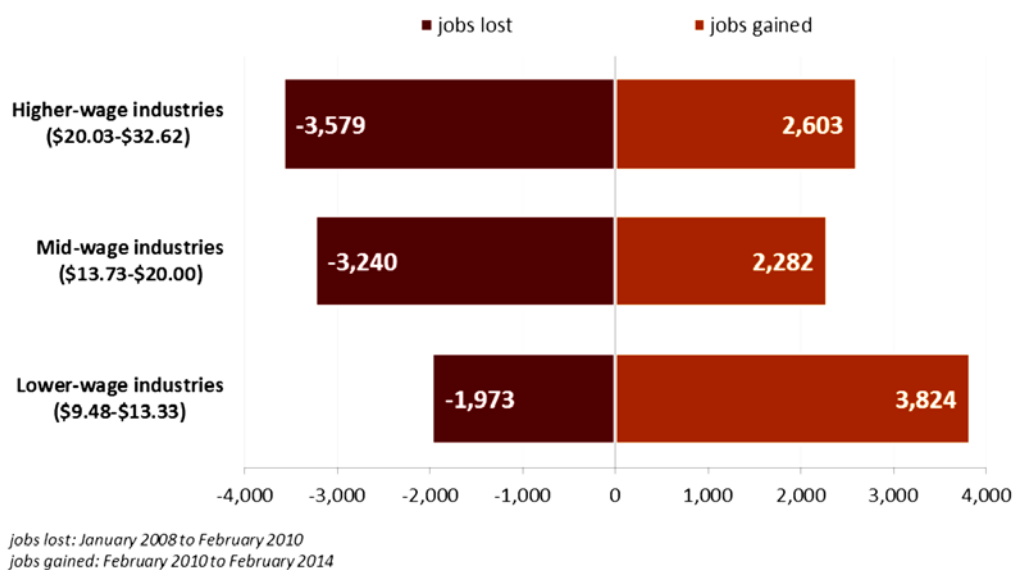


shared among industries and occupations. A fact sheet by the National Employment Law Project, *The Low Wage Recovery: Industry Employment and Wages Four Years into the Recovery* states that there continues to be an imbalance between the industries where the recession’s job losses occurred and the industries experiencing the greatest growth four years into the recovery.

As Chart W-3 demonstrates, lower-wage industries accounted for 22% of job losses during the recession, but 44% of employment growth over the past four years. Today, lower-wage industries employ 1.85 million more workers than at the start of the recession. Mid-wage industries accounted for 37% of job losses, but 26% of recent employment growth. There are now 958,000 fewer jobs in mid-wage industries than at the start of the recession.

Higher-wage industries accounted 41% of job losses, but 30% of recent private sector employment growth. There are now 976,000 fewer jobs in higher-wage industries than at the start of the recession.

Chart W-3: Net Change in Private Sector Employment (in thousands)



<http://www.nelp.org/page/-/reports/low-wage-recovery-industry-employment-wages-2014-report.pdf?nocdn=1>

Another recent analysis by the National Employment Law Project, *An Unbalanced Recovery: Real Wage and Job Growth Trends* found that lower-wage industries accounted for 41% of employment growth from July 2013 to July 2014. As of July 2014, lower-wage industries employ 2.3 million more workers than at the start of the recession.

As Table 1 shows, wages in these growing sectors that employed millions have declined for workers in all of the top ten lower-wage occupations, including declines of more than 5% for personal care aides, restaurant cooks, food preparation workers, maids and housekeepers, and home health aides.

<http://www.nelp.org/page/-/Reports/Unbalanced-Recovery-Real-Wage-Job-Growth-Trends-August-2014.pdf?nocdn=1>

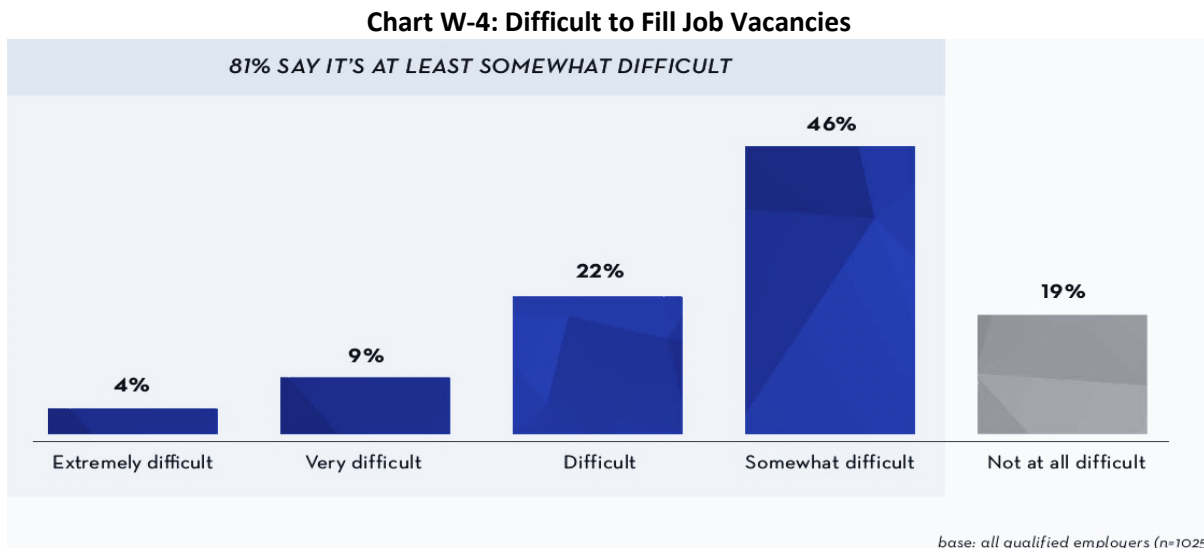


Table 1. Wage Declines for the Top 10 Lower-Wage Occupations, 2009-2013				
	Total Employment, 2013	Median Hourly Wage, 2013	Percentage change in real median hourly wage, 2009-2013	
1	Retail Salespersons	4,485,180	\$10.20	-4.2%
2	Cashiers	3,343,470	\$9.15	-2.3%
3	Combined Food Preparation and Serving Workers, Including Fast Food	3,022,880	\$8.84	-2.3%
4	Waiters and Waitresses	2,403,960	\$8.97	-3.5%
5	Stock Clerks and Order Fillers	1,800,410	\$10.85	-1.5%
6	Personal Care Aides	1,135,470	\$9.70	-6.3%
7	Cooks, Restaurant	1,057,550	\$10.69	-8.3%
8	Maids and Housekeeping Cleaners	917,470	\$9.54	-5.8%
9	Food Preparation Workers	824,080	\$9.38	-6.3%
10	Home Health Aides	806,710	\$10.14	-5.8%

Source: NELP Analysis of Occupational Employment Statistics.

The skills gap is another predominant factor in the post-recession labor market in addition to long-term unemployment and the growth of low-wage occupations. For some types of jobs, employers may experience a difficult time filling jobs that require additional skills.

As Chart W-4 shows, a 2014 skills gap study, *The Shocking Truth About The Skills Gap* by CareerBuilder, an online employment website, found that more than half of employers nationwide have an open job for which they cannot find qualified candidates, and 81% indicate that it is often difficult filling positions altogether.



Source: CareerBuilder

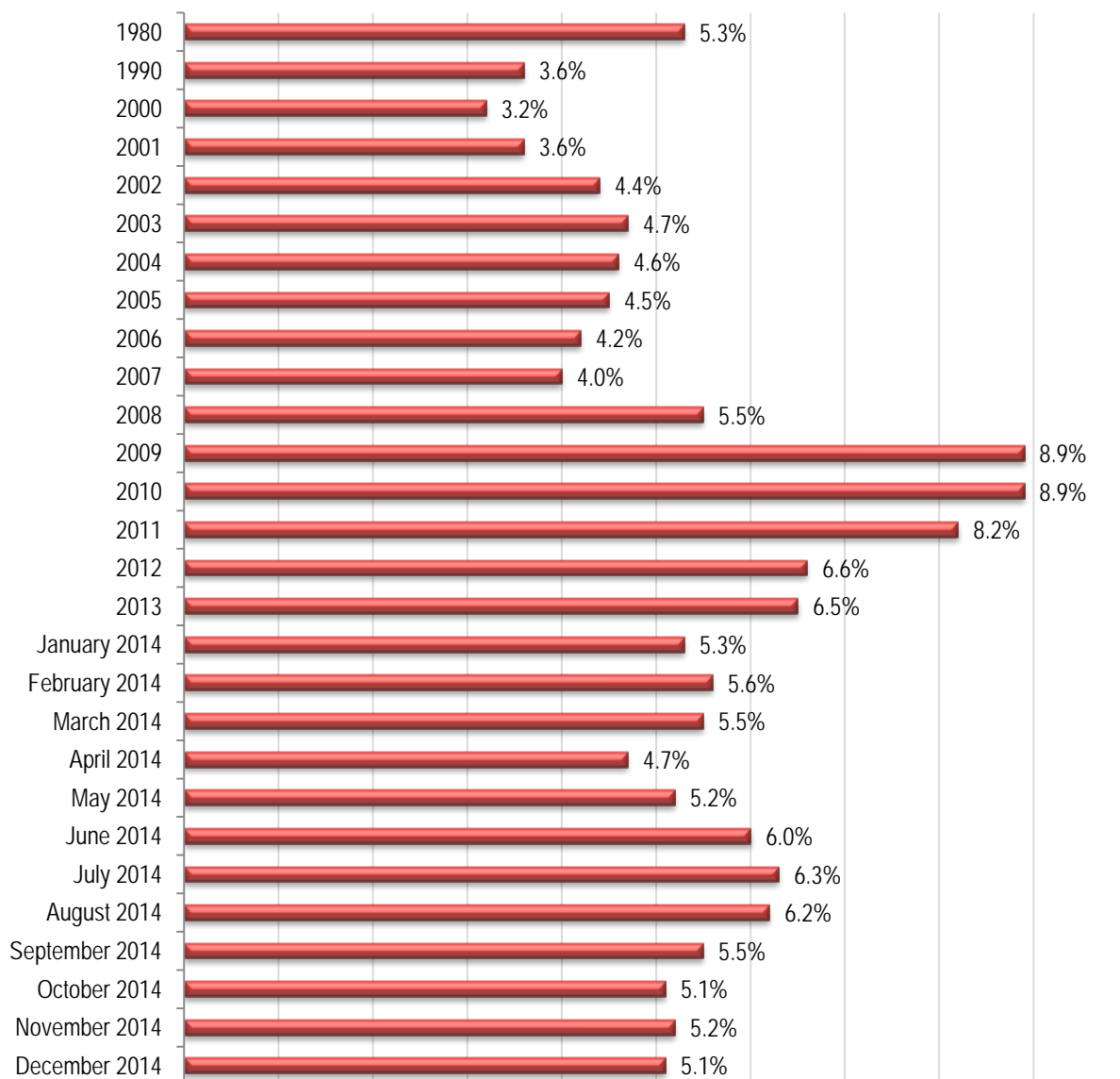
Despite the claim of employers that it is difficult to fill positions, employers are using high unemployment as a reason to avoid paying expected wages. In fact, 75% of the surveyed employers believe they can afford to be selective in their job offers due to the high unemployment, and 35% affirm they pay workers less. While the

employers cite a lack of necessary skills among applicants, job seekers believe the problem to be rooted in education gaps and a lack of job-specific training, according to the study.

<http://www.careerbuildercommunications.com/pdf/skills-gap-2014.pdf>

The Nashville area economy continued to improve gradually in 2013, as unemployment declined while employment expanded. With an unemployment rate of 4.7% in April 2014, Davidson County recorded its lowest rate since the Great Recession ended in 2009. As shown in Chart W- 5, despite the unemployment rate in Davidson County rising to 6.2% in August 2014, it declined to 5.2% in November of 2014. It is still much lower than the elevated levels experienced during the peaks of recession and early recovery periods. Seesawing rates are indicative of a sluggish but improving economy.

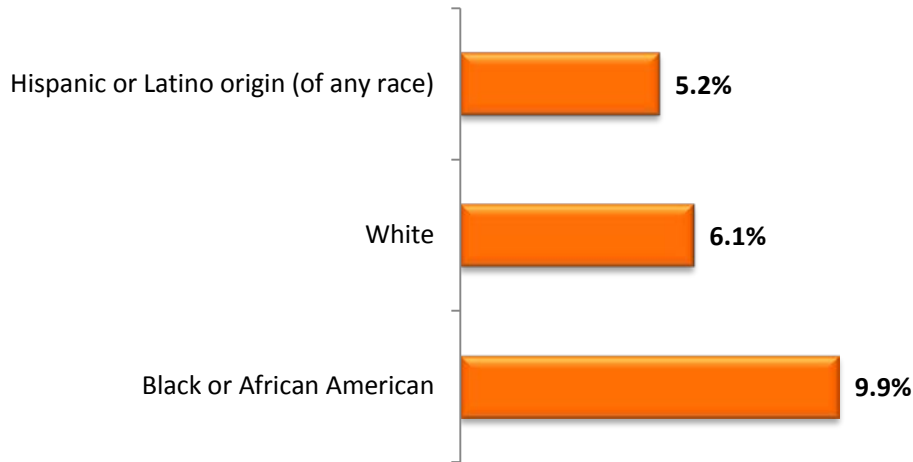
Chart W-5: Unemployment Rate
Davidson County, 1980 - December 2014



Source: Tennessee Department of Labor and Workforce Development

Chart W-6 shows the unemployment rate by race/ethnicity. It shows that unemployment is higher among the Black or African American population than for either the white population or the Hispanic/Latino population of any race.

Chart W-6: Unemployment by Race/Ethnicity
Davidson County, 2013



Source: 2013 American Community Survey

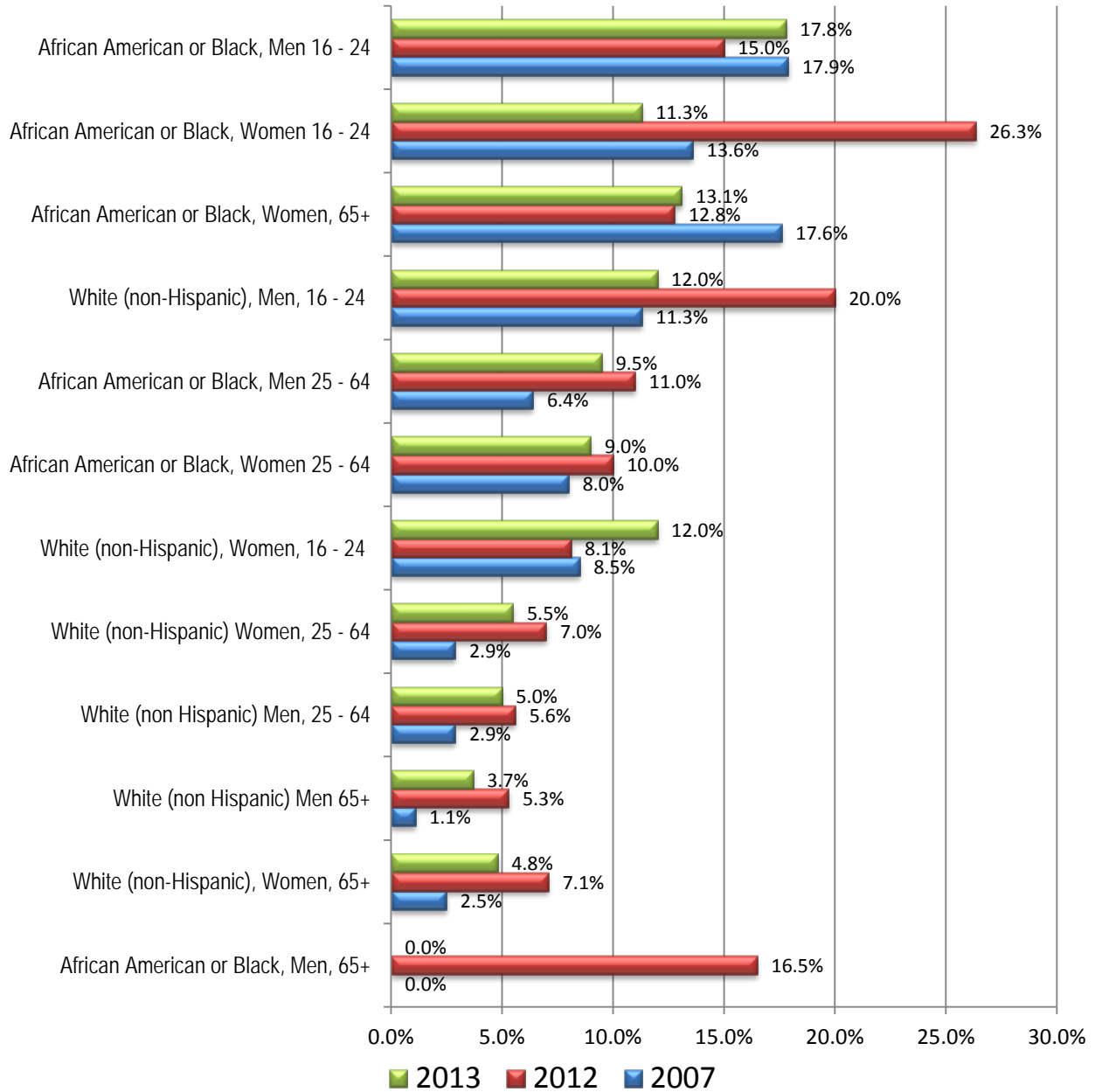
Unemployment rates vary for different demographic groups. According to the U. S. Census Bureau’s 2013 American Community Survey, the unemployment rate for black males in Davidson County between the ages of 16-24 was 17.8%, which is slightly higher than the year before but significantly lower than in 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, the unemployment rate at 11.3% declined remarkably and was less than half of what it was in 2012 when it reached 26.3%.



As Chart W-7 indicates, young people between the ages of 16-24 of both genders and races continued to experience higher unemployment rates, especially so for black males.

In recent years, among the white population, both white men and women ages 16-24 still have the highest unemployment rate of 12.0%. Of particular note is the 8.0% decrease for white men ages 16-24 compared to last year when it was 20%.

Chart W-7: Percentage of Unemployment by Race and Gender
Davidson County, 2007, 2012, and 2013

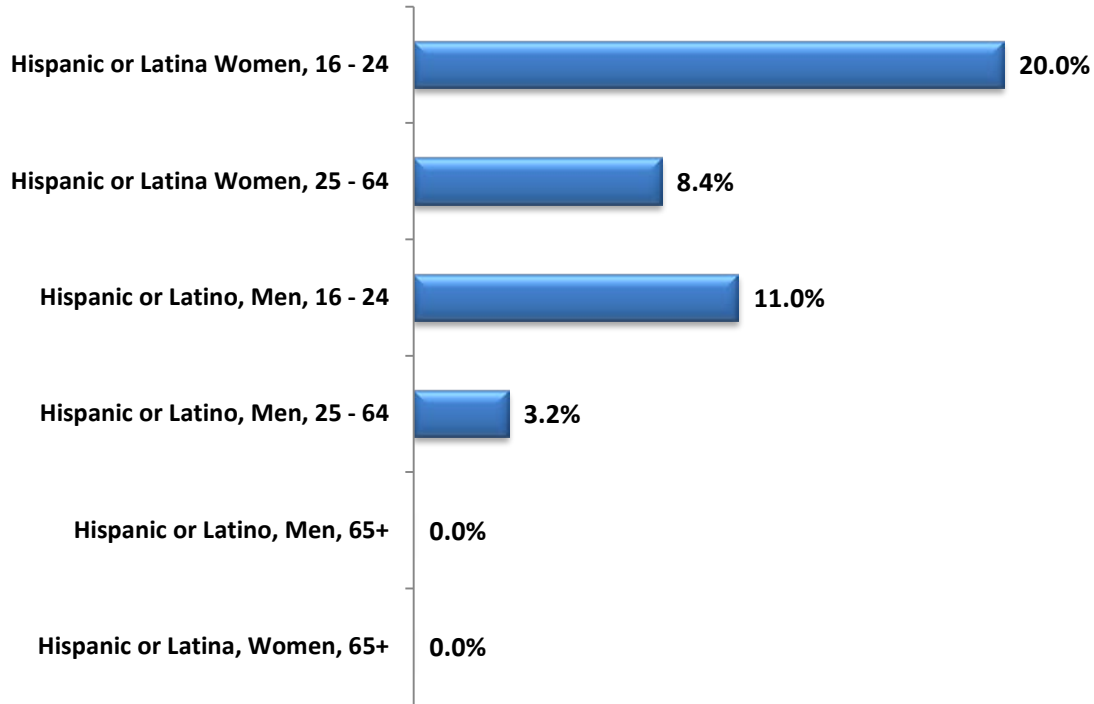


Source: American Community Survey 2007, 2012, and 2013

As noted in previous Community Needs Evaluations, 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-8 shows the 2011-2013 3-year estimate of unemployment for Davidson County Hispanic population.

Chart W-8: Unemployment for the Hispanic Population

Davidson County 2011-2013



Source: American Community Survey, 2011-2013

Unemployment rates among Davidson County’s Hispanic population show a variation in terms of age and gender. Hispanic men ages 25-64 have an unemployment rate (3.2%) less than that of Davidson County in 2013 (6.5%), 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 20.0%. The unemployment rate for Hispanic/Latino men ages 16-24 at 11.0% in 2013 changed little over the year.

Disparity in unemployment rates was not limited to age, ethnicity, and race. Higher levels of educational attainment typically lead to greater labor participation and higher employment rates. It also improves job prospects and the likelihood of remaining employed, even in times of economic slowdown. Those who have lesser educational credentials are more likely to be without a job.

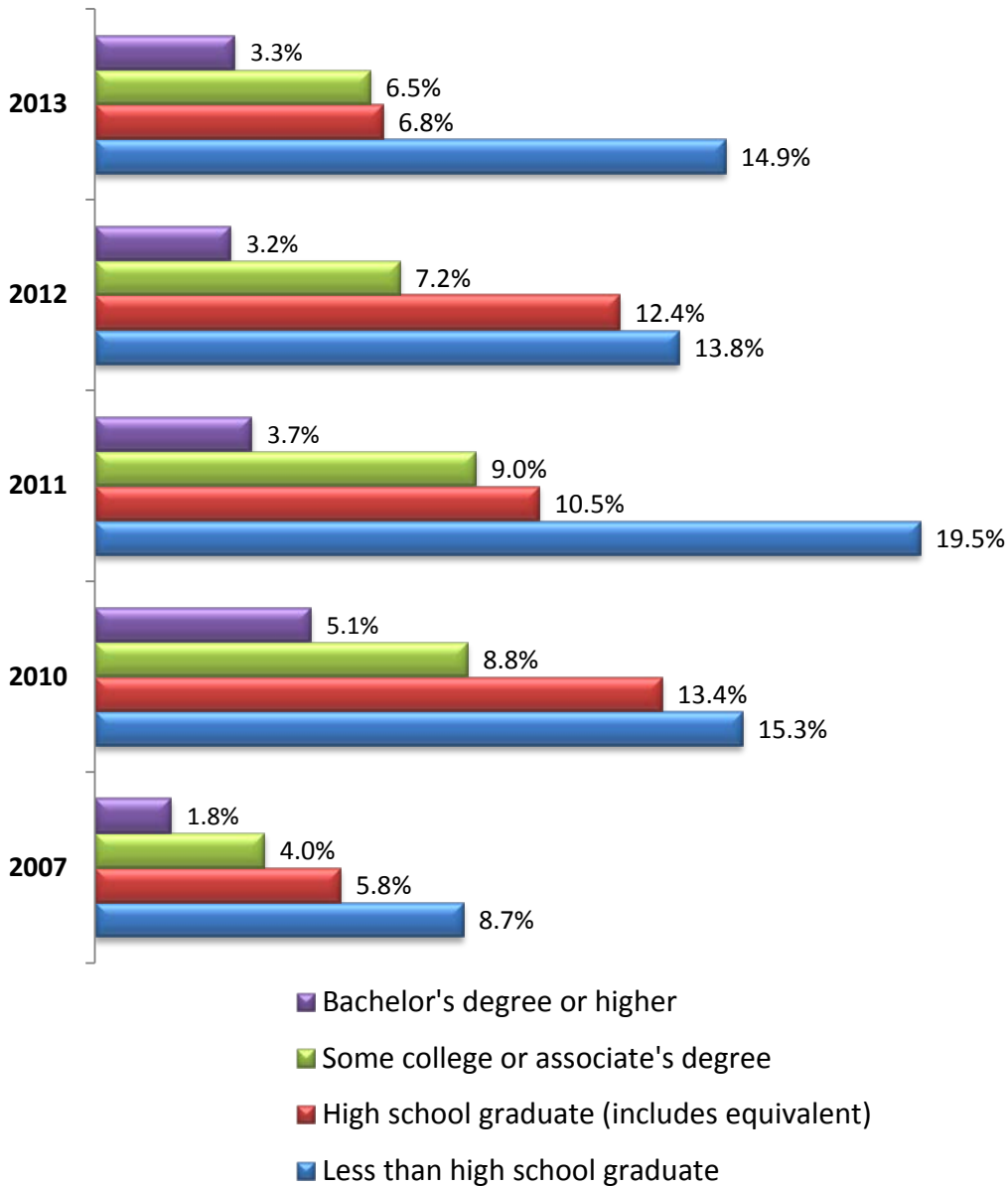
Chart W-9 shows fluctuating unemployment rates and educational attainment before the Great Recession started and four years after it ended. While the unemployment rate for all education categories doubled and in some categories approximately tripled during and after the Great Recession, the unemployment rates of people with low educational attainment remained much higher than other categories.

The unemployment rate in Davidson County for workers without a bachelor’s degree continues to be higher than the rate for those with at least a bachelor’s degree. In 2013, the unemployment rate of 14.9% for workers with less than a high school diploma was more than twice the unemployment rate for those with a high school diploma at 6.8%.

Regardless of the economic conditions, the higher the level of education a worker obtains, the lower the risk of staying unemployed and the greater chance of remaining employed.

Chart W-9 Unemployment by Educational Attainment

Davidson County, 2007, 2010, 2011, 2012, and 2013



Source: American Community Survey, 2007, 2010, 2011, 2012, and 2013

The recovery has proven to be a challenge for workers with lower educational attainment and those with limited skills. These workers may become marginalized because of the ongoing technological advances in their work places. In addition to ethnic minorities, youth, and those who have lower educational attainment, persons with disabilities are also less likely to be employed than people who do not have disabilities.

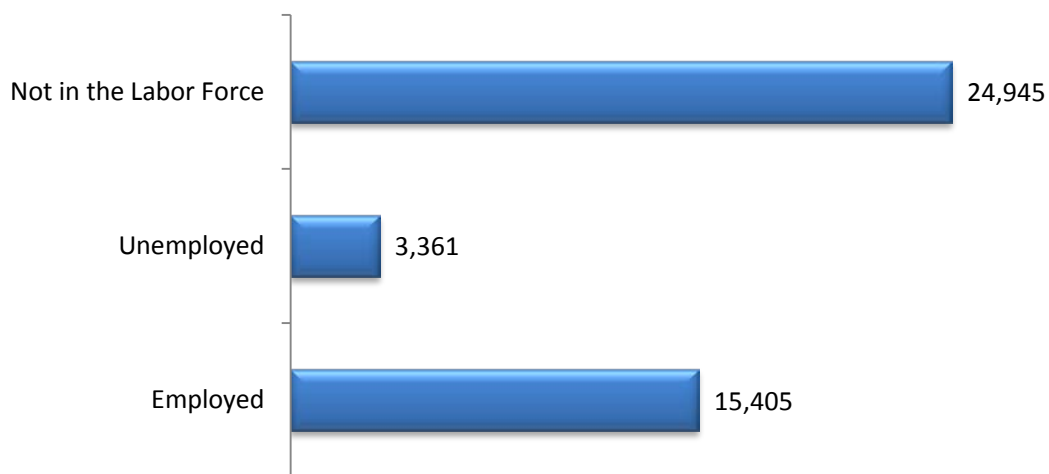
An analysis by the U.S. Bureau of Labor Statistics, *Persons with a Disability: Labor Force Characteristics – 2013*, reported nationwide about people with disabilities the following:

- The unemployment rate for persons with a disability was 13.2% in 2013, higher than the rate for persons with no disability (7.1%).
- As was the case among those without a disability, the unemployment rates for those with a disability were higher among blacks (19.2% and Hispanics (18.6%) than among whites (12.2%) and Asians (8.9%).
- 46.0% of persons with a disability were age 65 and over, compared with 14% of those with no disability.
- Women were slightly more likely to have a disability than men, partly reflecting the greater life expectancy of women.
- For all age groups, the employment-population ratio (employed as a percentage of the population) was much lower for persons with a disability than for those with no disability.
- In 2013, 34.0% 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>

Chart W-10 shows that there were 43,711 people ages 18-64 with disabilities in Davidson County in 2013. The unemployment rate for people with disabilities was 17.9%, more than double for that of people without disabilities at 6.7%.

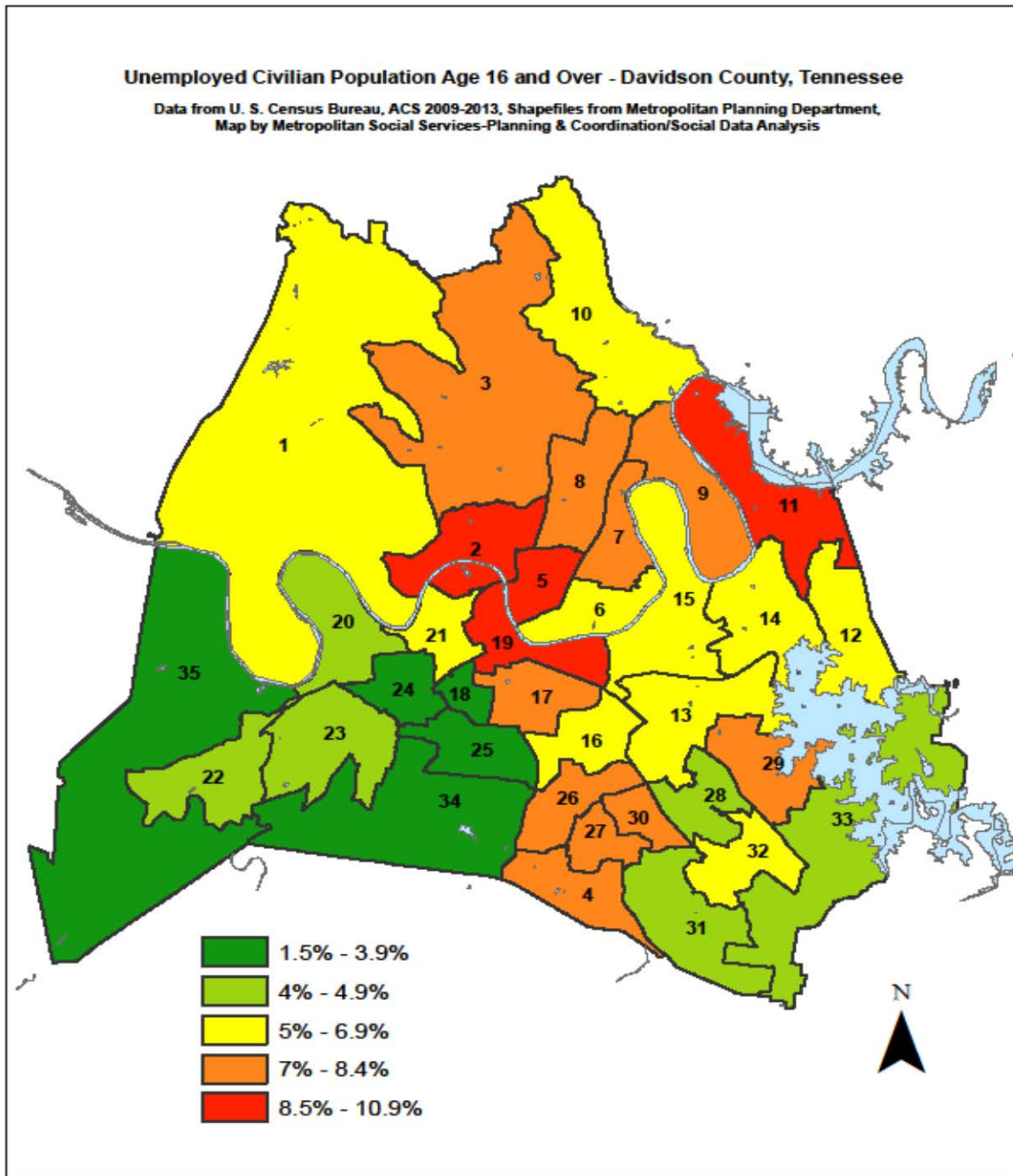
Chart W-10: Employment Status, Ages 18-64, with a Disability
Davidson County, 2013



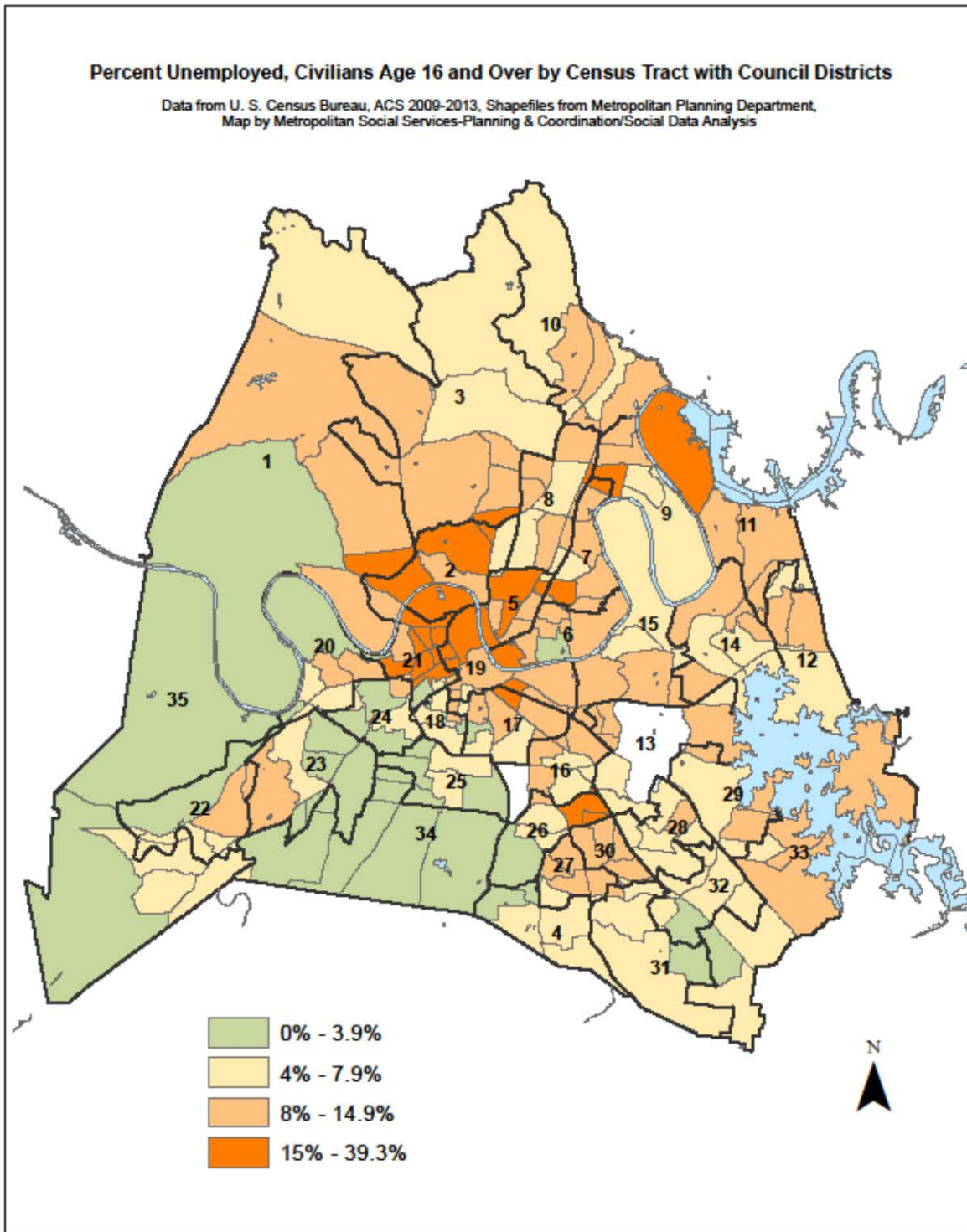
Source: 2013 American Community Survey

Unemployment in Davidson County was not reflected only in age, educational attainment, ethnicity, and race. As shown in the map below using data from the 2009-2013 American Community Survey, there is a wide geographic variation in the percentage of unemployed people by Metropolitan Council Districts. Unemployment ranges from 1.5% in Metro Council District 34 up to 10.9% in Metro Council District 2.

Five Districts (2, 5, 19, 11, and 17, in decreasing order) have unemployment greater than 8.0%. All of the five except District 11 are near the central city area. Eleven Districts have unemployment lower than 5% (20, 33, 28, 31, 22, 23, 18, 24, 25, 35, and 34).



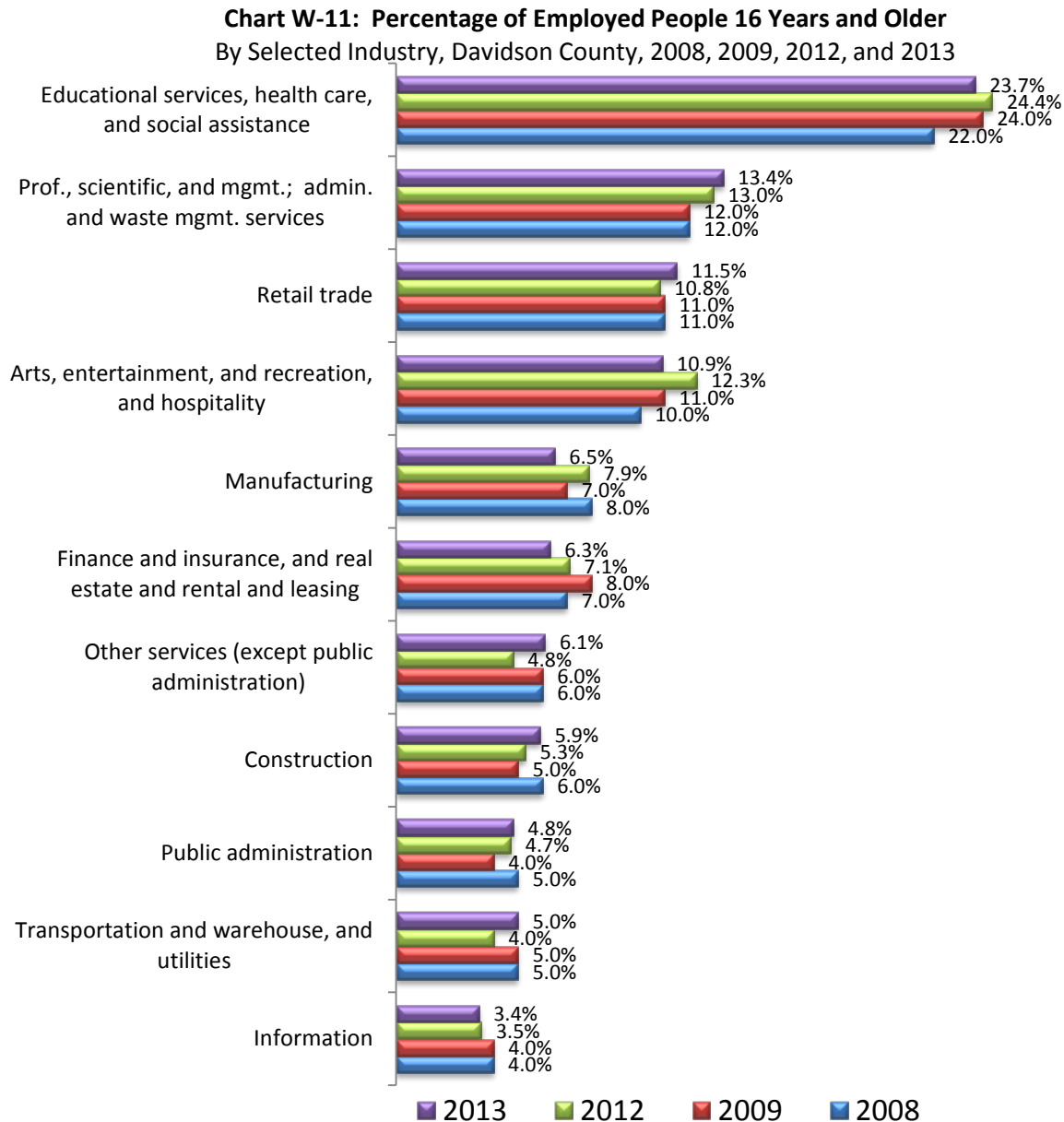
Although the map of unemployment by Metro Council Districts shows that the highest percentage of unemployed people is 10.9% in any district, the map below shows that in some Census Tracts unemployment is much higher. There are 35 Council Districts compared with 161 Census Tracts, so data from Census Tracts show small areas with elevated unemployment. The rate of unemployment ranges from below 1% in some Census Tracts to 39.3% in the Census Tract with the highest unemployment.



Leading Sectors

The Nashville Metropolitan Statistical Area (MSA), which includes both Rutherford and Williamson Counties, continues to have a diversified economy that supports a balanced employment in all its sectors, and all sectors contribute to the area’s growth. As technology improves productivity, some sectors, including manufacturing, continue contributing to the economy despite experiencing shrinking employment. As shown in Chart W-11, in 2013 education, health care, and social assistance continued to be the leading industry categories in the last four years in Davidson County at 23.7%.

According to the 2013 American Community Survey, among the more common occupations for the civilian employed population 16 years and over in Davidson County were management, business, science, and arts occupations (39.3%), service occupations (16.4%), sales and office occupations (25.5%), and production, transportation, and material moving occupations (11.4%).



Source: American Community Survey 2008, 2009, 2012, and 2013

Economic Opportunity

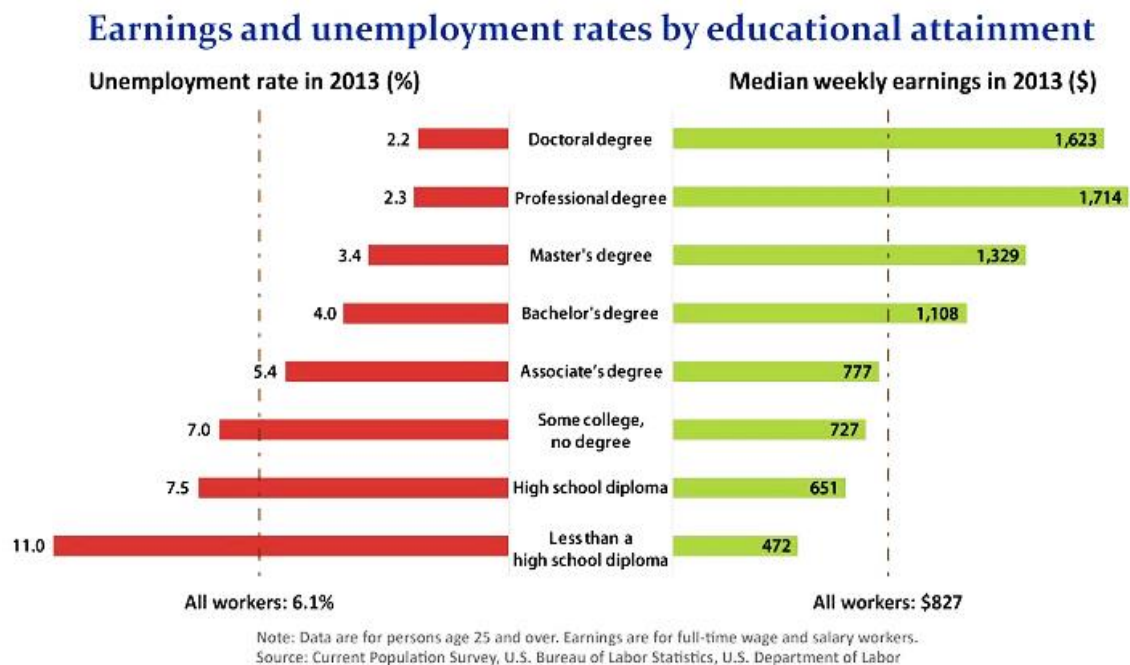
Several labor market transformations, including long durations of unemployment, underemployment, real wage stagnation, skills gap, proliferation of low-wage jobs, and the Great Recession have pushed many already vulnerable populations into financial despair. This is particularly true for single-parent households, the working poor with low skills, young workers, and those on fixed incomes, including people with disabilities.

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-12 shows, in 2013 people with the highest educational attainment were the least likely to be unemployed and were more likely to attain higher earnings. For example, the unemployment rate for people with less than high school diploma was 11.0%, while the unemployment rate for people with a bachelor's degree was 4.0%.



Chart W-12: Unemployment and earnings rates by Educational Attainment

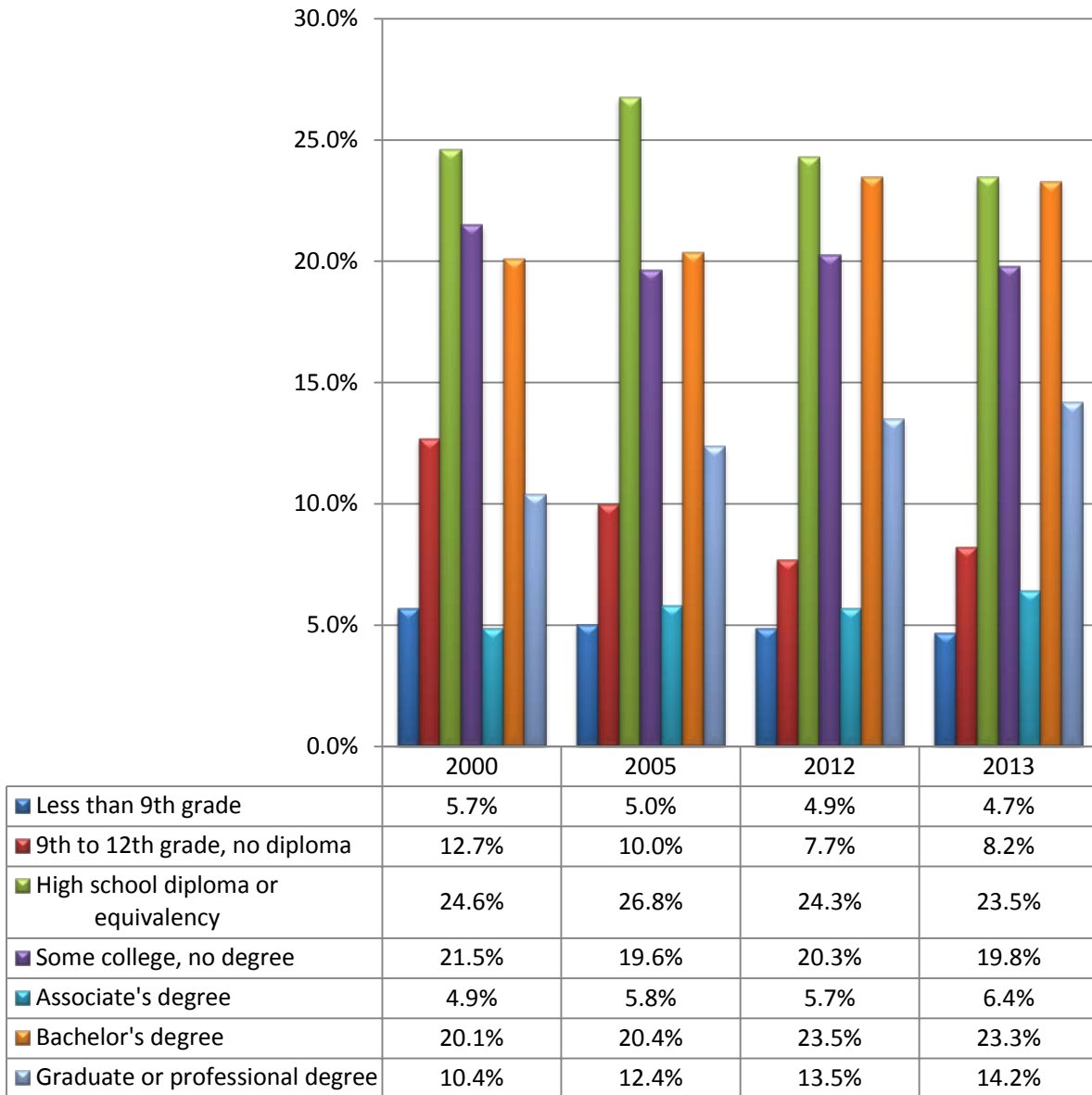


Higher educational attainment is usually associated with higher earnings and is a potential benefit to economic success. Chart W-12 shows the variation in median weekly earnings by level of educational attainment for workers aged 25 and older. Median weekly earnings are higher for those with more education, in addition to the lower unemployment rate. The lowest median weekly earnings ranged from \$472 for workers with less than high school, to the highest of \$1,714 for those with professional degree. Those with bachelor's degrees earned 70% more than workers who had no more than high school diplomas.

Chart W-13 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 12.9% in 2013.

The percentage of people with a bachelor’s degree and higher increased from 30.5% to 37.5% from 2000 to 2013, which is the group that gained the most, an increase of 7 percentage points.

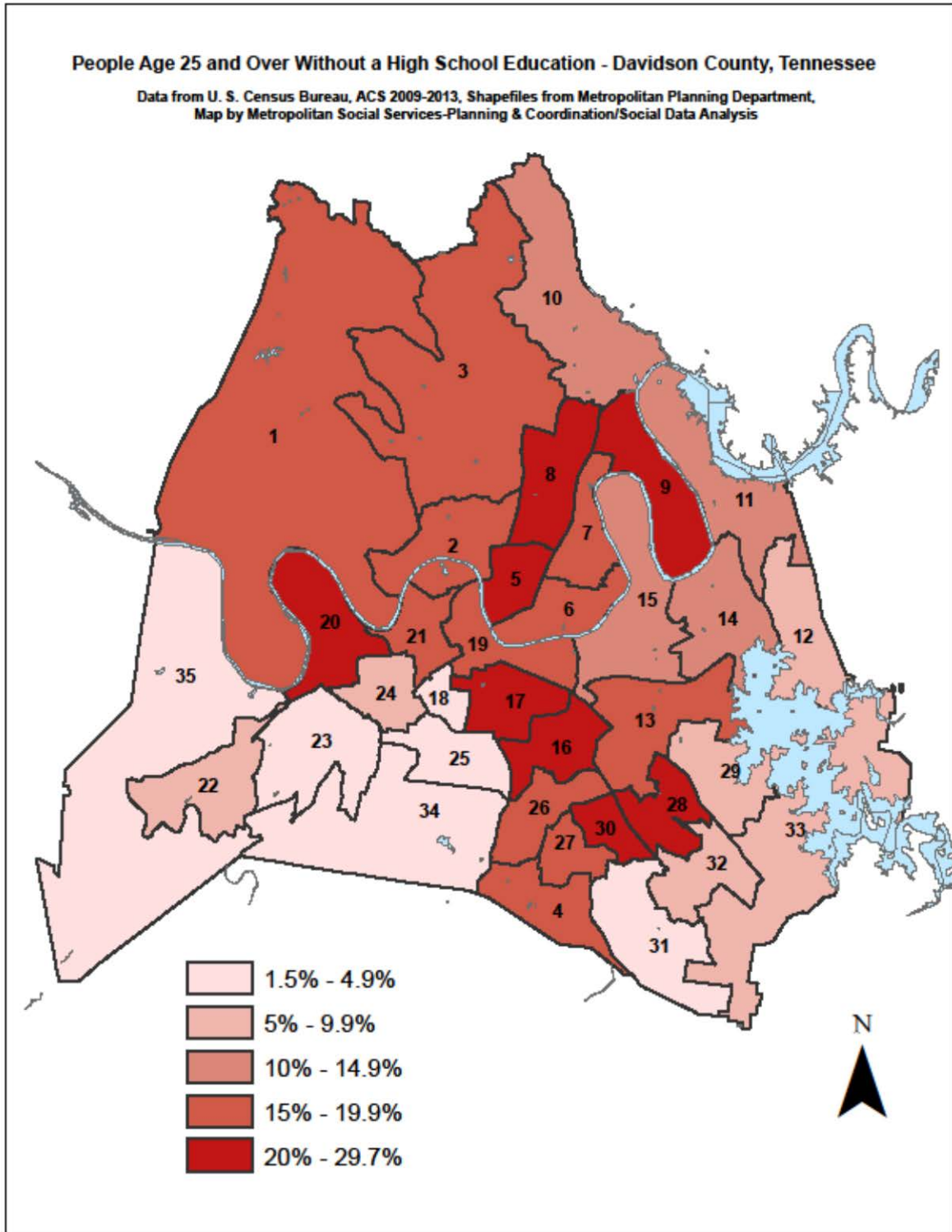
Chart W-13: Educational Attainment
Davidson County, 2000, 2005, 2012, and 2013



Source: U.S. Census Bureau (2000 Census, 2005, 2012, and 2013 ACS)

The map below shows the percentage of people without a high school education by Metropolitan Council Districts.

The percentage of people without a high school education ranges from 1.5% in Metro Council District 34 up to 29.7% in Metro Council District 30.



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 ranges from 13.4% in Metro Council District 9 up to 76.5% in Metro Council District 18.

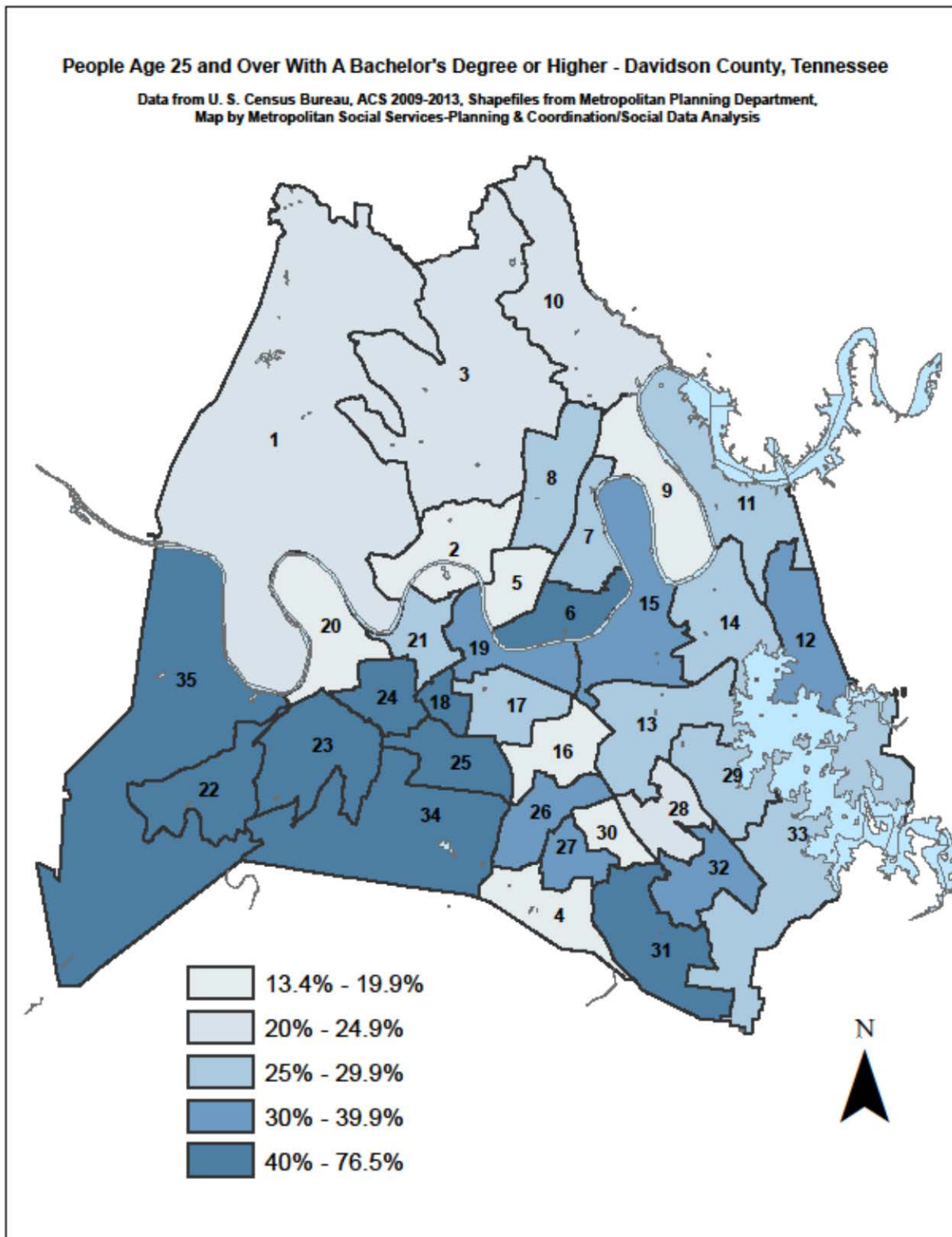
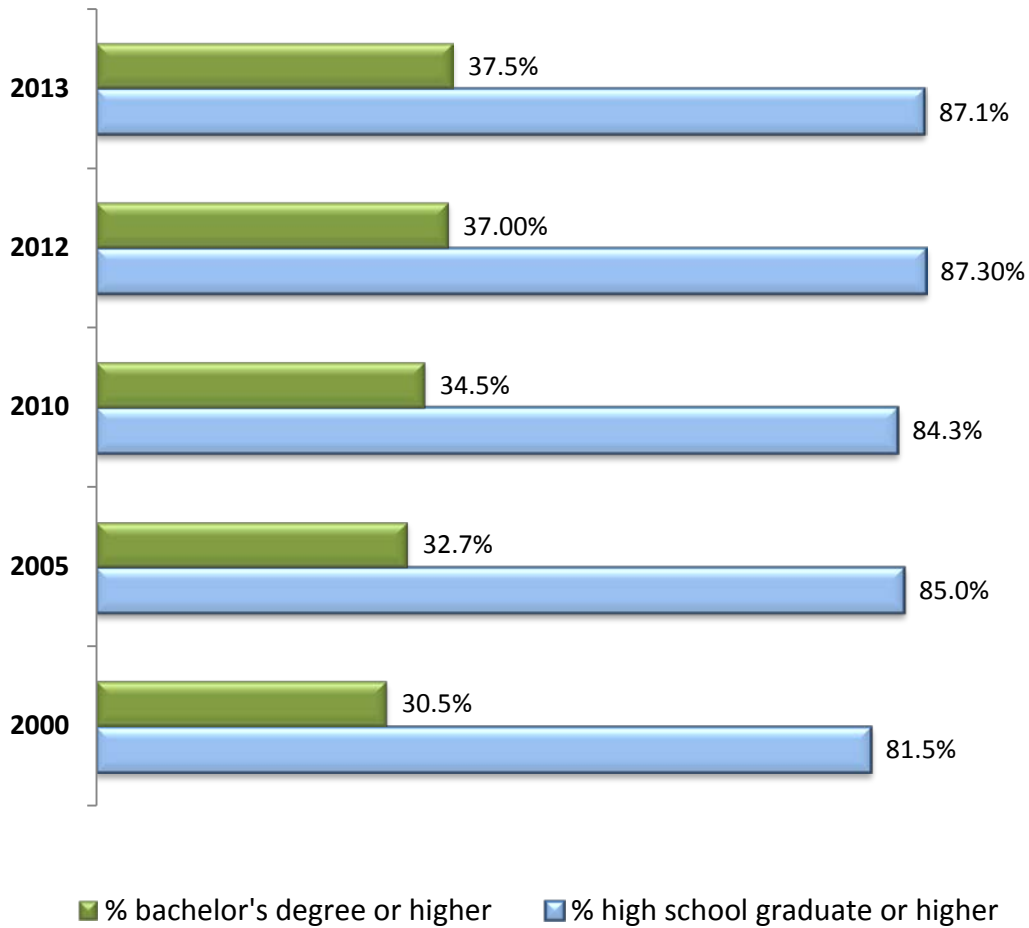


Chart W-14 groups the educational levels together to better demonstrate the changes in each category across the five selected years of 2000, 2005, 2010, 2012, and 2013.

Chart W-14: Educational Attainment
Davidson County, 2000, 2005, 2010, 2012, and 2013



Source: U.S. Census Bureau (2000 Census, 2005, 2010, 2012, and 2013 ACS)

Earned Income Tax Credit

The Earned Income Tax Credit (EITC) was developed as an incentive to increase employment, since the credit is based on earnings and has proven to be 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 benefits, interest, dividends, and capital gains are not included. EITC 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.

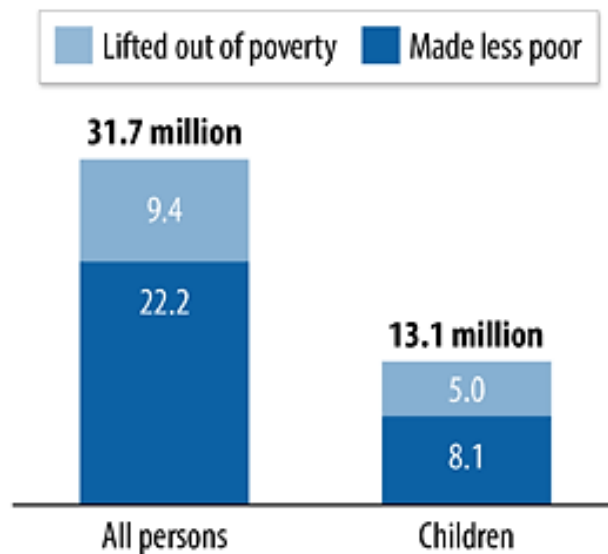
According to an analysis by the Center for Budget and Policy Priorities, the EITC and the Child Tax Credit are effective anti-poverty tools that lifted millions out of poverty by supplementing the earnings of workers who have low-wages. Chart W-15 shows that both tools together lifted 9.4 million people, including 5 million children, out

of poverty in 2013 and made 22.2 million others less poor. Another 8.1 million more children were no longer poor because of these credits.

Chart W-15: Number of Persons EITC and Child Tax Credit lifted above the SPM Poverty Line
U.S. 2013

Earned Income Tax Credit and Child Tax Credit Have Powerful Antipoverty Impact

Persons lifted out of poverty or made less poor (using Supplemental Poverty Measure) by EITC and CTC, 2013



Figures may not add due to rounding.

Note: Unlike the Census Bureau's official poverty measure, the SPM counts the effect of government benefit programs and tax credits.

Source: CBPP analysis of Census Bureau's March 2014 Current Population Survey and 2013 SPM public use file.

Center on Budget and Policy Priorities | cbpp.org

<http://www.offthechartsblog.org/author/dasilva/>

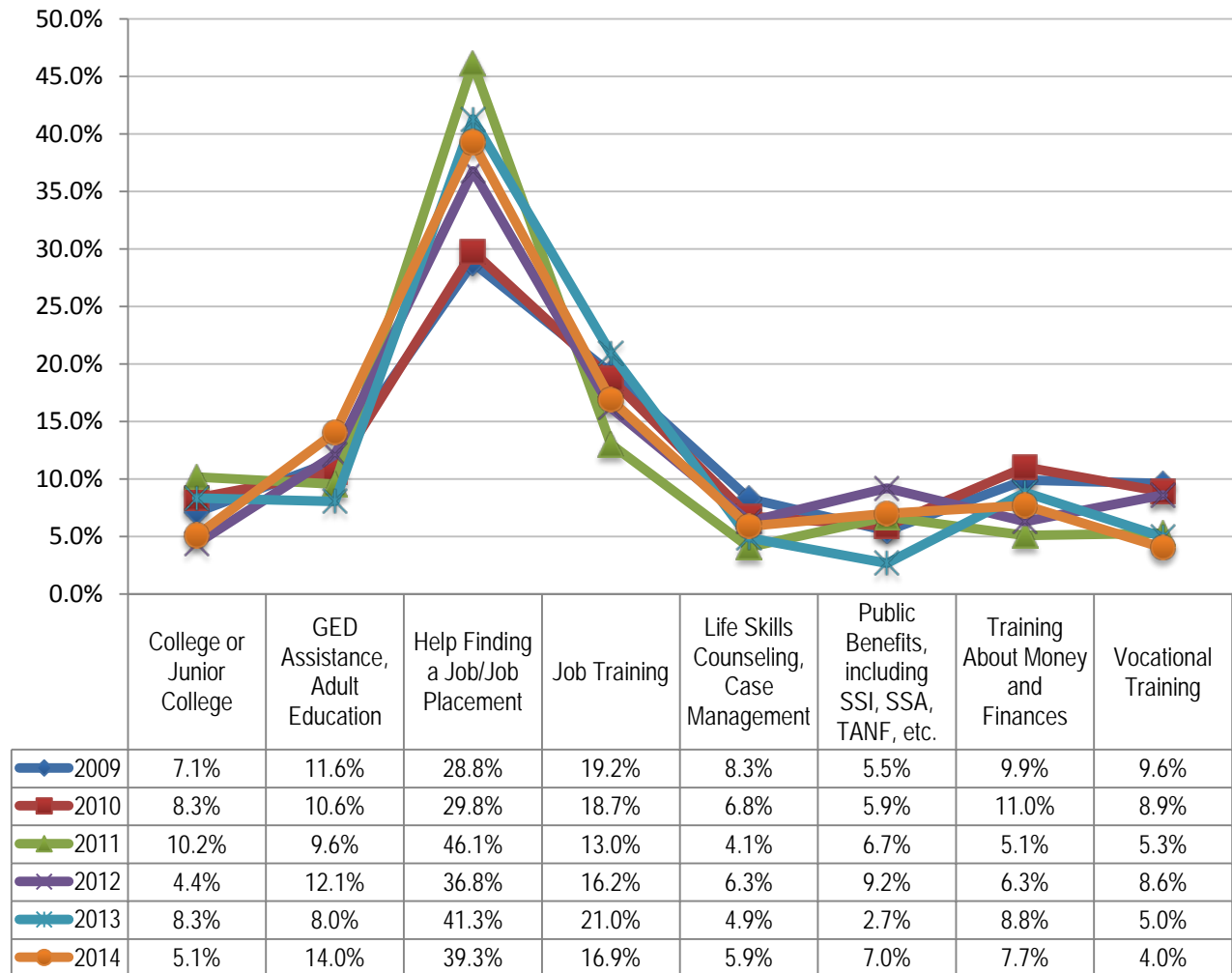
According to the Internal Revenue Service, there were 65,920 returns filed in Davidson County in 2012 Tax Year, and these taxpayers received \$153,001,632, an average refund of \$2,321.

Grassroots Community Survey

Although job growth continued last year in Davison County, it is troubling that for the sixth 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 documented in several places in this edition of the Community Needs Assessment, the presence of long-term unemployment, proliferation of low-wage jobs, skills gaps, and significant barriers people with disabilities and those with low educational attainment face in securing employment, it is no surprise that finding gainful employment is still a priority for many low-income families seeking to improve their lives.

As shown in Chart W-16, 39.3% of respondents to the 2014 Grassroots Community Survey, when asked to identify the greatest needs in the Workforce and Economic Opportunity, chose Help Finding a Job/Job Placement, slightly lower than it was in 2013. Although only 7.0% of respondents selected Access to Public Benefits category, it more than doubled from 2.7% in 2013. There was a significant increase in 2014 in the number of respondents who identified the need for Adult Education, from 8.0% to 14.0%, an indication of the importance of enhanced need for educational attainment.

Chart W-16: Greatest Unmet Need in Workforce & Economic Opportunity
Grassroots Community Survey, 2009-2014



Source: 2009-2014 Metro Social Services Grassroots Community Surveys

Workforce Evidence-Based Practices

Youth Apprenticeship Carolina South Carolina (Statewide)

<http://www.apprenticeshipcarolina.com/>

Apprenticeship Carolina is part of the South Carolina Technical College System. It was created to reduce high unemployment experienced by youth and to help employers fill skills gaps. Youth Apprenticeship Carolina is a collaborative project between industry and schools participating in a youth apprenticeship program. The program combines high school curriculum, career, and technology on-the-job training performed at a local business. High school students will receive education and skills in one of many high-demand occupations while earning a paycheck through part-time work. Upon completion, students will obtain a national credential that enhances their career possibilities in specific industries. The brochure attached to the following link clearly describes how students and business partners and occupations are selected, how they are enrolled, and completed with credentials.

Construction technologies, advanced manufacturing and technologies, transportation, distribution and logistics, health care, information technology, energy, and tourism and service industries are the leading occupations that provide the apprenticeship opportunities.

The programs combine high school curriculum with on the job training from a local employer. The employer pays wages to participants and is eligible to receive a tax credit of \$1,000 for each registered apprentice.

http://www.apprenticeshipcarolina.com/brochures/YouthAC_QuickFacts.pdf

It has been a paradox of the Great Recession that both higher than normal long-term unemployment and the skill gaps many employers face in filling positions in high-demand high-skill occupations exist at the same time. The program guides students to explore critical on-the-job experiences necessary to succeed in the workplace where earnings are much higher than low-pay jobs. On the other side, it affords businesses an opportunity to create crucial recruitment for well-trained workforce that are capable of meeting skills needed for advanced occupations.

The program has been recognized by the Center for American Progress, which identified Apprenticeship Carolina as national model for best practice. In addition, Public Broadcasting Service's (PBS) NEWSHOUR profiled the South Carolina Youth Apprenticeship as a model that closes youth skills gap.

http://cdn.americanprogress.org/wp-content/uploads/2013/11/apprenticeship_report.pdf

<http://www.pbs.org/newshour/making-sense/how-to-close-the-youth-skills/>

Ban the Box

Multiple State and Local Governments and Corporations

Obtaining employment is one of the main factors that prevent people from returning to prison. However, many former inmates especially minorities return to communities where unemployment is high and opportunities for employment are rare.

Several studies examined the effects of a criminal record on prospects for employment and show that individuals with a prison record fare worse on the job market. One particular study by Arizona State University focused on

how background checking takes a heavy toll on communities of color, and reports that both black and Hispanic men with prison records were less likely to receive a positive response from employers—including a call back or email for an interview or a job offer—compared with white men. http://thecrimereport.s3.amazonaws.com/2/fb/e/2362/criminal_stigma_race_crime_and_unemployment.pdf

Ban the Box is an initiative aimed at persuading employers to remove from their job applications the check-box that asks job seekers whether they have ever been arrested or convicted of a crime. According to the National Employment Labor Project (NELP), Ban the Box is about creating a fairer process that allows the individual an opportunity to compete for a job and to be considered first based on job-related qualifications in order to limit the stigma so often associated with a conviction or arrest history. State and local governments enact legislation that requires city, county, and state governments to ban the arrest and felony box in public sector job applications. Employers can still do background checking, after a conditional job offer is made.

NELP reports that 13 states and about 70 cities and counties plus several major corporations are working on the initiative. Six of the thirteen states that have Ban the Box legislation have also extended this to private employers as well. NELP indicates that the cities of Atlanta, Durham, and Minneapolis have reported that removing the conviction and arrest history check-box has resulted in increase in employment of people with arrest and conviction histories. The broader benefit is to remove barriers that people with arrest records face and increase their employment.

<http://www.nelp.org/page/-/SCLP/ModelStateHiringInitiatives.pdf?nocdn=1>

<http://www.nelp.org/page/-/SCLP/2014/Seizing-Ban-the-Box-Momentum-Advance-New-Generation-Fair-Chance-Hiring-Reforms.pdf?nocdn=1>

Employer-Driven Partnership Model to Recruit and Retain Employees with Disabilities Selected sites in Connecticut, Pennsylvania, South Carolina and Texas

The John J. Heldrich Center for Workforce Development and the Kessler Foundation identified the initiative to enhance employment opportunities for people with disabilities. These partnerships have employed innovative practices that have the potential to significantly afford job opportunities for people with disabilities and reduce their historically high unemployment and low workforce participation rates. The four employers operating warehouse distribution centers with this model include Walgreens Distribution Center in Anderson, South Carolina; Lowe's Distribution Center in Pittston, Pennsylvania; Walgreens Distribution Center in Windsor, Connecticut; and Reddwerks Software System in Austin, Texas.

http://kesslerfoundation.org/news/HeldrichReport_July2012_EmployerInitiatives_PeoplewithDisabilities.pdf

The evidence involves partnerships employers establish with local workforce and disability service organizations to recruit, employ, and retain employees with disabilities. Employers develop training curriculum to teach people with disabilities the skills they needed to function at the workplace. On the other side, disability service providers recruit, train, support, and provide job retention services for the employer striving to increase the number of people with disabilities in their workforce. For example, according to the source of this evidence, Walgreens established a goal that 30 percent of its approximately 800 workers at its distribution center in Anderson, South Carolina to be people with disabilities. Once the center was operating in full capacity, the partnership allowed it to exceed its 30 percent goal.

Many employers and disability service providers are realizing that recruiting people with disabilities as part of their integrated approach to increase talented and diverse workforce, increases employment of people with disabilities.

Platform to Employment (P2E)

Southwest Connecticut

<http://platformtoemployment.com/>

The Platform to Employment (P2E) is a public-private partnership that provides businesses with a risk-free opportunity to evaluate and consider hiring the long-term unemployed (those out of work for more than 27 weeks) during an eight-week work experience program.

P2E was initially launched in 2011 as a pilot project by the Workplace, a regional Workforce Development Board in the State of Connecticut, to address the life changing impacts that the long-term impact unemployment has on people, and be a catalyst in securing employment. The initial funding came from the State of Connecticut but is now a combination of state and private foundation money.

Initially, the program focuses on job readiness by assessing skills, effective communication, and successful job search. After that, enrollees would start an eight-week program and earn wages subsidized with private investment funds, and they work on a trial basis where the long-term unemployed can demonstrate they have the skills needed by the employer. After successfully completing the free trial period, employers would offer employment as it becomes clear that absence from the work place has not actually eroded the capabilities of the long-term employed.

Since its inception, 73% of enrollees obtained workplace experience, and 88% of those were hired.

As of April 2014, ten other nationwide communities replicated the program.

http://platformtoemployment.com/index.asp?Type=B_BASIC&SEC={F1FFDF28-69D2-4217-BF85-9D8B63663153}

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

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) _____

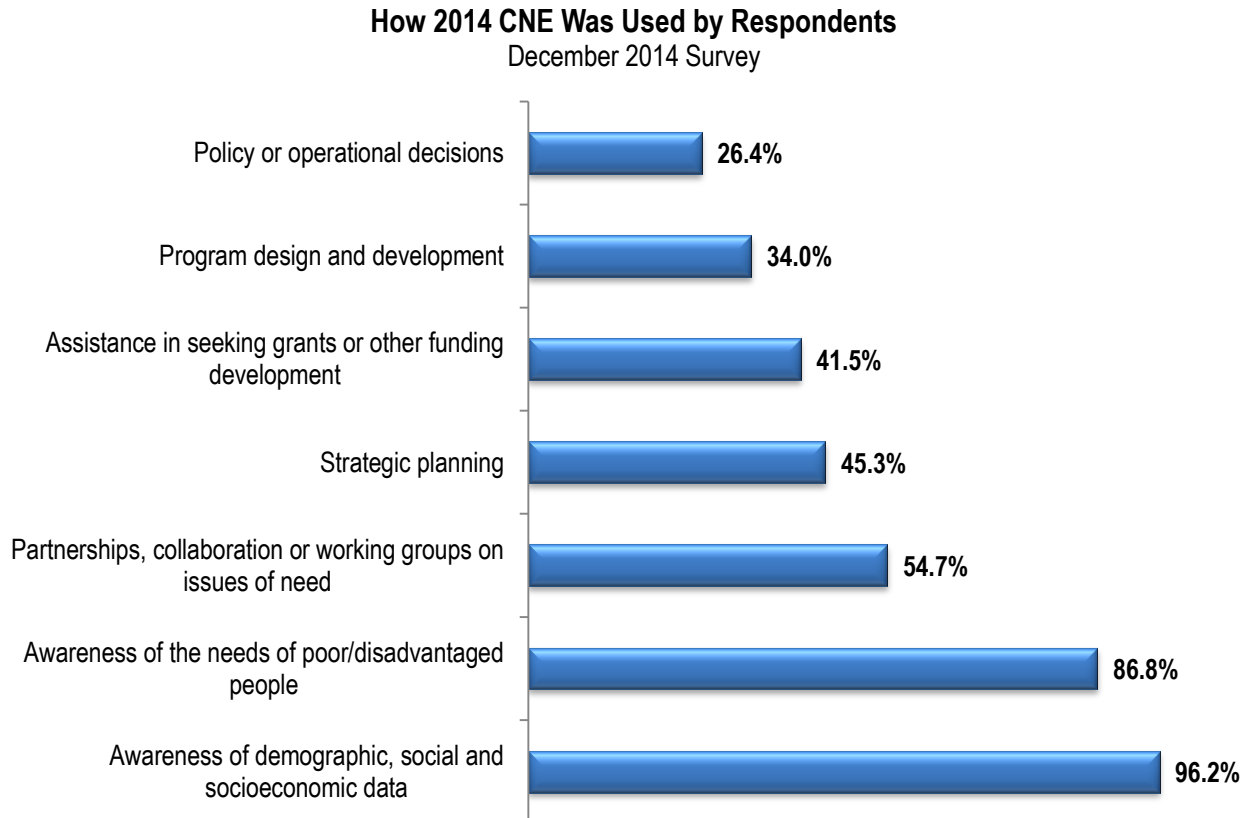
Other Comments?

2014 Community Needs Evaluation User Survey

Conducted December 2014

An online survey was conducted through SurveyMonkey to organizations that regularly work with Metro Social Services to determine how the 2014 CNE was used by these organizations. The survey was conducted in December 2014. Response summaries are below.

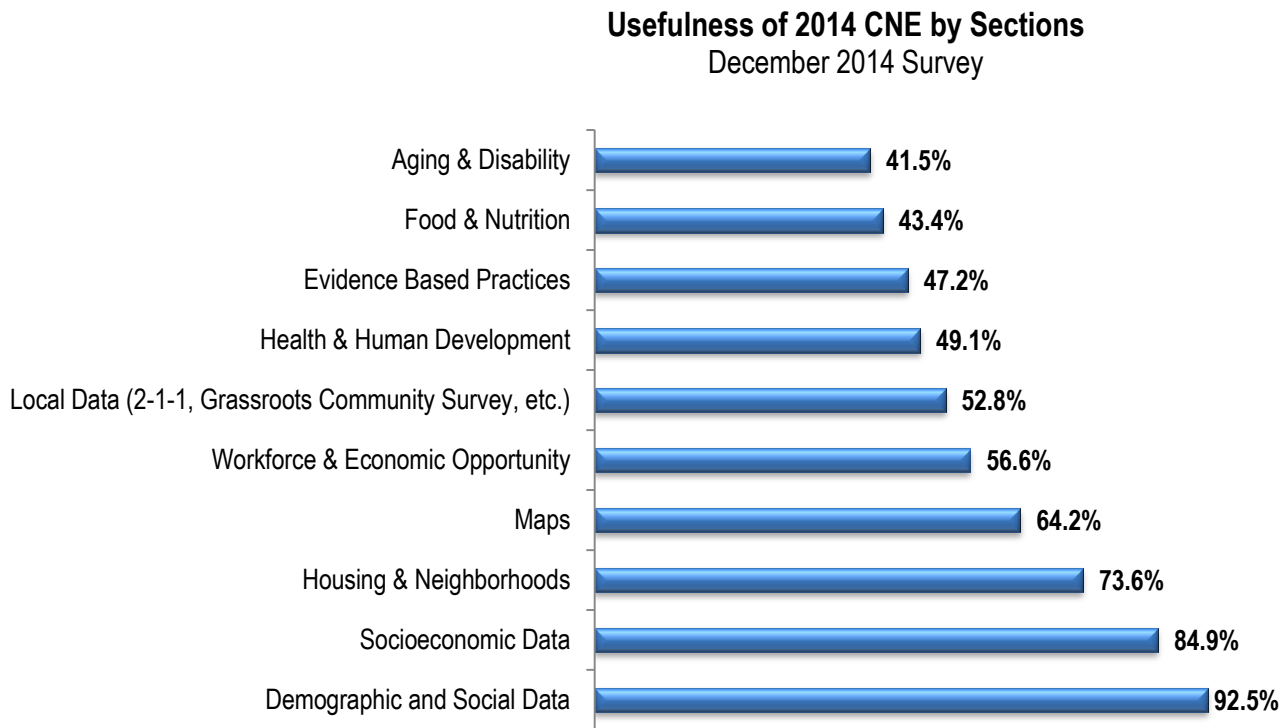
1. Did you or your organization find the Community Needs Evaluation useful in the following ways? Please check all that apply.



Additional Answers

- Used by subgroup of the Healthy Nashville Leadership Council planning process.
- By Development Chair for Nashville OIC - The survey is an outstanding source for background information in writing grant proposals.
- To address training needs.
- This is an invaluable document in our work and it is so professionally done and presented. You cannot get this information anywhere else.
- We use this document to identify the services needed in specific areas of town and to identify trends.

2. Which of these sections were useful to you or your organization?



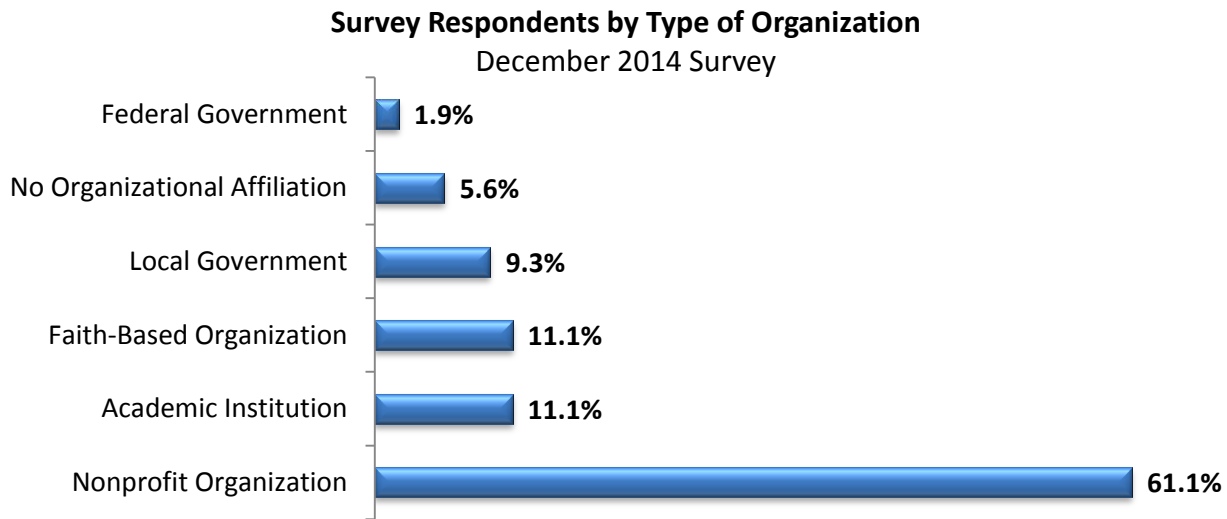
Additional Answers

- It's all useful, but I focused on specific things.
- Transportation.

3. Other comments or suggestions?

- Keep it coming!!!
- It was very thorough.
- Employment opportunities are limited given the lack of transportation options available, i.e. limited by locality, times (late nights, evenings) and routes.
- The Community Needs Evaluation is a very important document for us. Also, it has helped some organizations that participate with the Nashville Workforce Network. I appreciate the Metro Social Services Planning & Coordination team for preparing and distributing this very valuable resource.
- Education attainment levels; school performance data by neighborhood.
- Keep up the great work! This is a valuable and useful report for Nashville.

4. Type of organization you represent?



Additional Answers

- Financial Institution
- University, and used in advocacy for Healthy Nashville, which is government
- Financial Institution
- Faith-based task force

Responding Organizations

- African American Faith Community Suicide Prevention Task Force
- Catholic Charities of Tennessee
- Center for Refugees and Immigrants of Tennessee
- Christian Women's Job Corps of Middle Tennessee
- Council on Aging of Greater Nashville
- Dismas, Inc. - Nashville House
- FiftyForward
- Goodwill Industries
- Habitat for Humanity of Greater Nashville
- Hands On Nashville
- Ladies of Charity
- Loaves and Fishes - Catholic Charities
- Metro Nashville Public Health Department
- Metropolitan Nashville Public Schools
- Metropolitan Nashville Public Schools- HERO Program

- Nashville Adult Literacy Council
- Nashville Career Advancement Center
- Nashville Opportunities Industrialization Center (OIC)
- Nashville Public Television
- National Association of Social Workers, Tennessee Chapter
- NeedLink Nashville
- New Level CDC
- Old Center Elementary
- Operation Stand Down Tennessee
- Park Center
- Pathway Lending
- PENCIL Foundation
- Pinnacle Financial Partners
- Project Return
- Rooftop Foundation
- Saint Thomas Health
- Sophia's Hearth Foundation
- SunTrust Bank
- Temple Church
- Tennessee AIDS Education and Training Center at the Vanderbilt Comprehensive Care Clinic
- Tennessee Disability Coalition
- The Family Center
- The Salvation Army
- United Neighborhood Health Centers
- United Way of Metropolitan Nashville
- University of Tennessee Extension Office
- Vanderbilt Faculty
- Vanderbilt University Medical Center
- Vanderbilt University Scholar
- Veterans Administration Medical Center
- Watson Grove Missionary Baptist Church

DATA SNAPSHOT

Metropolitan Council Districts – Davidson County, Tennessee

U. S. Census Bureau, 2009–2013 American Community Survey

Age Categories	Under 5 years	5-9 years	10-14 years	15-19 years	20-24 years	25-34 years	35-44 years	45-54 years	55-59 years	60-64 years	65-74 years	75-84 years	85 years and over
District 1	4.9%	5.3%	4.8%	5.0%	5.7%	12.6%	13.1%	16.0%	7.8%	7.2%	9.8%	6.1%	1.6%
District 2	6.9%	6.4%	7.1%	7.8%	11.2%	10.6%	10.3%	12.4%	7.4%	6.4%	7.4%	4.1%	2.2%
District 3	6.9%	7.7%	8.0%	6.8%	5.6%	11.4%	15.4%	14.3%	6.8%	5.6%	7.0%	3.5%	1.1%
District 4	5.0%	6.6%	5.4%	5.3%	5.2%	17.9%	10.4%	12.5%	7.2%	7.6%	7.6%	6.3%	3.1%
District 5	11.4%	6.4%	6.9%	8.6%	8.8%	17.2%	12.3%	11.3%	4.8%	3.3%	4.9%	3.1%	0.8%
District 6	7.0%	7.8%	3.7%	4.6%	8.2%	22.5%	16.6%	13.3%	5.4%	4.3%	4.3%	1.7%	0.6%
District 7	6.3%	6.5%	5.5%	5.5%	4.8%	20.0%	14.0%	13.6%	6.1%	6.2%	6.3%	3.9%	1.4%
District 8	8.3%	5.3%	4.5%	3.9%	5.4%	19.4%	13.4%	15.6%	7.0%	6.0%	6.2%	3.7%	1.3%
District 9	7.3%	7.1%	6.9%	7.0%	6.6%	13.8%	15.3%	12.1%	7.5%	5.6%	6.8%	2.8%	1.1%
District 10	8.0%	6.0%	4.6%	4.9%	7.9%	16.7%	10.8%	13.6%	8.5%	5.7%	6.6%	5.0%	1.6%
District 11	6.0%	4.7%	4.6%	4.5%	6.3%	14.2%	13.3%	16.6%	6.8%	5.9%	9.1%	5.7%	2.3%
District 12	9.0%	7.0%	5.0%	5.4%	7.0%	20.8%	12.3%	13.1%	6.0%	5.2%	5.9%	2.4%	0.8%
District 13	8.8%	5.4%	6.8%	5.0%	7.4%	23.8%	15.3%	13.0%	5.2%	3.1%	3.8%	1.6%	0.7%
District 14	5.0%	5.6%	4.9%	4.6%	7.9%	20.2%	15.6%	15.2%	6.7%	3.9%	5.8%	3.3%	1.3%
District 15	7.6%	6.1%	3.5%	4.4%	7.6%	18.9%	14.1%	13.6%	5.3%	4.7%	5.3%	6.7%	2.2%
District 16	7.9%	7.6%	5.3%	4.0%	7.8%	19.0%	15.0%	15.1%	5.1%	3.9%	4.2%	3.2%	1.7%
District 17	7.7%	6.3%	6.0%	5.8%	10.4%	16.7%	9.6%	14.5%	5.8%	4.7%	5.9%	4.4%	2.1%
District 18	3.2%	2.4%	2.0%	15.5%	31.9%	15.4%	11.0%	5.7%	4.2%	2.5%	3.3%	1.5%	1.4%
District 19	5.4%	4.6%	4.4%	12.9%	13.1%	21.2%	11.3%	12.2%	5.0%	3.8%	4.4%	1.0%	0.7%
District 20	7.6%	6.3%	3.7%	3.8%	7.4%	22.7%	17.7%	12.1%	4.6%	5.1%	5.4%	2.8%	0.8%
District 21	5.6%	5.2%	6.5%	14.7%	14.3%	14.9%	8.5%	10.9%	4.8%	4.8%	5.7%	2.7%	1.5%
District 22	5.1%	3.1%	4.0%	4.5%	7.1%	20.3%	12.2%	15.7%	5.4%	7.2%	7.9%	5.2%	2.3%
District 23	4.4%	5.4%	5.6%	6.0%	5.4%	15.8%	11.9%	15.7%	8.1%	6.1%	7.1%	5.2%	3.4%
District 24	5.2%	3.8%	3.6%	3.6%	8.1%	26.1%	11.6%	10.7%	7.2%	5.3%	8.2%	4.6%	2.1%
District 25	4.7%	2.7%	4.7%	9.0%	11.8%	18.6%	9.9%	10.0%	7.1%	5.2%	8.1%	4.0%	4.3%
District 26	8.1%	8.3%	4.9%	3.9%	7.1%	18.8%	15.8%	12.0%	5.4%	5.9%	4.9%	4.3%	0.7%
District 27	9.1%	7.6%	5.7%	3.8%	9.1%	26.1%	12.5%	10.7%	3.6%	2.6%	3.8%	3.6%	1.8%
District 28	8.2%	6.9%	6.9%	6.1%	7.2%	22.1%	17.0%	14.2%	4.9%	2.6%	3.0%	1.0%	0.1%
District 29	7.5%	4.9%	4.4%	6.6%	8.9%	16.2%	16.8%	15.2%	6.6%	4.4%	6.2%	1.8%	0.4%
District 30	9.7%	8.6%	6.4%	6.2%	7.8%	21.1%	13.9%	11.1%	4.7%	3.0%	3.9%	2.8%	0.7%
District 31	7.1%	6.9%	4.5%	3.9%	4.9%	21.3%	17.0%	13.3%	6.9%	5.6%	5.5%	2.5%	0.5%
District 32	9.4%	6.7%	6.7%	7.0%	10.2%	20.7%	15.2%	12.4%	4.5%	3.0%	2.7%	1.2%	0.3%
District 33	7.3%	7.1%	5.8%	5.1%	8.2%	22.0%	14.7%	13.7%	6.7%	3.3%	4.3%	1.5%	0.4%
District 34	4.6%	6.4%	7.1%	4.5%	3.8%	7.2%	14.9%	15.7%	8.4%	8.0%	10.2%	5.3%	3.8%
District 35	7.3%	8.8%	6.7%	4.6%	4.5%	12.4%	15.7%	16.1%	7.4%	7.0%	5.2%	3.4%	1.0%

DATA SNAPSHOT
Metropolitan Council Districts – Davidson County, Tennessee
U. S. Census Bureau, 2009-2013 American Community Survey

Age	18 years and over	21 years and over	62 years and over	65 years and over	Median Age (Years)
District 1	81.6%	78.4%	21.8%	17.5%	44.2
District 2	74.8%	69.6%	17.3%	13.6%	35.0
District 3	72.8%	69.8%	14.9%	11.6%	36.9
District 4	80.2%	76.9%	20.5%	16.9%	39.6
District 5	71.0%	64.3%	10.9%	8.9%	29.5
District 6	78.4%	75.9%	8.4%	6.5%	32.8
District 7	79.1%	75.3%	14.6%	11.5%	36.4
District 8	79.0%	77.5%	14.1%	11.1%	36.9
District 9	74.0%	70.5%	13.7%	10.7%	35.5
District 10	78.3%	75.3%	16.4%	13.2%	36.4
District 11	81.5%	79.3%	20.7%	17.2%	41.5
District 12	76.1%	71.9%	12.2%	9.1%	33.2
District 13	76.5%	73.3%	7.9%	6.1%	31.2
District 14	82.3%	79.4%	13.2%	10.5%	36.3
District 15	79.8%	77.1%	16.3%	14.2%	35.9
District 16	77.3%	73.6%	11.5%	9.1%	33.2
District 17	77.5%	72.6%	15.3%	12.4%	33.1
District 18	91.3%	66.7%	7.3%	6.2%	23.4
District 19	82.8%	69.6%	8.4%	6.1%	28.3
District 20	80.1%	77.6%	11.5%	9.0%	34.1
District 21	78.5%	63.5%	12.7%	9.8%	27.0
District 22	84.9%	82.3%	19.3%	15.4%	41.2
District 23	80.4%	77.9%	19.5%	15.7%	41.9
District 24	85.3%	83.2%	18.3%	14.8%	34.8
District 25	84.8%	76.2%	18.8%	16.4%	34.1
District 26	76.3%	72.6%	13.3%	9.9%	34.2
District 27	74.9%	72.6%	10.9%	9.2%	30.1
District 28	74.6%	70.1%	5.5%	4.1%	31.8
District 29	78.9%	75.5%	10.7%	8.4%	36.0
District 30	71.7%	67.6%	8.9%	7.4%	30.1
District 31	79.3%	77.1%	11.6%	8.5%	35.6
District 32	73.0%	68.7%	5.5%	4.2%	29.6
District 33	76.7%	72.5%	8.0%	6.1%	32.3
District 34	78.7%	76.9%	24.3%	19.3%	45.8
District 35	73.7%	72.2%	13.5%	9.6%	38.9

DATA SNAPSHOT

Metropolitan Council Districts – Davidson County, Tennessee

U. S. Census Bureau, 2009–2013 American Community Survey

Race/ Ethnicity	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some other race	Two or more races	Hispanic or Latino (of any race)
District 1	46.7%	51.0%	0.0%	1.0%	0.0%	0.1%	1.2%	0.5%
District 2	10.3%	85.1%	0.2%	0.1%	0.0%	1.1%	3.2%	2.0%
District 3	35.2%	61.3%	0.1%	1.3%	0.2%	0.2%	1.7%	3.3%
District 4	57.5%	31.3%	0.2%	0.2%	0.0%	8.8%	2.1%	14.0%
District 5	39.3%	50.7%	0.2%	1.1%	0.0%	6.5%	2.3%	13.2%
District 6	59.3%	35.2%	1.0%	0.4%	0.0%	1.1%	3.0%	4.8%
District 7	54.5%	42.7%	0.1%	0.1%	0.0%	0.7%	1.9%	1.5%
District 8	57.7%	32.7%	0.6%	0.9%	0.1%	5.3%	2.7%	7.1%
District 9	58.7%	30.3%	0.1%	1.2%	0.0%	7.7%	2.1%	16.8%
District 10	71.9%	23.4%	0.1%	1.1%	0.0%	0.9%	2.7%	9.4%
District 11	87.7%	7.4%	0.1%	2.1%	0.0%	1.5%	1.2%	5.0%
District 12	71.9%	22.0%	0.2%	2.2%	0.0%	1.3%	2.4%	4.5%
District 13	64.4%	21.7%	0.7%	4.3%	0.0%	5.8%	3.0%	18.2%
District 14	80.5%	11.3%	0.3%	1.5%	0.2%	4.5%	1.7%	9.3%
District 15	79.0%	13.5%	0.0%	2.4%	0.0%	2.5%	2.5%	10.3%
District 16	63.9%	16.1%	0.2%	4.6%	0.0%	13.2%	2.1%	31.1%
District 17	43.4%	53.0%	0.2%	1.7%	0.0%	0.4%	1.3%	2.8%
District 18	79.9%	9.2%	0.0%	8.4%	0.0%	0.4%	2.1%	2.4%
District 19	39.5%	54.1%	0.0%	2.7%	0.2%	0.8%	2.7%	2.9%
District 20	63.7%	19.1%	0.8%	8.5%	0.2%	5.2%	2.4%	15.9%
District 21	21.3%	72.4%	0.0%	4.4%	0.1%	0.2%	1.6%	1.7%
District 22	79.2%	10.7%	0.1%	7.6%	0.0%	2.1%	0.4%	4.9%
District 23	88.8%	7.4%	0.1%	1.9%	0.0%	0.1%	1.7%	3.3%
District 24	83.5%	8.0%	0.1%	4.9%	0.0%	1.6%	2.0%	3.3%
District 25	91.6%	4.3%	0.2%	2.0%	0.0%	0.8%	1.0%	2.3%
District 26	69.4%	17.8%	0.1%	4.0%	0.1%	6.0%	2.6%	18.1%
District 27	69.3%	13.5%	0.1%	8.9%	0.1%	6.2%	2.0%	16.6%
District 28	45.2%	34.2%	0.1%	2.4%	0.0%	14.7%	3.5%	23.4%
District 29	50.5%	39.2%	0.1%	1.7%	0.5%	5.1%	3.0%	9.2%
District 30	53.5%	16.0%	0.2%	4.9%	0.0%	21.1%	4.3%	38.5%
District 31	76.6%	14.3%	0.0%	5.3%	0.0%	2.3%	1.4%	8.1%
District 32	42.5%	42.4%	1.3%	3.6%	0.1%	7.8%	2.5%	12.6%
District 33	45.1%	43.4%	0.3%	1.9%	0.0%	5.5%	3.9%	11.6%
District 34	94.3%	0.9%	0.0%	2.5%	0.0%	0.7%	1.6%	1.4%
District 35	87.8%	6.4%	0.0%	4.2%	0.0%	0.3%	1.3%	2.4%

DATA SNAPSHOT

Metropolitan Council Districts – Davidson County, Tennessee

U. S. Census Bureau, 2009-2013 American Community Survey

Income	Households Under \$15,000	Median Household Income	Mean Household Income	Families Under \$15,000	Median Family Income	Mean Family Income	Per Capita Income
District 1	9.3%	\$ 58,416	\$ 63,804	4.40%	\$ 65,530	\$ 72,611	\$ 23,575
District 2	10.0%	\$ 27,521	\$ 39,803	20.40%	\$ 32,436	\$ 46,670	\$ 16,694
District 3	5.7%	\$ 42,428	\$ 53,179	10.90%	\$ 49,577	\$ 57,868	\$ 20,811
District 4	10.6%	\$ 36,127	\$ 45,308	11.30%	\$ 46,366	\$ 57,316	\$ 21,140
District 5	14.8%	\$ 28,710	\$ 39,310	26.30%	\$ 27,545	\$ 37,689	\$ 15,689
District 6	9.0%	\$ 40,882	\$ 55,716	26.10%	\$ 45,719	\$ 65,940	\$ 26,389
District 7	5.4%	\$ 40,345	\$ 47,771	9.60%	\$ 45,781	\$ 52,783	\$ 20,967
District 8	6.9%	\$ 40,384	\$ 49,731	13.30%	\$ 48,631	\$ 57,486	\$ 22,280
District 9	9.1%	\$ 36,807	\$ 46,685	15.40%	\$ 47,671	\$ 56,592	\$ 19,161
District 10	4.4%	\$ 45,882	\$ 54,824	8.00%	\$ 52,367	\$ 60,798	\$ 23,703
District 11	9.0%	\$ 49,550	\$ 64,127	7.40%	\$ 61,744	\$ 79,239	\$ 27,243
District 12	3.1%	\$ 56,886	\$ 71,128	6.00%	\$ 73,482	\$ 82,451	\$ 28,347
District 13	4.7%	\$ 43,152	\$ 49,089	14.50%	\$ 42,945	\$ 50,911	\$ 20,640
District 14	3.7%	\$ 45,513	\$ 52,753	5.70%	\$ 53,588	\$ 61,443	\$ 25,556
District 15	6.3%	\$ 44,027	\$ 55,524	11.30%	\$ 53,705	\$ 63,361	\$ 24,102
District 16	7.0%	\$ 34,565	\$ 43,588	9.10%	\$ 42,813	\$ 53,128	\$ 18,448
District 17	14.1%	\$ 23,234	\$ 41,122	29.00%	\$ 33,176	\$ 51,931	\$ 19,750
District 18	6.4%	\$ 60,066	\$ 92,375	4.20%	\$ 118,198	\$ 153,561	\$ 35,540
District 19	7.5%	\$ 25,385	\$ 49,629	26.10%	\$ 29,104	\$ 52,726	\$ 24,206
District 20	3.8%	\$ 40,648	\$ 46,020	14.30%	\$ 43,059	\$ 50,667	\$ 17,203
District 21	11.7%	\$ 28,260	\$ 36,726	26.20%	\$ 28,421	\$ 37,301	\$ 15,821
District 22	4.2%	\$ 54,623	\$ 69,277	5.80%	\$ 71,901	\$ 84,306	\$ 33,329
District 23	3.3%	\$ 75,636	\$ 136,992	2.60%	\$ 114,386	\$ 188,901	\$ 60,139
District 24	4.2%	\$ 61,726	\$ 103,092	7.10%	\$ 103,073	\$ 155,806	\$ 52,695
District 25	2.5%	\$ 75,169	\$ 123,448	1.80%	\$ 114,123	\$ 175,439	\$ 56,457
District 26	6.1%	\$ 46,806	\$ 61,935	11.90%	\$ 56,557	\$ 71,391	\$ 24,849
District 27	4.9%	\$ 41,903	\$ 52,265	14.30%	\$ 44,146	\$ 56,249	\$ 23,310
District 28	5.8%	\$ 40,511	\$ 50,155	8.70%	\$ 46,500	\$ 56,217	\$ 17,425
District 29	3.1%	\$ 47,103	\$ 58,011	1.00%	\$ 58,285	\$ 66,122	\$ 25,583
District 30	6.6%	\$ 36,953	\$ 44,598	13.50%	\$ 39,811	\$ 48,458	\$ 15,584
District 31	1.8%	\$ 75,861	\$ 92,721	3.30%	\$ 84,730	\$ 103,855	\$ 40,592
District 32	2.0%	\$ 47,404	\$ 62,324	6.20%	\$ 58,071	\$ 71,513	\$ 24,238
District 33	3.9%	\$ 45,895	\$ 55,005	6.30%	\$ 58,663	\$ 65,793	\$ 23,661
District 34	0.9%	\$ 120,536	\$ 185,849	0.60%	\$ 145,741	\$ 218,740	\$ 76,105
District 35	2.0%	\$ 90,794	\$ 106,031	1.60%	\$ 97,347	\$ 112,203	\$ 39,715

DATA SNAPSHOT

Metropolitan Council Districts – Davidson County, Tennessee

U. S. Census Bureau, 2009-2013 American Community Survey

Poverty	All families	All people	18 years and over	18 to 64 years	65 years and over
District 1	9.4%	13.9%	10.4%	10.5%	9.9%
District 2	31.2%	36.0%	28.2%	29.4%	23.2%
District 3	17.5%	20.7%	15.9%	17.1%	9.6%
District 4	15.5%	21.9%	18.0%	18.5%	15.7%
District 5	37.2%	39.9%	31.4%	33.6%	16.6%
District 6	29.7%	32.5%	22.1%	22.4%	19.3%
District 7	11.7%	15.8%	14.9%	15.2%	13.0%
District 8	18.1%	20.6%	17.3%	18.8%	8.3%
District 9	19.8%	25.8%	22.5%	24.3%	11.5%
District 10	10.1%	13.8%	10.6%	11.8%	4.8%
District 11	8.4%	13.3%	13.0%	14.1%	8.9%
District 12	10.8%	13.9%	10.8%	11.6%	5.0%
District 13	24.0%	25.8%	20.4%	21.2%	11.2%
District 14	7.5%	11.5%	10.9%	11.6%	5.9%
District 15	13.4%	17.5%	14.0%	16.0%	4.3%
District 16	20.7%	28.3%	23.6%	25.5%	9.0%
District 17	34.3%	38.3%	30.2%	32.7%	17.3%
District 18	4.2%	16.5%	19.0%	20.3%	7.4%
District 19	37.0%	41.8%	36.6%	37.2%	30.6%
District 20	18.2%	21.1%	16.2%	17.5%	7.1%
District 21	35.9%	37.9%	30.5%	32.6%	18.2%
District 22	7.1%	8.2%	7.4%	7.9%	4.9%
District 23	2.6%	5.4%	5.1%	5.7%	2.6%
District 24	8.2%	13.0%	11.9%	12.3%	9.8%
District 25	1.8%	9.0%	10.4%	12.2%	3.4%
District 26	18.0%	23.7%	17.4%	18.4%	10.6%
District 27	19.8%	24.5%	19.0%	20.1%	10.7%
District 28	18.1%	21.0%	15.8%	16.6%	3.1%
District 29	5.4%	10.8%	10.3%	11.2%	3.0%
District 30	20.9%	23.8%	19.5%	20.8%	8.5%
District 31	4.8%	7.6%	6.6%	7.4%	0.7%
District 32	10.5%	13.6%	11.5%	12.1%	2.2%
District 33	8.8%	11.3%	10.0%	9.6%	14.7%
District 34	0.7%	2.3%	2.7%	3.0%	2.0%
District 35	2.1%	4.2%	4.5%	4.7%	2.8%

DATA SNAPSHOT

Metropolitan Council Districts – Davidson County, Tennessee

U. S. Census Bureau, 2009-2013 American Community Survey

Miscellaneous Social Characteristics	Total Population	No High School Education	High School Diploma or GED	Bachelor's Degree or Higher	Civilian Veterans	With a Disability
District 1	16,863	15.5%	31.3%	24.3%	11.8%	15.7%
District 2	15,775	18.2%	26.9%	18.5%	9.4%	20.7%
District 3	17,808	17.6%	31.5%	19.9%	9.4%	13.8%
District 4	15,521	16.5%	34.4%	18.9%	9.6%	17.2%
District 5	14,021	26.4%	30.9%	18.1%	7.9%	13.5%
District 6	15,889	15.5%	21.3%	41.1%	6.0%	14.2%
District 7	14,131	16.0%	29.2%	27.6%	9.2%	17.2%
District 8	14,462	21.5%	29.8%	25.9%	8.1%	16.6%
District 9	16,600	21.6%	37.5%	13.4%	9.5%	16.8%
District 10	18,242	14.8%	32.7%	23.2%	13.0%	13.2%
District 11	17,091	13.8%	28.8%	25.5%	10.7%	17.2%
District 12	22,980	6.8%	25.1%	34.3%	9.5%	9.3%
District 13	20,845	18.0%	26.5%	28.9%	5.7%	8.7%
District 14	18,244	12.8%	29.5%	26.3%	9.2%	11.4%
District 15	18,441	14.5%	30.0%	30.5%	10.8%	11.8%
District 16	17,801	24.9%	30.7%	17.5%	5.7%	12.4%
District 17	14,832	20.1%	28.5%	29.2%	6.5%	15.9%
District 18	16,678	3.1%	8.3%	76.5%	3.3%	4.2%
District 19	17,128	17.3%	25.4%	36.6%	4.2%	13.6%
District 20	16,180	28.1%	30.6%	18.8%	8.1%	11.8%
District 21	14,172	15.6%	30.9%	29.3%	7.2%	16.1%
District 22	18,296	6.6%	19.1%	46.9%	7.6%	11.6%
District 23	18,336	4.4%	8.8%	67.3%	7.5%	9.2%
District 24	16,250	6.2%	11.1%	62.8%	5.5%	9.9%
District 25	17,283	1.6%	7.4%	72.7%	6.2%	8.2%
District 26	19,012	16.0%	26.1%	36.1%	7.3%	10.6%
District 27	17,525	15.9%	18.6%	38.8%	6.3%	9.0%
District 28	18,275	24.0%	29.7%	20.5%	6.0%	8.7%
District 29	17,053	9.0%	26.1%	29.9%	7.8%	9.6%
District 30	18,974	29.7%	34.2%	14.8%	5.3%	9.6%
District 31	31,101	4.2%	13.3%	57.9%	6.5%	4.8%
District 32	30,589	8.8%	26.4%	34.4%	6.9%	7.0%
District 33	23,213	9.1%	23.6%	29.6%	9.6%	7.0%
District 34	17,779	1.5%	7.6%	75.8%	9.7%	7.4%
District 35	21,005	4.7%	14.2%	55.8%	7.6%	8.5%

DATA SNAPSHOT

U. S., Tennessee and Davidson County

U. S. Census Bureau, 2009-2013 American Community Survey

INCOME	U. S.	Tennessee	Davidson County
Total HOUSEHOLDS	116,291,033	2,490,249	261,571
Less than \$10,000	7.60%	8.80%	7.20%
\$10,000 to \$14,999	5.40%	6.30%	4.40%
\$15,000 to \$24,999	10.80%	12.90%	12.30%
\$25,000 to \$34,999	10.30%	11.80%	11.90%
\$35,000 to \$49,999	13.60%	15.20%	17.10%
\$50,000 to \$74,999	17.90%	18.40%	17.70%
\$75,000 to \$99,999	11.90%	10.80%	11.70%
\$100,000 to \$149,999	12.70%	9.60%	10.70%
\$150,000 to \$199,999	4.90%	3.10%	2.90%
\$200,000 or more	5.00%	3.10%	4.10%
Median household income (dollars)	\$ 52,250	\$ 44,297	\$ 47,150
Mean household income (dollars)	\$ 73,767	\$ 62,157	\$ 67,549
With earnings	77.80%	75.80%	82.80%
Mean earnings (dollars)	\$ 75,498	\$ 63,722	\$ 67,904
FAMILIES	76,680,463	1,658,071	143,076
Less than \$10,000	4.90%	5.70%	5.00%
\$10,000 to \$14,999	3.30%	4.00%	2.90%
\$15,000 to \$24,999	8.20%	10.00%	9.70%
\$25,000 to \$34,999	9.10%	10.80%	10.60%
\$35,000 to \$49,999	13.10%	15.00%	14.30%
\$50,000 to \$74,999	19.00%	20.60%	18.70%
\$75,000 to \$99,999	13.90%	13.30%	14.00%
\$100,000 to \$149,999	15.80%	12.40%	14.10%
\$150,000 to \$199,999	6.30%	4.20%	4.30%
\$200,000 or more	6.50%	4.20%	6.30%
Median family income (dollars)	\$ 64,030	\$ 54,691	\$ 59,324
Mean family income (dollars)	\$ 86,046	\$ 73,274	\$ 83,428
Per capita income (dollars)	\$ 28,184	\$ 24,678	\$ 28,440
Nonfamily households	39,610,570	832,178	118,495
Median nonfamily income (dollars)	\$ 31,705	\$ 26,580	\$ 36,072
Mean nonfamily income (dollars)	\$ 46,896	\$ 37,887	\$ 46,674
Median earnings for workers (dollars)	\$ 30,454	\$ 27,084	\$ 29,200
Median earnings for male full-time, year-round workers (dollars)	\$ 48,099	\$ 41,493	\$ 41,054
Median earnings for female full-time, year-round workers (dollars)	\$ 38,097	\$ 34,301	\$ 36,833

DATA SNAPSHOT

U. S., Tennessee and Davidson County

U. S. Census Bureau, 2009-2013 American Community Survey

PERCENT IN POVERTY	U. S.	Tennessee	Davidson County
All families	11.60%	13.30%	12.80%
With related children under 18 years	18.50%	22.00%	22.30%
With related children under 5 years only	18.30%	23.60%	18.30%
Married couple families	5.80%	6.50%	6.10%
With related children under 18 years	8.50%	9.80%	11.90%
With related children under 5 years only	7.00%	9.00%	11.20%
Families with female householder, no husband present	30.90%	35.60%	30.00%
With related children under 18 years	41.00%	47.90%	39.60%
With related children under 5 years only	46.20%	54.00%	34.50%
All people	15.80%	17.80%	17.80%
Under 18 years	22.20%	26.50%	30.50%
Related children under 18 years	21.90%	26.20%	30.20%
Related children under 5 years	24.80%	31.50%	30.20%
Related children 5 to 17 years	20.80%	24.30%	30.30%
18 years and over	13.90%	15.10%	14.20%
18 to 64 years	14.80%	16.40%	15.10%
65 years and over	9.60%	9.70%	8.20%
People in families	13.10%	15.20%	16.20%
Unrelated individuals 15 years and over	27.40%	29.60%	22.10%

	United States	Tennessee	Davidson County
VETERAN STATUS			
Civilian population 18 years and over	241,556,724	4,986,689	515,841
Civilian veterans	8.1%	9.3%	6.8%
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION			
Total Civilian Noninstitutionalized Population	311,158,104	6,394,644	651,095
With a disability	12.6%	15.4%	11.6%
Under 18 years	73,446,062	1,489,574	142,101
With a disability	4.1%	4.6%	3.4%
18 to 64 years	194,358,411	3,983,560	439,922
With a disability	10.5%	13.7%	9.9%
65 years and over	43,353,631	921,510	69,072
With a disability	36.4%	40.0%	38.8%

DATA SNAPSHOT

U. S., Tennessee and Davidson County

U. S. Census Bureau, 2009-2013 American Community Survey

Households	United States	Tennessee	Davidson County
HOUSEHOLDS BY TYPE			
Total households	116,291,033	2,490,249	261,571
Family households (families)	65.9%	66.6%	54.7%
With own children under 18 years	28.6%	27.2%	23.3%
Married-couple family	48.0%	48.5%	36.3%
With own children under 18 years	19.1%	17.7%	13.8%
Male householder, no wife present, family	4.8%	4.7%	4.4%
With own children under 18 years	2.3%	2.3%	2.0%
Female householder, no husband present, family	13.1%	13.4%	14.0%
With own children under 18 years	7.2%	7.2%	7.5%
Nonfamily households	34.1%	33.4%	45.3%
Householder living alone	27.7%	28.1%	36.4%
65 years and over	10.1%	9.9%	8.6%
Households with one or more people under 18 years	32.1%	31.0%	26.9%
Households with one or more people 65 years and over	26.8%	26.9%	19.8%
Average household size	2.65	2.55	2.43
Average family size	3.26	3.13	3.26
RELATIONSHIP			
Population in households	308,099,169	6,342,054	636,818
Householder	37.7%	39.3%	41.1%
Spouse	18.1%	19.1%	14.9%
Child	30.6%	29.4%	27.6%
Other relatives	7.4%	7.1%	8.1%
Nonrelatives	6.1%	5.1%	8.2%
Unmarried partner	2.3%	2.1%	2.7%
MARITAL STATUS			
Males 15 years and over	124,380,019	2,537,029	256,513
Never married	36.3%	32.1%	41.0%
Now married, except separated	49.6%	51.3%	43.6%
Separated	1.8%	1.9%	2.4%
Widowed	2.6%	2.7%	1.7%
Divorced	9.7%	12.0%	11.3%
Females 15 years and over	130,637,147	2,718,099	279,449
Never married	30.0%	26.6%	39.2%
Now married, except separated	46.2%	47.4%	35.9%
Separated	2.5%	2.6%	3.2%
Widowed	9.1%	10.0%	7.9%
Divorced	12.3%	13.3%	13.9%

DATA SNAPSHOT

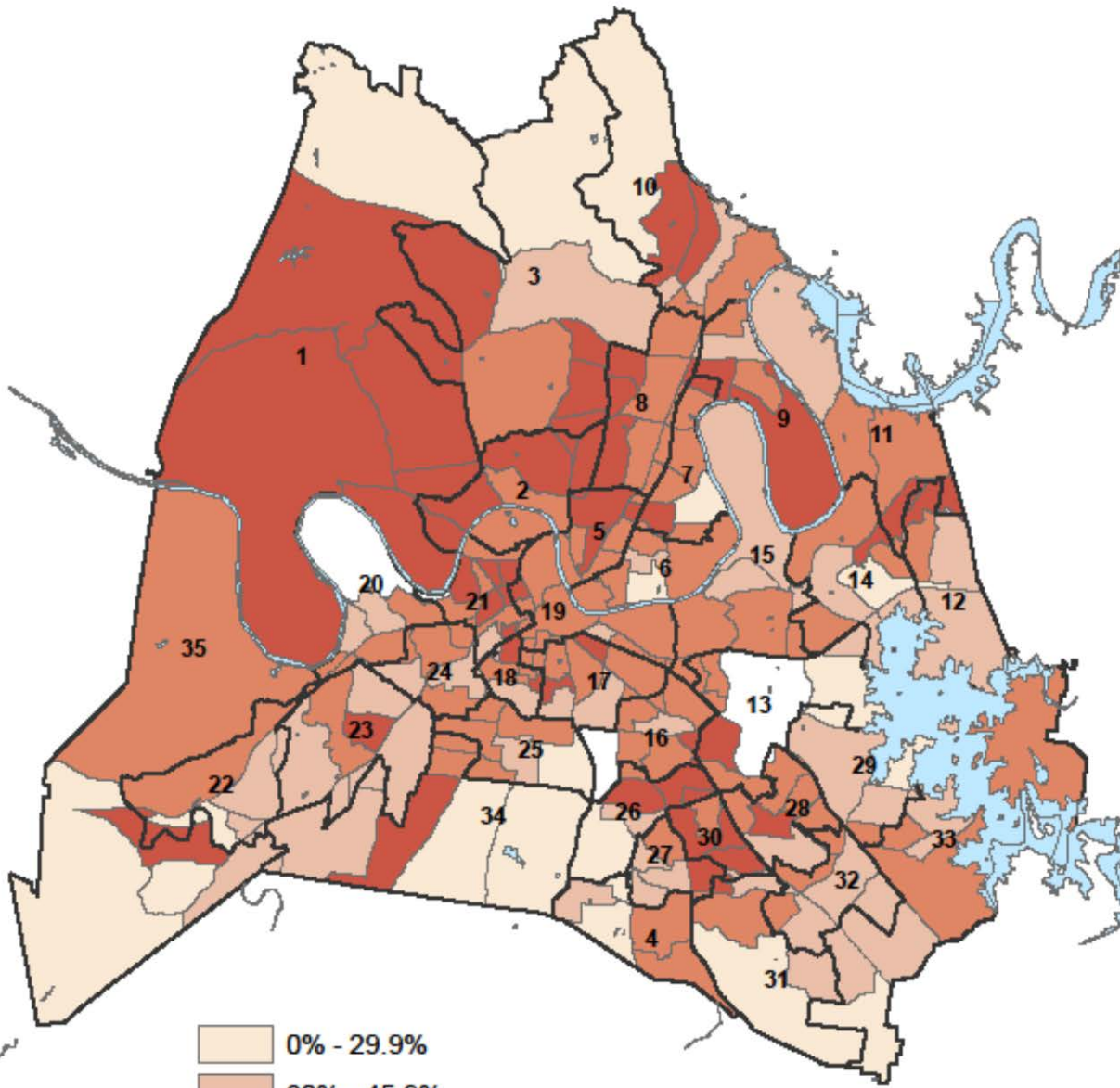
U. S., Tennessee and Davidson County

U. S. Census Bureau, 2009-2013 American Community Survey

School Enrollment and Educational Attainment	United States	Tennessee	Davidson County
SCHOOL ENROLLMENT			
Population 3 years and over enrolled in school	82,395,254	1,597,851	166,768
Nursery school, preschool	6.0%	5.4%	6.1%
Kindergarten	5.2%	5.5%	5.0%
Elementary school (grades 1-8)	40.0%	41.8%	36.5%
High school (grades 9-12)	20.6%	21.2%	16.9%
College or graduate school	28.3%	26.1%	35.5%
EDUCATIONAL ATTAINMENT			
Population 25 years and over	210,910,615	4,370,035	446,383
Less than 9th grade	5.8%	5.6%	4.7%
9th to 12th grade, no diploma	7.6%	8.8%	8.2%
High school graduate (includes equivalency)	27.8%	32.9%	23.5%
Some college, no degree	21.1%	21.2%	19.8%
Associate's degree	8.1%	6.7%	6.4%
Bachelor's degree	18.4%	15.6%	23.3%
Graduate or professional degree	11.2%	9.2%	14.2%
Percent high school graduate or higher	86.6%	85.6%	87.1%
Percent bachelor's degree or higher	29.6%	24.8%	37.5%

Cost-Burdened Renters by Census Tract with Council Districts

Data from U. S. Census Bureau, ACS 2009-2013, Shapefiles from Metropolitan Planning Department,
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis

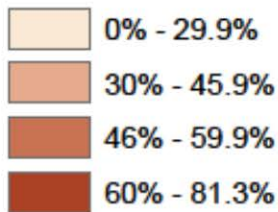
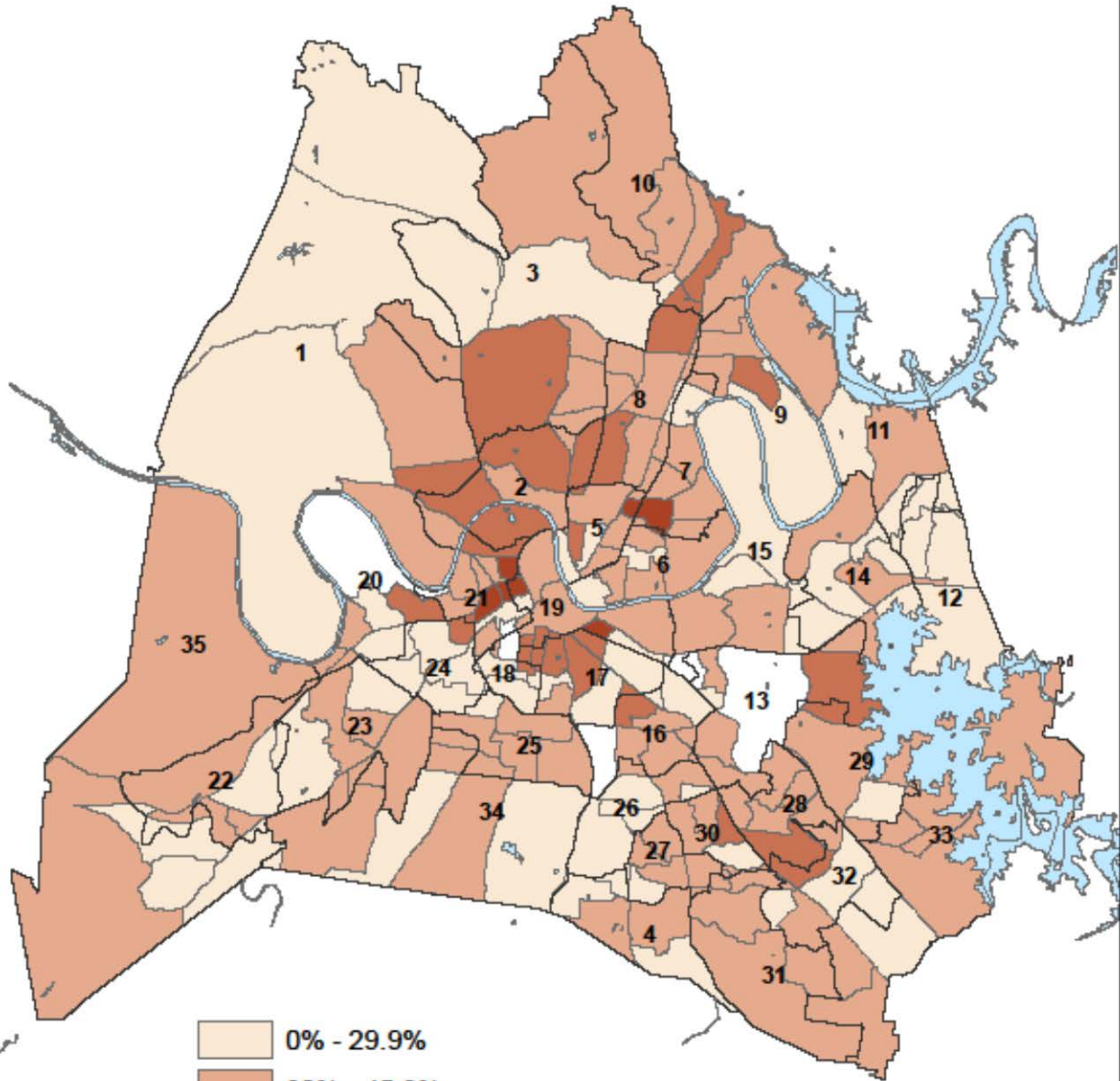


- 0% - 29.9%
- 30% - 45.9%
- 46% - 59.9%
- 60% - 100%



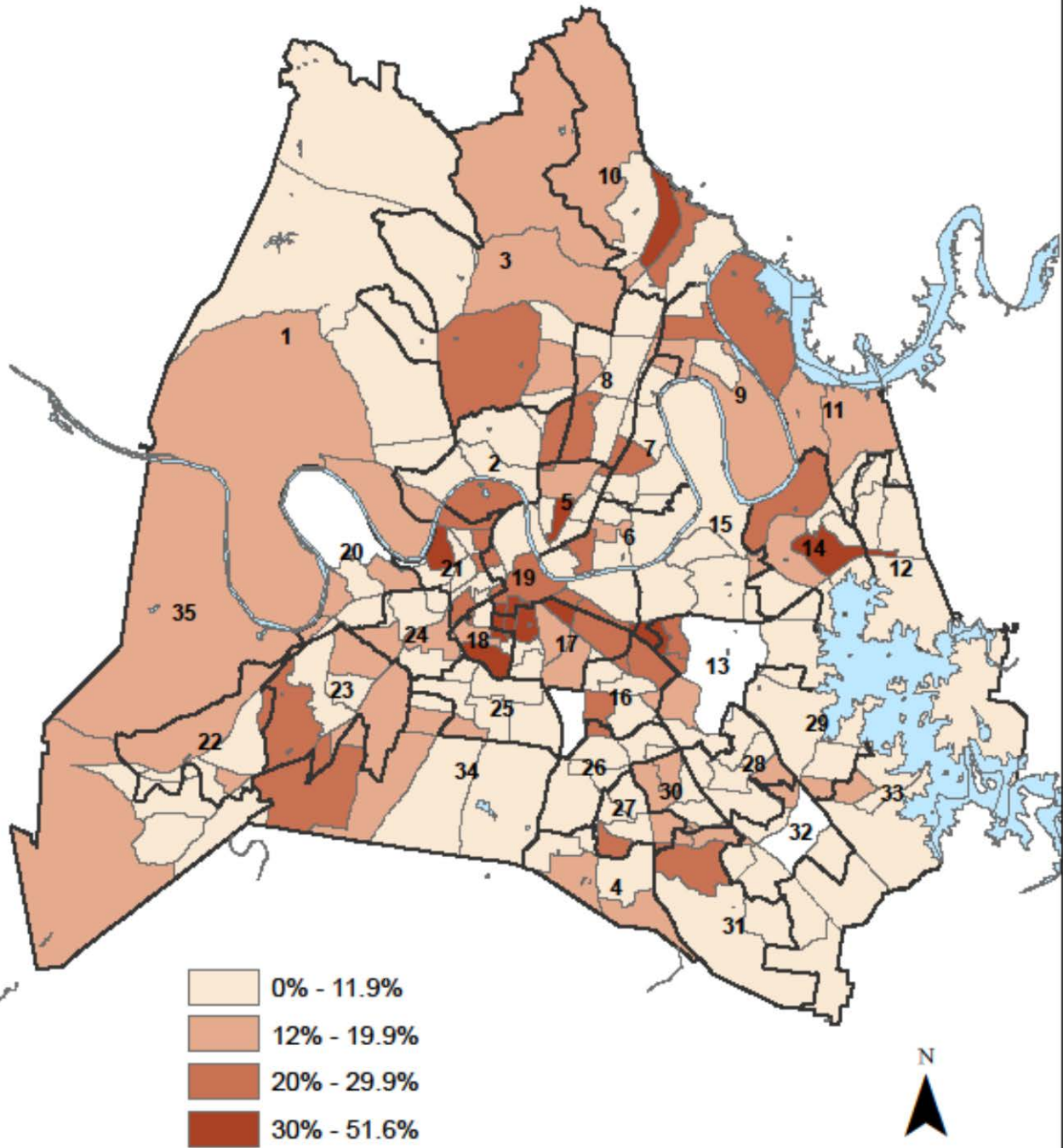
Cost-Burdened Owners with Mortgages by Census Tract with Council Districts

Data from U. S. Census Bureau, ACS 2009-2013, Shapefiles from Metropolitan Planning Department,
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis



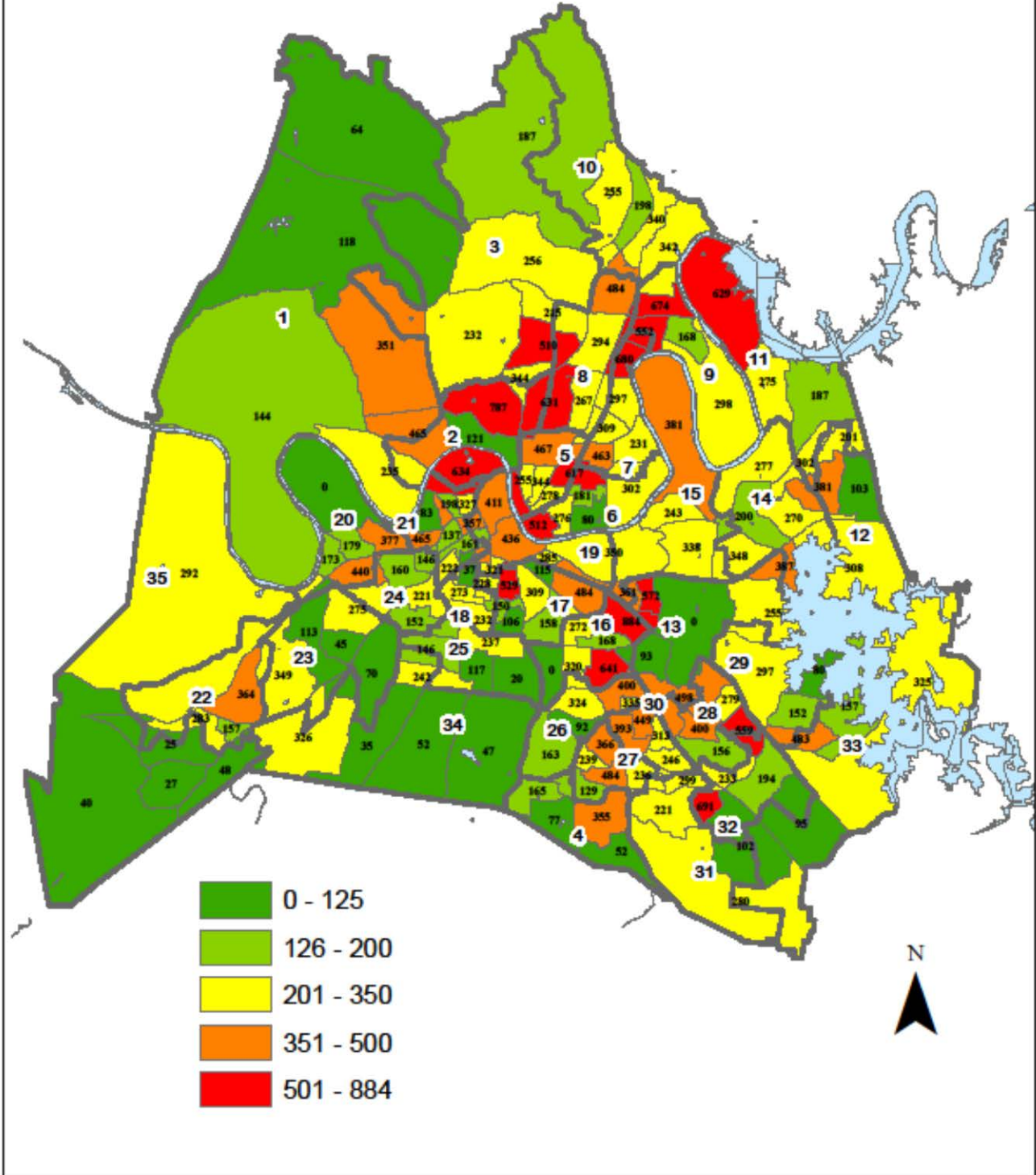
Cost-Burdened Owners With No Mortgage by Census Tract with Council Districts

Data from U. S. Census Bureau, ACS 2009-2013, Shapefiles from Metropolitan Planning Department,
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis



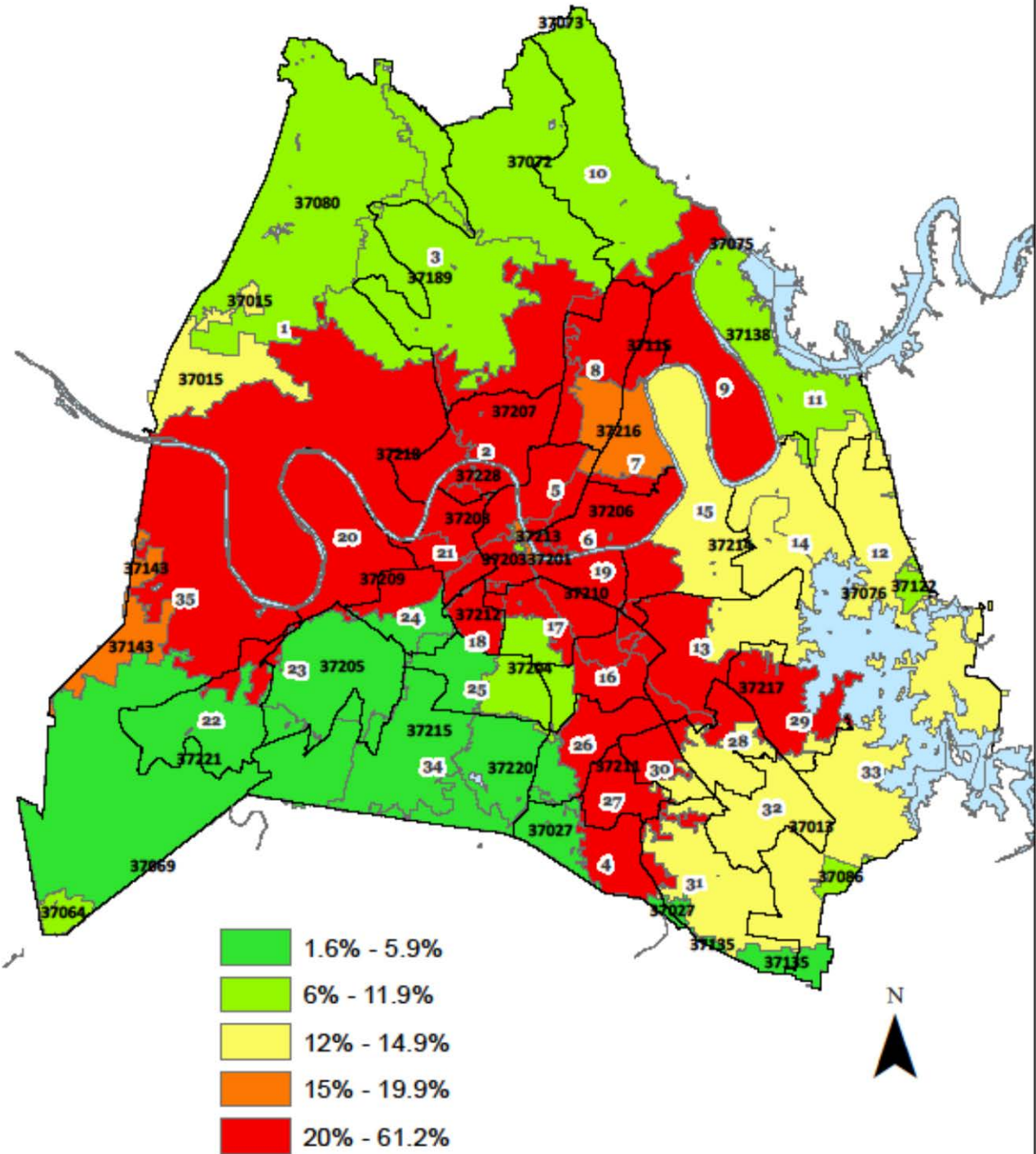
**Number of Households with Income Less Than \$25,000
by Census Tract with Metro Council Districts - Davidson County, Tennessee**

Data from U. S. Census Bureau, ACS 2009-2013, Shapefiles from Metropolitan Planning Department,
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis



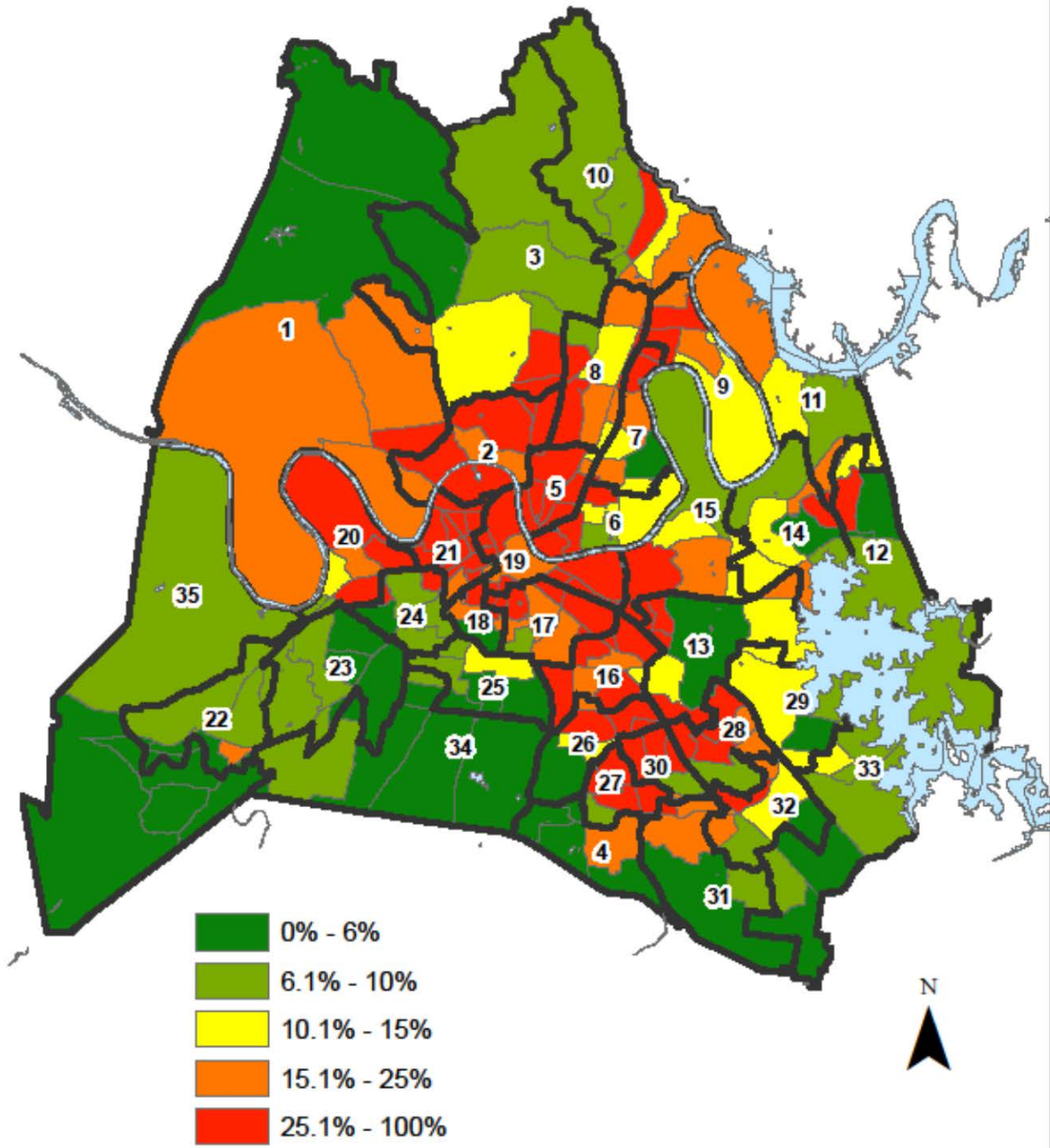
All People in Poverty by Zip Code with Council District Outlines - Davidson County, Tennessee

Data from U. S. Census Bureau, 2009-2013 American Community Survey; Shapefiles from Metropolitan Planning Department
Map by Metropolitan Social Services-Planning & Coordination



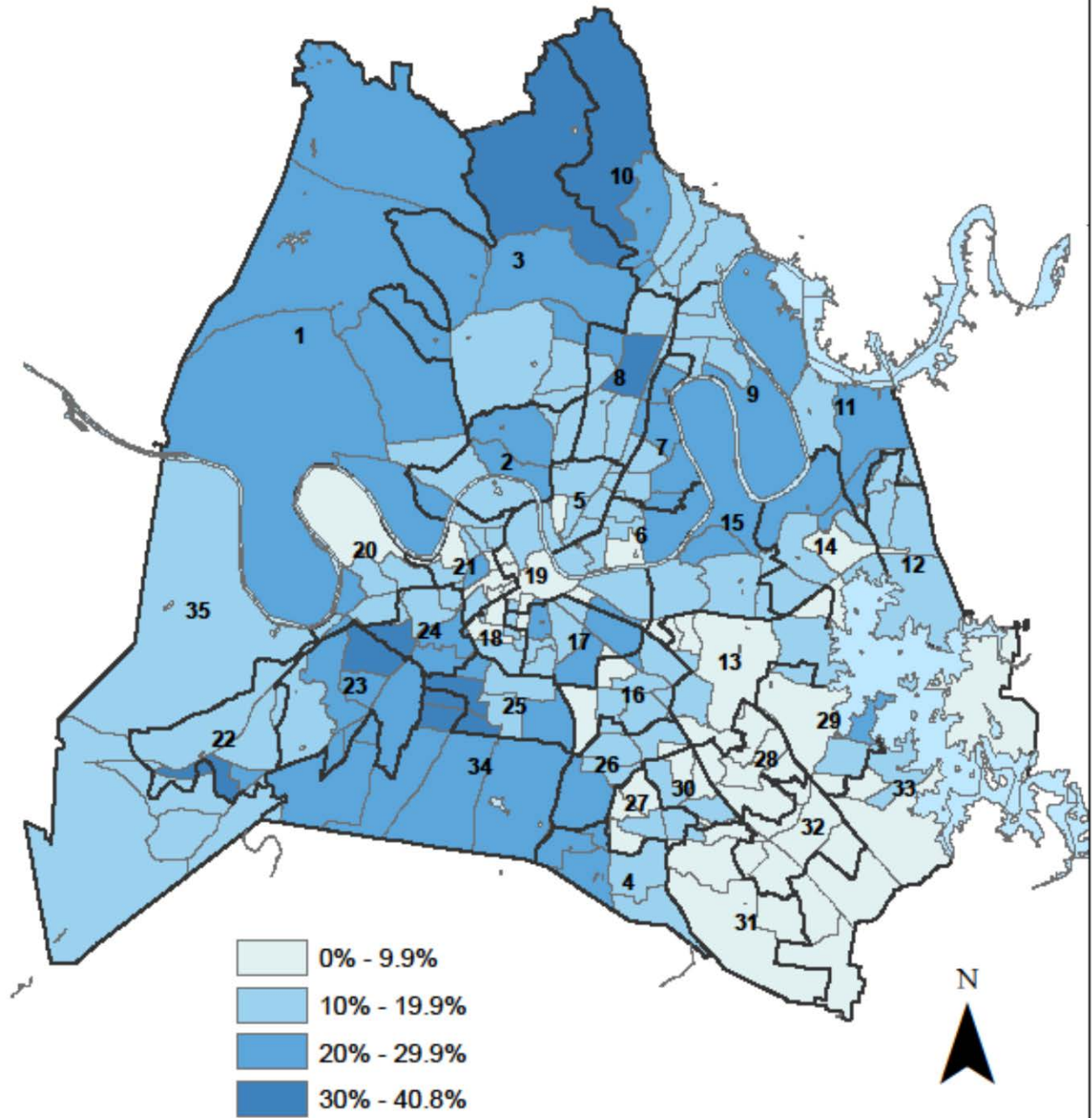
All People in Poverty by Census Tract with Metro Council Districts - Davidson County, Tennessee

Data from U. S. Census Bureau, ACS 2009-2013, Shapefiles from Metropolitan Planning Department,
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis



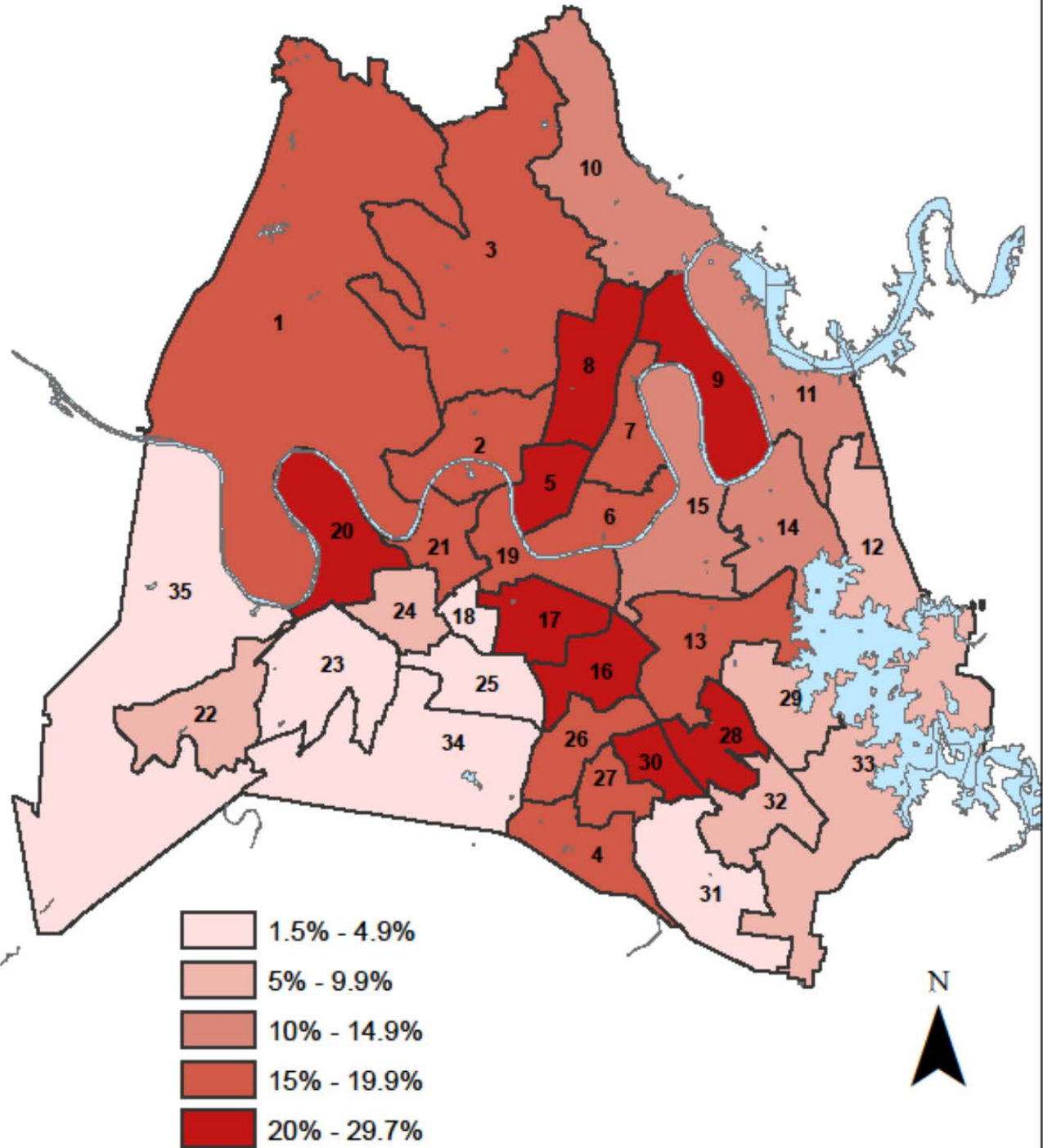
Percent Age 60 and Over by Census Tracts with Council Districts - Davidson County, Tennessee

Data from U. S. Census Bureau, ACS 2009-2013, Shapefiles from Metropolitan Planning Department,
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis



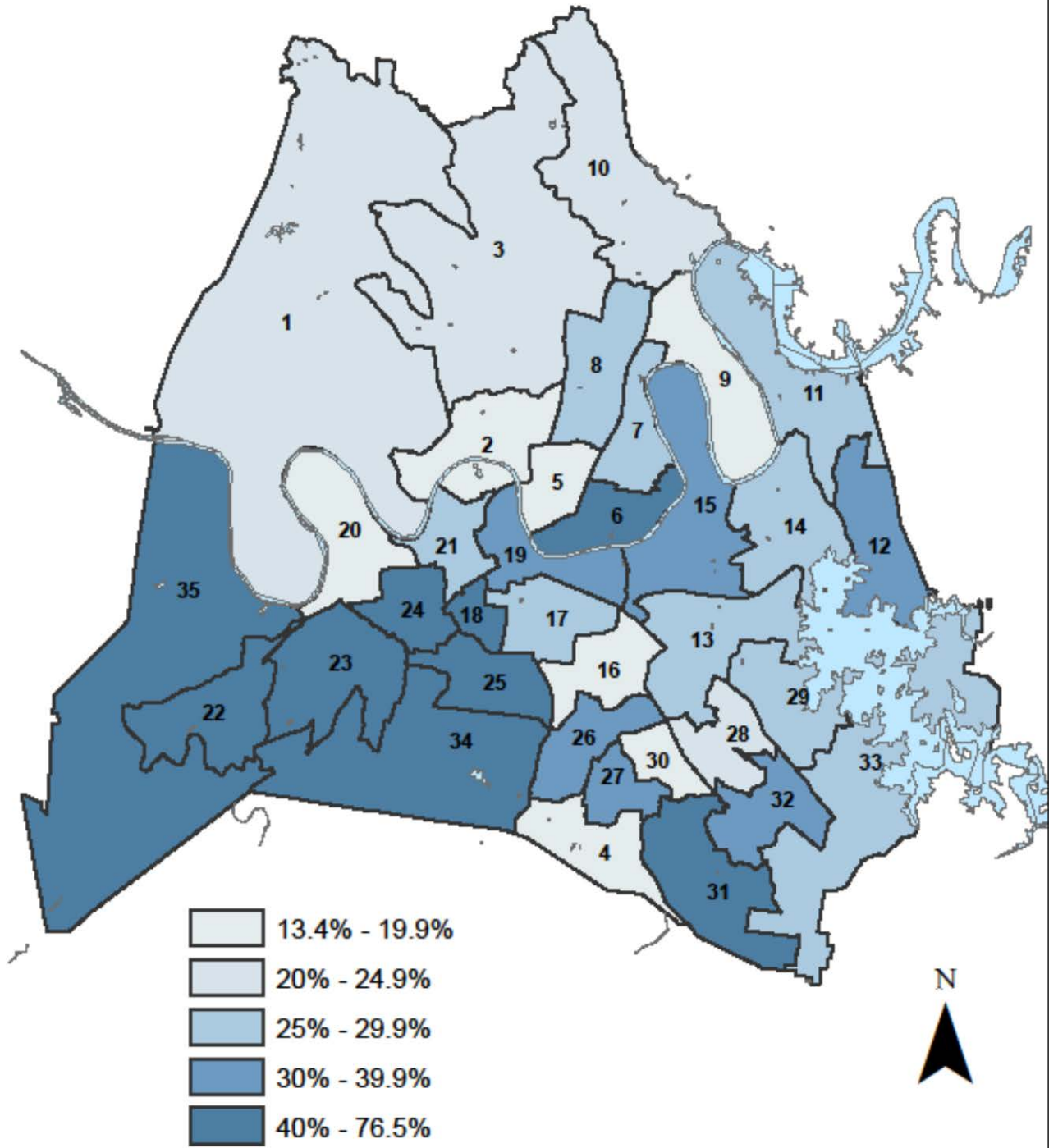
People Age 25 and Over Without a High School Education - Davidson County, Tennessee

Data from U. S. Census Bureau, ACS 2009-2013, Shapefiles from Metropolitan Planning Department,
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis



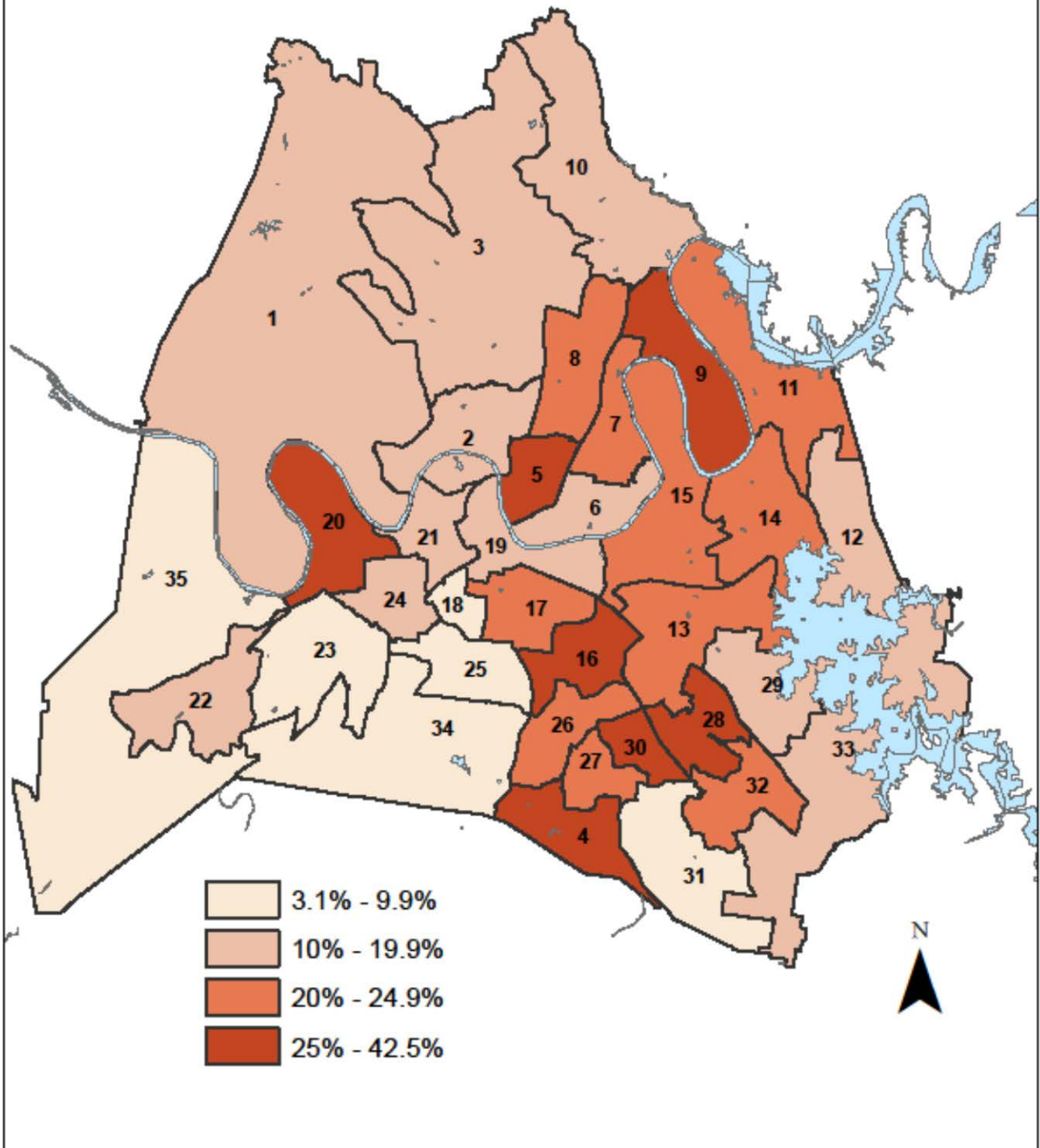
People Age 25 and Over With A Bachelor's Degree or Higher - Davidson County, Tennessee

Data from U. S. Census Bureau, ACS 2009-2013, Shapefiles from Metropolitan Planning Department,
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis



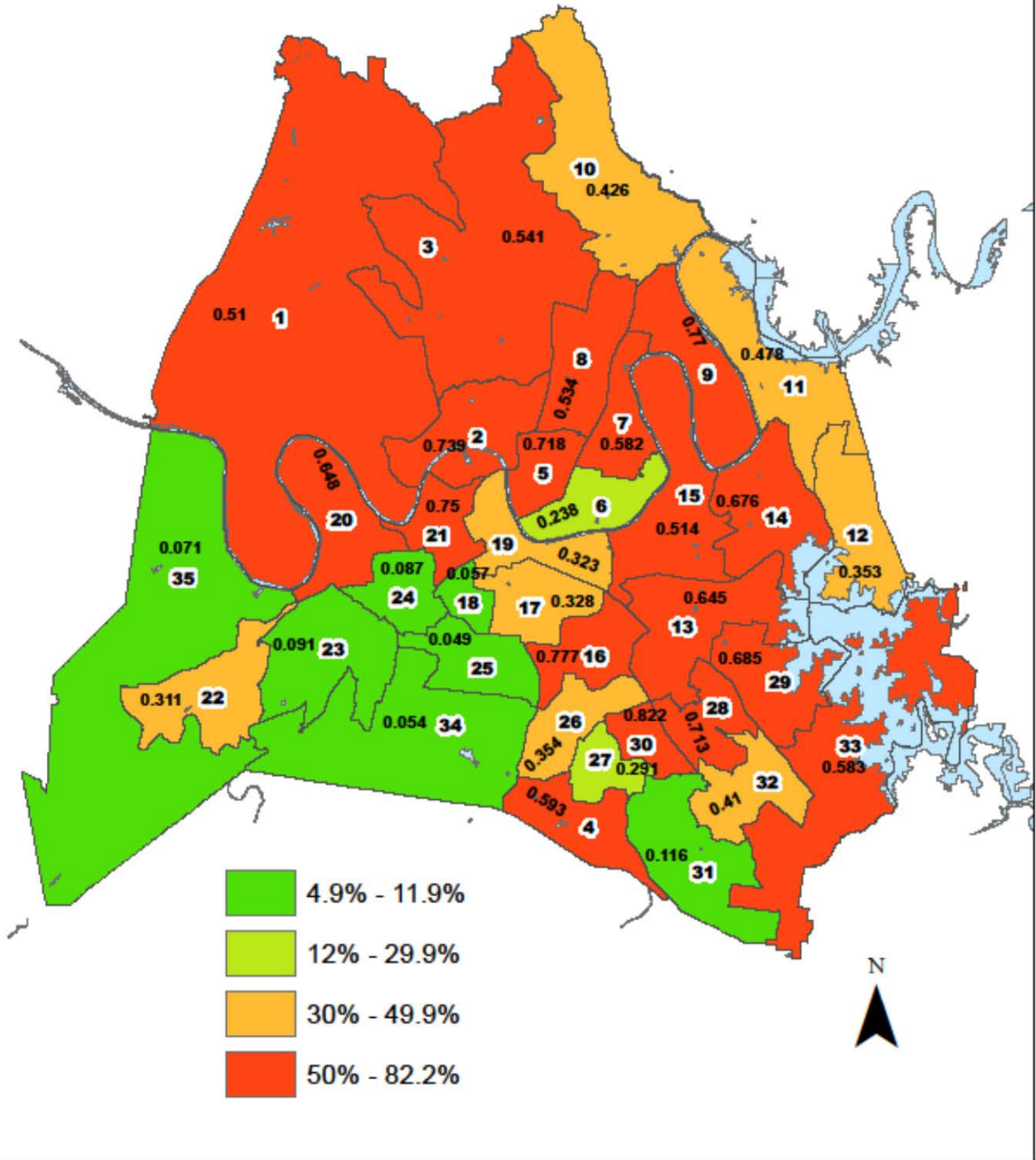
Percent of Civilian Employees with No Health Insurance - Davidson County, Tennessee

Data from U. S. Census Bureau, ACS 2009-2013, Shapefiles from Metropolitan Planning Department,
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis



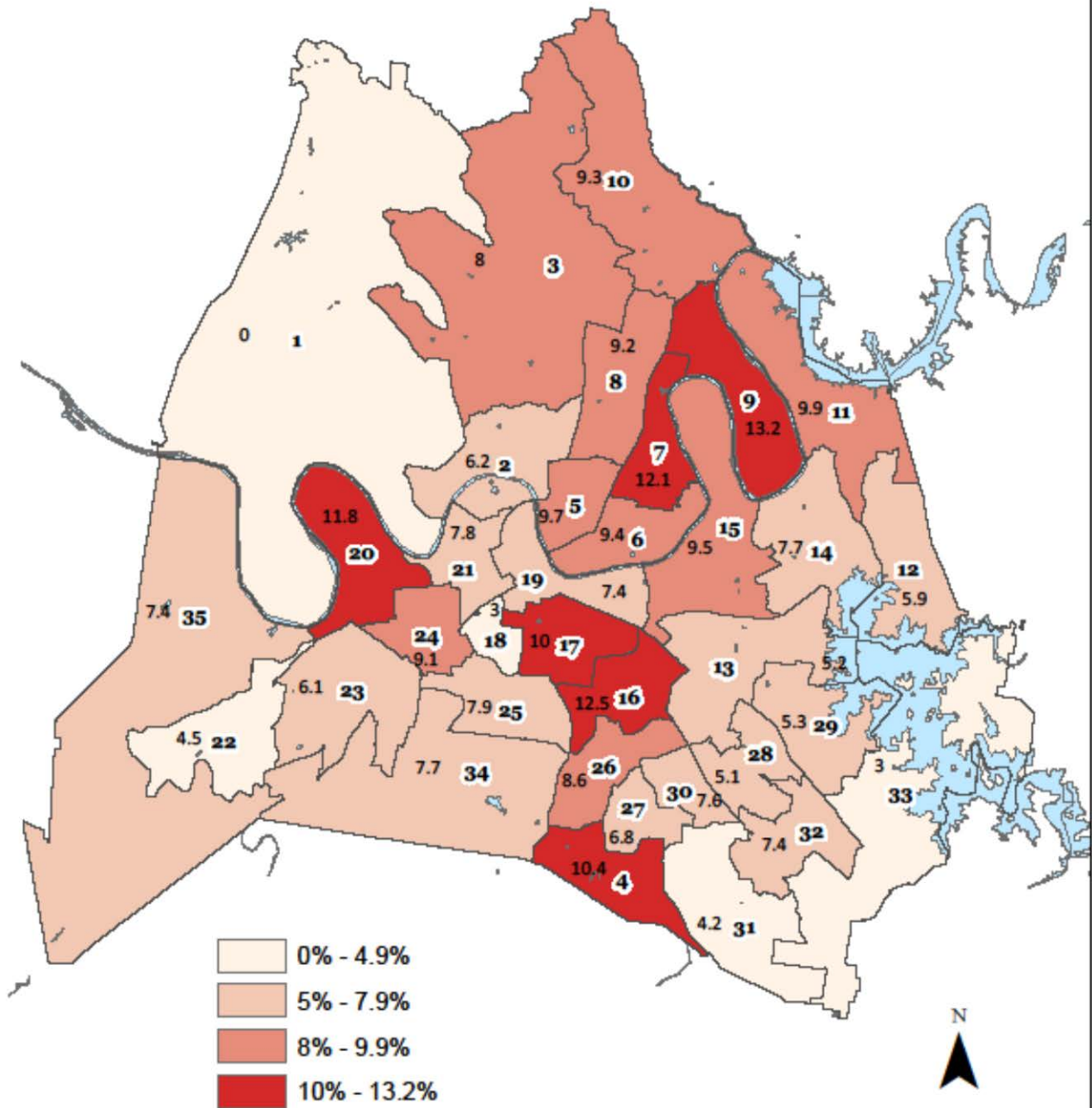
Percent of Owner-Occupied Housing Units Valued Less Than \$150,000 by Metro Council District

Data from U. S. Census Bureau, 2009-2013 American Community Survey
Shapefiles from Metropolitan Planning Department
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis



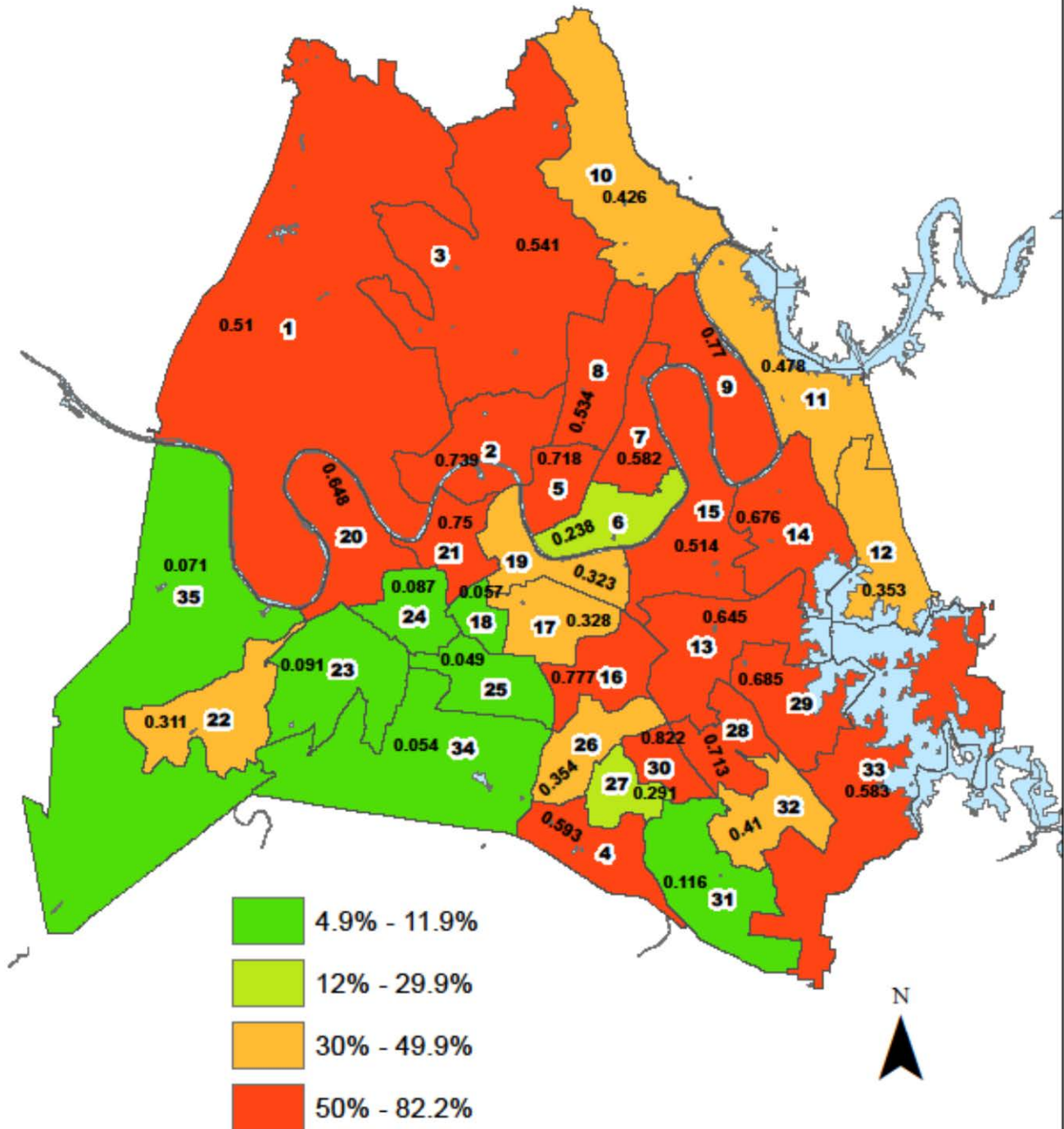
Rental Vacancy Rates by Council Districts - Davidson County, Tennessee

Data from U. S. Census Bureau, 2009-2013 American Community Survey, Shapefiles by Metropolitan Planning Department
Map by Metropolitan Social Services-Planning & Coordination



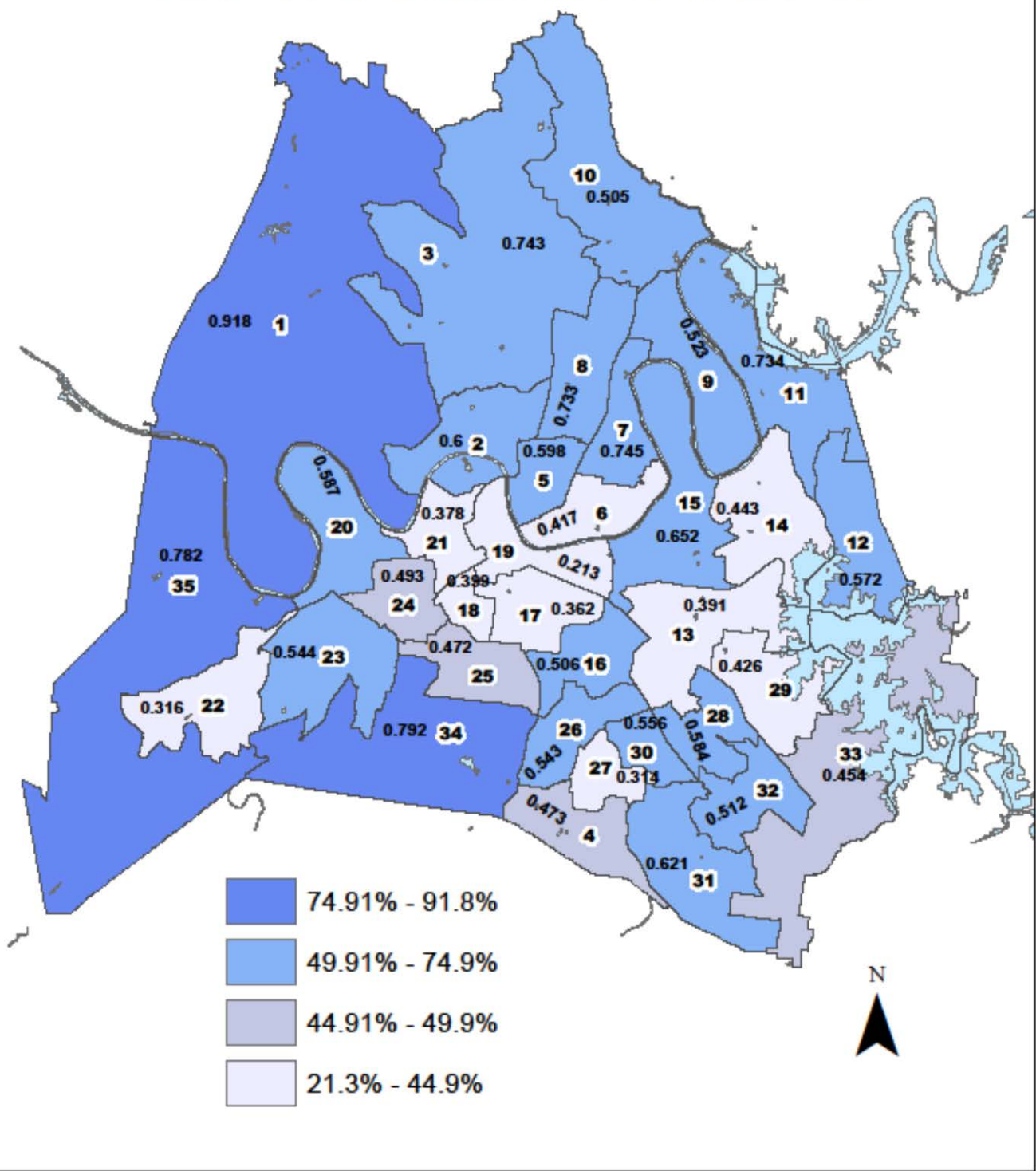
Percent of Owner-Occupied Housing Units Valued Less Than \$150,000 by Metro Council District

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Shapefiles from Metropolitan Planning Department
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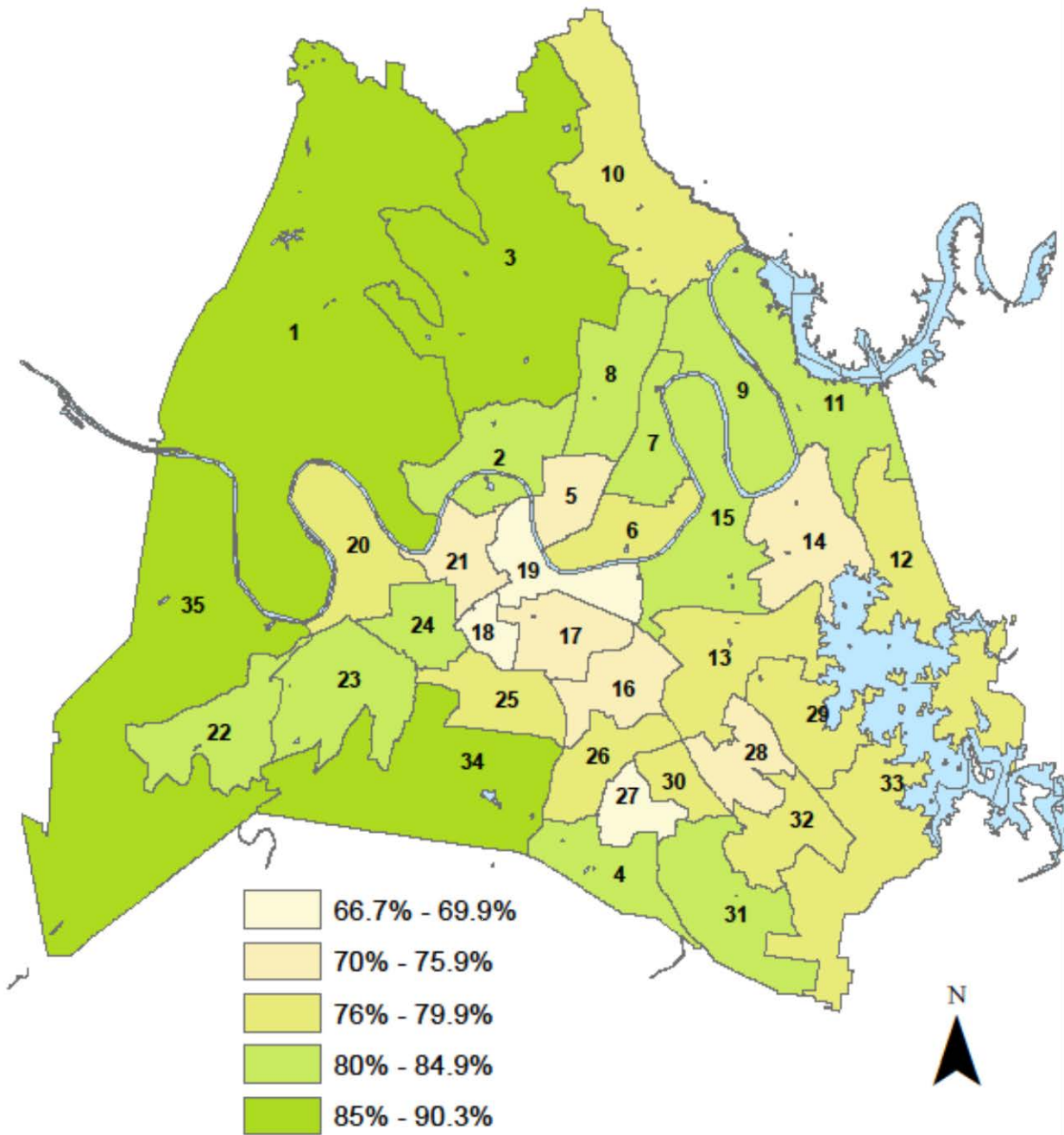
Percent of Single Unit Detached Housing by Metro Council District

Data from U. S. Census Bureau, 2009-2013 American Community Survey
Shapefiles from Metropolitan Planning Department
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis



**Percentage Living in Same House After 1 Year
by Metro Council District - Davidson County, Tennessee**

Data from U. S. Census Bureau, ACS 2009-2013, Shapefiles from Metropolitan Planning Department,
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis



Median Age by Metro Council Districts - Davidson County, Tennessee

Data from U. S. Census Bureau, ACS 2009-2013, Shapefiles from Metropolitan Planning Department,
Map by Metropolitan Social Services-Planning & Coordination/Social Data Analysis

