2010

Community Needs Evaluation Update

Metropolitan Social Services

Planning & Coordination

Metropolitan Government of Nashville and Davidson County

Metropolitan Social Services
2010 Community Needs Evaluation Update

MSS Executive Director
Renee Pratt

Planning & Coordination Staff
Dinah Gregory, P&C Director
Abdelghani Barre, Planning Analyst
Lee Stewart, Planning Analyst
Julius Witherspoon, Planning Analyst
Joyce Hillman, Community Coordinator
Gloria Nance, Office Support

Board of Commissioners
Howard Gentry, Chair
Dr. Frank Boehm
Gwendolyn K. Harris
Mary Kate Mouser
Bishop George Price
William Sinclair

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- *Research Advisors (Dan Cornfield, Professor of Sociology, Vanderbilt University and Oscar Miller, Associate Dean of the College of Arts and Sciences, Tennessee State University*
- *Implementation Team Organizational Members*
- *Nashville Poverty Council Members*
- *Chip Curley – Cover Photograph*
- *2-1-1 Call Center and other providers of data*

At some time before they reach age 65, 51.4% of the U.S. population will experience poverty.

The number of people in poverty in the United States for 2009 (43.6 million) is the largest number in the 51 years for which poverty estimates have been published.

2009 Davidson County, Tennessee

Population – 620,204
28,599 families had incomes less than $25,000.
The poverty rate for all people was 16.9%.
The poverty rate for children under age 5 was 34.3%.

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Metropolitan Social Services

Metropolitan Government of Nashville and Davidson County

Message from the Metropolitan Social Services Commission

Howard Gentry, Board Chairman

Metropolitan Social Services (MSS) is pleased to present its 2010 Community Needs Evaluation Update. When the first Community Needs Evaluation was created in 2009, it established a systematic process for gathering, interpreting, and reporting data about service gaps in Davidson County. The MSS Planning & Coordination staff produced this annual report to provide data and descriptive information about existing and projected unmet social service needs in Davidson County. The MSS Board of Commissioners determined that the focus of Planning & Coordination should be data driven and would use available information on pertinent and related social service issues as well as community input.

In February of 2010, Mayor Karl Dean acknowledged the work of Metropolitan Social Services and tasked the department to continue "conducting annual community needs assessments and organizing community-wide, public-private partnerships." In addition, Mayor Dean asked Metropolitan Social Services to "monitor and coordinate" the implementation of the Nashville Poverty Reduction Plan. Seven implementation teams provide public-private partnerships toward achieving the recommended actions in the Plan. The first Semi-Annual Progress Report will be available in February 2011.

The 2010 Update added additional policy areas to reflect the same issues that are in the Poverty Plan: Child Care, Economic Opportunity, Food, Health, Housing, Neighborhood Development and Workforce Development. Because of the increasing number of adults who are disabled or frail elderly, this update also includes a section on Home & Community Based Services for Seniors/Adults.

Special thanks are due to Commissioner Frank Boehm, Chairman of the Ad Hoc Committee on Planning & Coordination and his committee members. We also appreciate the research advisors who provided assistance, Dan Cornfield, Professor of Sociology at Vanderbilt University and Oscar Miller, Dean of the Sociology Department at Tennessee State University. We thank the Community Needs Evaluation Subcommittee that helped design the process and structure for last year's report, which could be replicated for this and future years. We also commend the work of MSS Executive Director Renee Pratt, Planning & Coordination Director Dinah Gregory, Planning Analysts Abdelghani Barre, Lee Stewart and Julius Witherspoon, and Community Coordinator Joyce Hillman.

The Metropolitan Social Services Board of Commissioners is pleased to share this document with the community. If members of the community have comments or suggestions for the next update, please email them to MSSPC@nashville.gov.

Sincerely,

Howard Gentry

Howard Gentry, Chairman
Metropolitan Social Services

Metropolitan Social Services

Planning & Coordination

Metropolitan Government of Nashville and Davidson County

2010 Community Needs Evaluation Update

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Metropolitan Social Services

Direct Services Telephone 615-862-6458

Planning & Coordination Telephone 615-862-6494

Documents for the 2009 and 2010 Community Needs Evaluations and Nashville's Poverty Reduction are available on the Metropolitan Social Services web site.
http://www.nashville.gov/sservices/

Information is the currency of democracy. – Thomas Jefferson

Overview of Davidson County Status, Poverty Issues and Initiatives

Introduction

The 2010 Community Needs Evaluation Update of Davidson County, Tennessee, is presented by Metropolitan Social Services (MSS) to describe the needs of residents to enhance the planning, coordination, and provision of public and private social services in Nashville.

The original 2009 Community Needs Evaluation was created to anticipate service needs and to maximize the availability of social services among Nashvillians. Both the original report and the 2010 Update show changes in the magnitude and patterning of poverty and well-being in recent years and among diverse social and demographic groups of Nashvillians. To develop the original 2009 Community Needs Evaluation, a data-based replicable process of monitoring and reporting was created so that the MSS Planning & Coordination Unit (MSS-P&C) can provide an annual update to ensure that current information is available.

Persons who have significant social/human service needs often also live in poverty, so it is important to consider the context of poverty and unmet needs together. To effectively address unmet needs and poverty in the community, MSS will involve the public and private sectors to strategically address issues.

MSS has been identified by Mayor Karl Dean as the agency that will take the lead in assessing the current social service needs in the community and the services available, and coordinate the development of programs where there are unmet needs. MSS Planning & Coordination works with a wide range of other organizations as the community works together toward helping Nashvillians who are most in need.

At some time before age 65, 51.4% of the U.S. population experiences poverty.

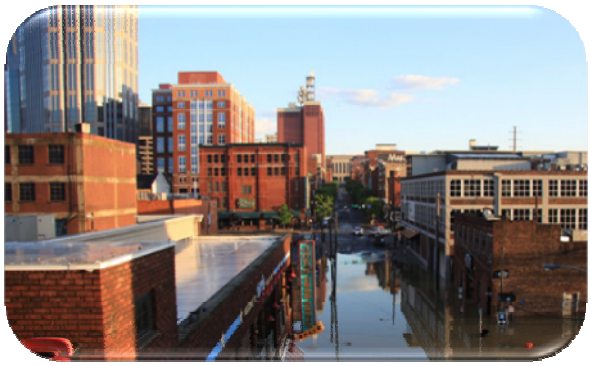
A Community Needs Evaluations provides an overview of social service needs; discusses the public and private resources available to meet the needs; identifies current and anticipated needs based on trends in the community; provides objective information to help agencies strategically plan their services; and provides information developed by a consensus process to guide policy makers, advocates, and others.

The Poverty Reduction Initiative Plan (described later) provides a framework of meaningful activities to address poverty in seven issue areas, and implementation efforts are being carried out by a range of public-private organizational leadership.

Updated information can be used to align social services and philanthropy with the changing needs of Nashvillians. MSS will replicate the Community Needs Evaluation annually and revise its report and long-term social services plan accordingly. As we move to the future, it is important to recognize

Nashville's significant history of helping persons who are in need, through government, nonprofit, and private efforts.

The documents related to the 2009 Community Needs are available online. Information about focus groups and the Professional/Agency Survey conducted in 2009 are available, along with additional detailed information about the topics that were included in 2009: Food & Nutrition, Housing & Related Assistance, Home & Community Based Services and Transportation. Identifying and addressing unmet needs is a long-term ongoing process. However, short-term events and situations can affect efforts dedicated to meeting needs and addressing poverty.



In May 2010, Davidson County and other areas experienced a flood which caused significant damage to homes, businesses and infrastructure. Emergency services were provided, and long-term recovery programs will continue. Compounding the impact on Davidson County is that the flood occurred soon after the economy had reached a low point in the Great Recession.

The downturn in Nashville's economy was more moderate than in some other areas. Many service providers already struggled with limited program resources. In addition, the increased need for flood recovery services combined with shrinking resources created severe challenges for service providers.

Key Findings

Between 2000 and 2009, Davidson County's poverty rate for all people increased from 13.0% to 16.9%, while for the people under age 18, the increase was from 19.1% in 2000 to 27.3% in 2009.

In 2009, there were more than 13,000 families with incomes less than $25,000. Also in 2009, there were 32,160 families with incomes more than $100,000.

The foreign-born population in Davidson County increased from 39,596 in 2000 to 72,785 in 2009. The Hispanic/Latino population is almost 9% of the total population of Davidson County. Between 1990 and 2009, the unadjusted dollars for median family income increased from $34,785 to $55,528. However, when adjusted to 2010 dollars, there was a decrease in purchasing power from $58,057 to $56,505 during that time period.

Soon after the nation's economy reached a low point in the Great Recession, in May 2010, Davidson County and other areas experienced a flood which caused significant damage to homes, businesses and infrastructure.

The definition of poverty is complex and means more than income poverty means based only on lack of income. Human poverty is much more and can also include a loss of dignity, a sense of powerlessness, a

lack of autonomy and control, and the perception of being marginalized or excluded politically, socially, or psychologically.

The Status of Davidson County

Among residents of Davidson County, opportunities and quality of living vary, often depending on demographic, social and socioeconomic characteristics. While Nashville is often ranked highly in terms of being a good place to live, there are many whose lives are limited by their circumstances.

As reported by the U.S. Census Bureau (2000 Census, 2009 American Community Survey):

- Davidson County's poverty rate for all people increased from 13.0% in 2000 to 16.9% in 2009.
- During that same time period, the poverty rate for persons under age 18 in Davidson County increased from 19.1% to 27.3%.
- Although the number of Davidson County families with incomes over $100,000 increased from 20,140 to 32,167 in 2009, 28,599 families had annual incomes of less than $25,000 in 2009.

The poverty rate for all people in Nashville is 17%, compared to the 13.2% poverty rate for all people in the United States. Poverty rates vary by factors such as race, ethnicity and location. While this report primarily focuses broadly on persons in need, there are demographic, social, and economic factors in our community that influence poverty.

There are many ways to evaluate the community in terms of its social/human service needs and services. In taking a comprehensive approach to poverty and human needs, this report presents a broad demographic, social, and economic profile of Nashvillians. The profile is developed from primary and secondary data.

The primary data was derived from two surveys and six focus groups conducted by MSS in 2009, compared with the survey conducted in 2010. Secondary data sources are the U.S. Census Bureau, the U.S. Bureau of Labor Statistics, the Tennessee Department of Labor and Workforce Development, the Tennessee Department of Human Services, the 2-1-1 Call Center, the Community Foundation of Middle Tennessee, United Way of Metropolitan Nashville and others.

Methodology

The 2010 Community Needs Evaluation Update has expanded the issue areas to mirror those in Nashville's Poverty Initiative Plan. The 2009 report focused specifically on Food & Nutrition, Home & Community Based Services, Housing & Related Assistance, Transportation and Workforce & Opportunity.

The 2010 Update reports on Child Care, Economic Opportunity, Food, Health, Housing, Neighborhood Development and Workforce Development. There are some related issues (education, domestic violence, etc.) which are not within the scope of this update.

This Community Needs Evaluation Update is based on a compilation of secondary data, along with original surveys of social service professionals, focus groups and grassroots community member survey results for 2009 and 2010, consisting of residents of Davidson County.

Secondary Data

MSS-P&C compiled data from the U.S. Census Bureau, particularly the 2000 Census and American Community Surveys. Information from the 2009 American Community Survey was used when available. In some charts, not all years were included (for example, 2002, 2003, 2006, 2009 were used in several), but data from other years can be found in the 2009 Community Needs Evaluation. As new data is released by the U.S. Census Bureau, future updates of this report will include it, and the data will be analyze to track statistical trends. The tables, charts, and narrative descriptions reflect a wide range of demographic, economic, social, and other characteristics of Davidson County.

Data at the county level has been available through the estimates from the annual American Community Surveys, while census tract level data was not available for years after 2000. However, the Bureau will release sets of data from the 2010 Census for states, counties and census tract areas based on the following schedule: http://www.census.gov/population/www/cen2010/glance/index.html

Data sources for labor market dynamics, social/human services utilization, and community characteristics included the U.S. Bureau of Labor Statistics, the Tennessee Department of Labor and Workforce Development, the Tennessee Department of Human Services, the 2-1-1 Call Center, the Community Foundation of Middle Tennessee, the United Way of Metropolitan Nashville, and other sources with attribution.

Grassroots Community Survey

In 2009, a Grassroots Community Needs Survey was administered throughout Nashville, including to customers of various agencies, including 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. There were 1,737 respondents to the 2009 Grassroots Survey (described fully in the 2009 report). http://www.nashville.gov/sservices/planningcoordination/2009cne.asp

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). There were 1,787 respondents to the 2010 Grassroots Survey.

Participants identified the greatest need in each issue (described later in this document), and also had the opportunity to identify needs other than those included in the category lists. They were asked to identify which item had the largest gap between the services now available and what is needed by the community in the issue areas of Food & Nutrition, Housing & Related Assistance, Workforce & Economic Opportunity, Home & Community Based Services, and Transportation.

The Grassroots Community Needs Survey was conducted from January through April, so it does not reflect the impact of the flood. Census data for the time period which includes the 2010 flood will be released near the end of 2011.

Professional/Agency Community Needs Survey

The online 2009 Professional/Agency Survey was distributed to professionals in the social work field, organizational representatives, elected officials, and other community leaders. This survey indentifies the greatest unmet social/human service need in Nashville. Survey results are described in the 2009 Community Needs Evaluation and Appendix.

Focus Groups

In 2009, six focus groups were held in Nashville for the 2009 report, which were not replicated in 2010. Focus groups will be conducted regularly but not on an annual basis, since it is likely that much of the information will be similar. MSS collaborated with multiple social service agencies (Family Resource Centers, Catholic Charities, Conexión Américas, the Salvation Army, and other service providers) in Nashville to recruit focus group participants.

In order to discern variations in needs by race/ethnicity and gender, the 2009 focus groups consisted of demographically homogenous groups (African American males, African American females, Hispanic males, Hispanic females, white males, and white females). The Hispanic groups were conducted in Spanish. Focus group participants were given opportunities to discuss their personal perspectives on the issues and categories. The focus groups also provided a forum for participants to identify different and additional needs, as well as to explore their priorities in social services. Findings from the focus groups are described in the 2009 Community Needs Evaluation and Appendix.

Definitions and Issues of Poverty

Poverty is a complex issue and has many definitions, most that describe what is lacking that affects the quality of a person's life. A few examples of definitions from various sources include:

- Having little or no money and few or no material possessions
- Lacking the means to afford basic human needs such as clean water, nutrition, health care, education, clothing and shelter
- Having income that falls within the poverty level as defined by the Census Bureau
- Experiencing a level of material deprivation below which an individual suffers physically, emotionally and socially

As described by The Urban Institute's 2009 Fact Sheet on Understanding Poverty, families move in and out of poverty. They found that people in some demographic categories were more likely to be poor than others. Poverty entry rates are about twice as high for African Americans as whites.
The likelihood of becoming poor is higher for African Americans, Hispanics, households headed by women, and those with lower levels of education.

In any given year, on average, poor individuals have a one in three chance of escaping poverty. Higher education levels improve the likelihood of leaving poverty. About half of those who get out of poverty will become poor again within five years. Of those who were poor for at least five years and then escaped poverty, more than two-thirds will return to poverty within five years.

People are more likely to experience poverty at younger ages. The longer a person has been poor, the less likely he or she is to escape poverty. About half of those who become poor get out of poverty a year later. About 25% experience poverty spells of more than four years. African Americans, Hispanics, households headed by women, and those with limited education spend more time in poverty than other groups.

Job gains and pay raises most often lift a household out of poverty. For the 50-70% who leave poverty, they do so because a family member got a job or increased earnings.

Shifts from female-headed to two-parent households and increases in educational attainment help lift households out of poverty. http://www.urban.org/UploadedPDF/411956_transitioningpoverty.pdf

Income poverty means simply the lack of income or a shortage of material goods. However, human poverty is much more than the lack of money and material goods.

Poverty can also include a loss of dignity, a sense of powerlessness, a lack of autonomy and control, and the perception of being marginalized or excluded politically, socially, or psychologically.

The official poverty measure, created in the 1960s, largely estimates poverty rates by looking at the cash income of a family or an individual. The formula was based on the amount it cost to provide food for families, using the "thrifty food plan" developed by the U. S. Department of Agriculture. It was estimated that that families then spent about 30% of their incomes on food. The official measure does not consider in-kind government assistance (Food Stamps, housing subsidies, etc.), the effect of taxes on income, the increased cost of basic needs, etc.

Many government programs base eligibility requirements on the poverty income levels identified by the U. S. Census Bureau. However, the Bureau has acknowledged that the measure currently used may not be the most effective or comprehensive measure to understand those in need. On March 2, 2010, the U. S. Census Bureau announced that in 2011 it would develop a new measurement to complement but it will not replace the existing measure.

The existing official measure will continue to determine eligibility for government programs, while the supplemental measure will improve the understanding of the economic well-being of American families and of how federal policies affect those living in poverty.

The *Supplemental Poverty Measure* will be released in the fall of 2011, at the same time that the official income and poverty measures for 2010 are released by the Census Bureau.
http://www.census.gov/hhes/www/povmeas/SPM_TWGObservations.pdf

Many experts recognize flaws in the current formula and there have been numerous studies and recommendations on how a more effective formula could be developed. Changing the formula would be a complex and time-consuming process, even though many experts recognize the flaws. It is difficult to consider all factors which affect the well-being of families, but the supplemental measure will be a more complex and refined statistic, including such additional items as tax payments and work expenses in estimating family resources.

MDRC (formerly named Employment Demonstration Research Corporation) examined why the poverty rate has not fallen during the past 40 years. They noted that the poverty rate has fluctuated, as described in the 2008 publication, *Why Has the Poverty Rate Not Fallen Since the Early 1970s?*

MDRC reported that between the end of World War II and 1973, the percentage of Americans living in poverty fell by half, but the poverty rate has remained fairly stable since. This report states that "the up-escalator came to a grinding halt; earnings stagnated, and then fell, ending down nearly 20% by 2004." They explained that as earnings fell, poverty increased at a relatively steady rate for the next 30 years, and that it was even worse for men with a high school diploma or less.

Chart 1 shows that in the 25 years after World War II ended, earnings steadily increased. In 1973, the real weekly private sector earnings (nonfarm, nonsupervisory production workers) were $650, more than 60% higher than in 1947. Each year the earnings rose and the poverty rate decreased, falling from 22% in 1960 to 11% by 1973.

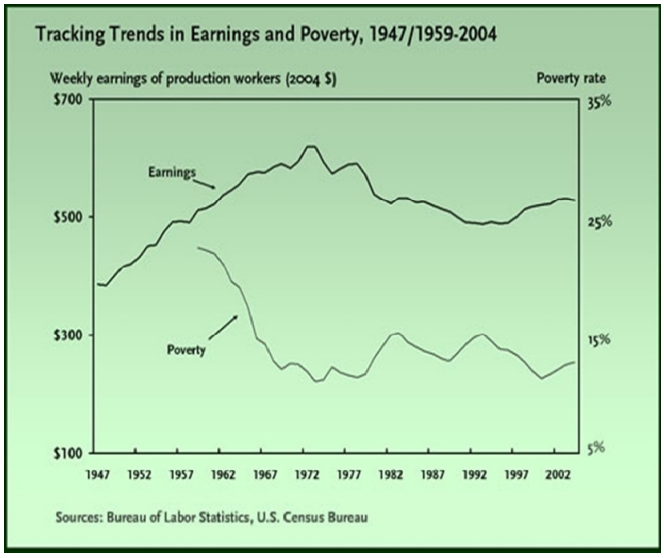


Chart 1: Poverty Rate and Earnings Trends 1947, 1959-2004

MDRC's report explained the causes of this 30-year decline in earnings:

- Sweeping technological and globalization changes that place a premium on higher education;
- Demographic changes that have produced a generation less prepared for college than previously;
- Decline of collective bargaining and unionization, and the erosion of the value of the minimum wage.

The report discussed the effectiveness of interventions (earnings supplements, wide-spread educational reform, etc.), and pointed out the detrimental effects of poverty on school performance for young children. They emphasize the importance of using improved educational opportunities for poor children to prevent generational poverty.
http://www.mdrc.org/area_fact_34.html

While most poor people in the United States have a material living standard better than those who live in Third World countries, poverty still exists. The Social Science Research Council has described poverty in the United States as relative rather than absolute. In other words, deprivation is based on what is considered necessary by most of society. Relative poverty makes poor children aware of what they are missing and can result in limitations on their aspirations and achievements.

Nashville's Poverty Reduction Initiative

Poverty touches every part of the city's life from the businesses and workforce to the homes in neighborhoods and the health and fitness of our citizens. The Metropolitan Action Commission and the Nashville Chamber Public Benefit Foundation, working with many other organizations, created seven Action Teams which developed plans with strategies and projected results for the key issues of Child Care, Economic Opportunity, Food, Health Care, Housing, Neighborhood Development and Workforce Development. The next step to improve the quality of life for Davidson County's low-income residents is by implementing the recommended actions from the Poverty Initiative Plan.

In 2008, Nashville's Poverty Reduction Initiative began with a Poverty Reduction Symposium. This was followed by the formation, training, and efforts of various Action Teams who addressed Housing, Economic Opportunity, Child Care, Food, Health Care, Workforce Development and Neighborhood Development. A Poverty Reduction Initiative Report was completed in 2009, which included reports from each of the action teams. The report described the actions needed to reduce poverty, how the actions will reduce poverty, lead organizations, and timelines.

On February 22, 2010, Mayor Karl Dean asked Metropolitan Social Services to "monitor and coordinate the initiative's implementation as well as look at any initiatives that may overlap or be better supported by involving additional resources from existing agencies." Metropolitan Social Services will work with seven public-private Implementation Teams to coordinate and monitor efforts to implement the 30 recommended actions from the Poverty Initiative Plan.

Mayor Dean tasked Metro Social Services with "conducting annual community needs assessments and organizing community-wide, public-private partnerships consisting of professional social workers, business leaders, nonprofit and community organizations, philanthropists, academics, and policymakers." Noting that work on some recommendations is already underway, Mayor Dean called on businesses, residents, government agencies and community groups to continue to stay involved the implementation going forward.

After being asked to monitor and coordinate the implementation of Nashville's Poverty Reduction Plan, Metropolitan Social Services invited leaders from nonprofit organizations, government agencies, academic institutions, the business community and other to join the public-private partnership designed

to help Davidson County improve the quality of life for those in need:

- Leadership was identified for seven Implementation Teams.
- The Nashville Poverty Council was formed to provide guidance and support to the implementation efforts, and began meeting in July 2010.
- The seven Implementation Teams are addressing the recommended actions from the Poverty Reduction Plan.
- Their first Semi-Annual Progress Report will be available in early February 2011.

Poverty Reduction Initiative Plan:
http://www.nashville.gov/mayor/docs/news/NashvillesPovertyReductionPlan.pdf

Mayor's Press Release: http://www.nashville.gov/mayor/news/2010/pr/0222.asp

Updated Plan as of July 26, 2010:
http://www.nashville.gov/sservices/docs/poverty/RecommendedActions-Modified072610.pdf

Other Davidson County Initiatives

There are additional initiatives working to enhance Nashville's quality of life.

- The Livable Community Task Force was called together by Mayor Dean and Vice Mayor Diane Neighbors. The group met and researched the impact of the demographic changes that will come in the next 20 years and assessed the needs to meet those changes and developed a report which will be addressed through the Nashville Livability Project.
  http://www.nashville.gov/mayor/news/2010/pr/0331a.asp

- *Immigrant Community Assessment* – Metropolitan Government of Nashville and Davidson County contracted with a collaboration of local universities (Vanderbilt University, Tennessee State University, and Meharry Medical College) to conduct research to better understand the needs of Nashville's immigrants.
  http://www.nashville.gov/humanrelations/docs/immigrant_community_assessment_nashville.pdf

- Council on Aging Advisory Council *Transportation Report* - In 2006, the Council on Aging of Middle Tennessee issued a report on the critical issue of transportation facing the Nashville area to better understand transportation issues to meet the mobility needs of older adults.
  http://www.nashville.gov/sservices/docs/COATransportationReport072906.pdf

- Mayor's Bicycle & Pedestrian Advisory Committee: To promote and encourage safe bicycling and walking to further Nashville's goal of becoming a bicycle/pedestrian-friendly city, leading to various benefits (transportation, health, economic, environmental, etc.).
  http://www.nashville.gov/mayor/bpac/index.asp

- Workforce Studies - The Nashville Area Chamber of Commerce, in conjunction with the Workforce Investment Boards, Nashville Career Advancement Center and the Tennessee Department of Labor and Workforce Development, provides reports on Middle Tennessee's workforce characteristics and conditions. The *2010 Report on Leveraging the Labor Force for Economic Growth* is available online: http://www.nashvillechamber.com/Homepage/WorkNashville/WorkforceStudy.aspx

- Annual Education Report Cards - The Nashville Area Chamber of Commerce reviews school performance, identified challenges and accomplishments, and identified ways members of the community can work to improve the Metropolitan Nashville Public School system. http://www.nashvillechamber.com/Homepage/NewsEvents/ChamberPublications/EducationReports.aspx

- Green Ribbon Committee on Environmental Sustainability: Created by Mayor Karl Dean to ensure that Nashville continues to be a livable city with clean air, clean water, open spaces, transportation infrastructure, and the energy use profile necessary to provide a prosperous community for current and future generations. http://www.nashville.gov/mayor/green_ribbon/index.asp

National Poverty Reduction Initiatives

There are also regional and nationwide initiatives to address poverty. Such initiatives provide opportunity for each to study and learn from other models to ensure the most effective actions to improve the quality of life for those in need.

Campaign to Reduce Poverty in America

Catholic Charities USA's Campaign to Reduce Poverty in America explains that poverty is a moral and social crisis threatening our country. Their web site explains that "Across the country, local Catholic Charities agencies, on the frontlines during this economic crisis, continue to struggle to meet the increased needs of individuals and working families. Waiting lists are growing, agency personnel are distressed and discouraged, and food vouchers are disappearing. Scarce and dwindling revenue sources from state/federal government, individuals, and corporations threaten programs, services, and staff. Social services are on the edge, wondering how they will continue to be able to serve their communities."

Through the work of Catholic Charities USA, in September 2010, the National Opportunity and Community Renewal Act, S. 3845/H.R. 6222 was introduced in the U. S. Senate and House of Representatives. It emphasizes the need to for innovative strategies to revamp the approach of the United States to prevent and alleviate poverty. This approach was described as holistic, focused on results and market-based to encourage multi-faceted private sector engagement.

The Campaign to Reduce Poverty in America focuses on the issues of Health Care, Hunger, Housing, Family Economic Security and Workforce Training/Education. They recognize that alleviating poverty is a

multi-year, multi-faceted effort, and they acknowledge that economic indicators (such as the level of income or the poverty rate) do not fully reflect the nature of poverty, and note that improving the status of human development indicators will reduce poverty.
http://www.catholiccharitiesusa.org/NetCommunity/Page.aspx?pid=897

Half in Ten
One of the national initiatives to decrease poverty is Half in Ten, a campaign to cut poverty in half in ten years, sponsored by the Center for American Progress Action Fund, the Leadership Conference on Civil and Human Rights and the Coalition on Human Needs. The areas in which they work are Child Care, Child Tax Credit, Earned Income Tax Credit, Foreclosure Prevention, Green Buildings and Green Jobs, Minimum Wage and Unemployment Insurance.

Half in Ten's web site notes that "Poverty in America undermines our country's economic strength, hinders our ability to compete, erodes the health of our communities, and limits opportunities for children and adults. It does not need to be this way. . . This moment of financial and economic challenge is the right time for a renewed commitment to reducing poverty in America and to making our economy work for everyone."
http://halfinten.org/issues

Center for American Progress
The Center for American Progress created a Task Force on Poverty which issued the report From Poverty to Prosperity: A National Strategy to Cut Poverty in Half in April 2007. The task force made 12 recommendations, many which would involve federal policy or legislative changes. The recommendations include increasing the minimum wage, expanding earned income tax credit and child tax credit, increasing child care assistance, creating additional housing vouchers, helping ex-offenders find stable work and reintegrate in their communities, enhance access to financial services and others.

The Center for American Progress works to improve the lives of Americans through progressive ideas and actions, while recognizing the opportunities in America for people to "better themselves through education, hard work and the freedom to climb the ladder of economic mobility. " They develop new policy ideas and encourage awareness of the issues that truly matter in the United States.
www.americanprogress.org/
www.americanprogress.org/issues/2007/04/pdf/poverty_report.pdf (From Poverty to Prosperity)

In Our Own Backyard
In Our Own Backyard is a nonprofit organization which raises awareness about poverty in the United States, dispel inaccurate and destructive stereotypes about poor people and encourage action on their behalf. Their web site www.americanpoverty.org describes their work with visual media to "help make fighting poverty a national priority once again." Partnering organizations include the Center for American Progress, Catholic Charities USA, Center on Poverty, Work and Opportunity (University of North Carolina-School of Law) and 100 Eyes Magazine.

2-1-1 Call Center

The 2-1-1 Call Center has amassed a great deal of information that shows the trends in needs for 2-1-1 callers since it began in 2004. 2-1-1 is the primary information and referral line in Nashville, although there are others related to specific populations (Disability Pathfinders, Aging and Disability Resource Connection, etc.).

2-1-1 has a referral database with information on more than 2000 service providers in Davidson County and nearby areas. It is not a random sample of needs and does not include calls from people who contact agencies directly. However, it is an important component of assessing the needs of people who call 2-1-1.

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

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

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

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

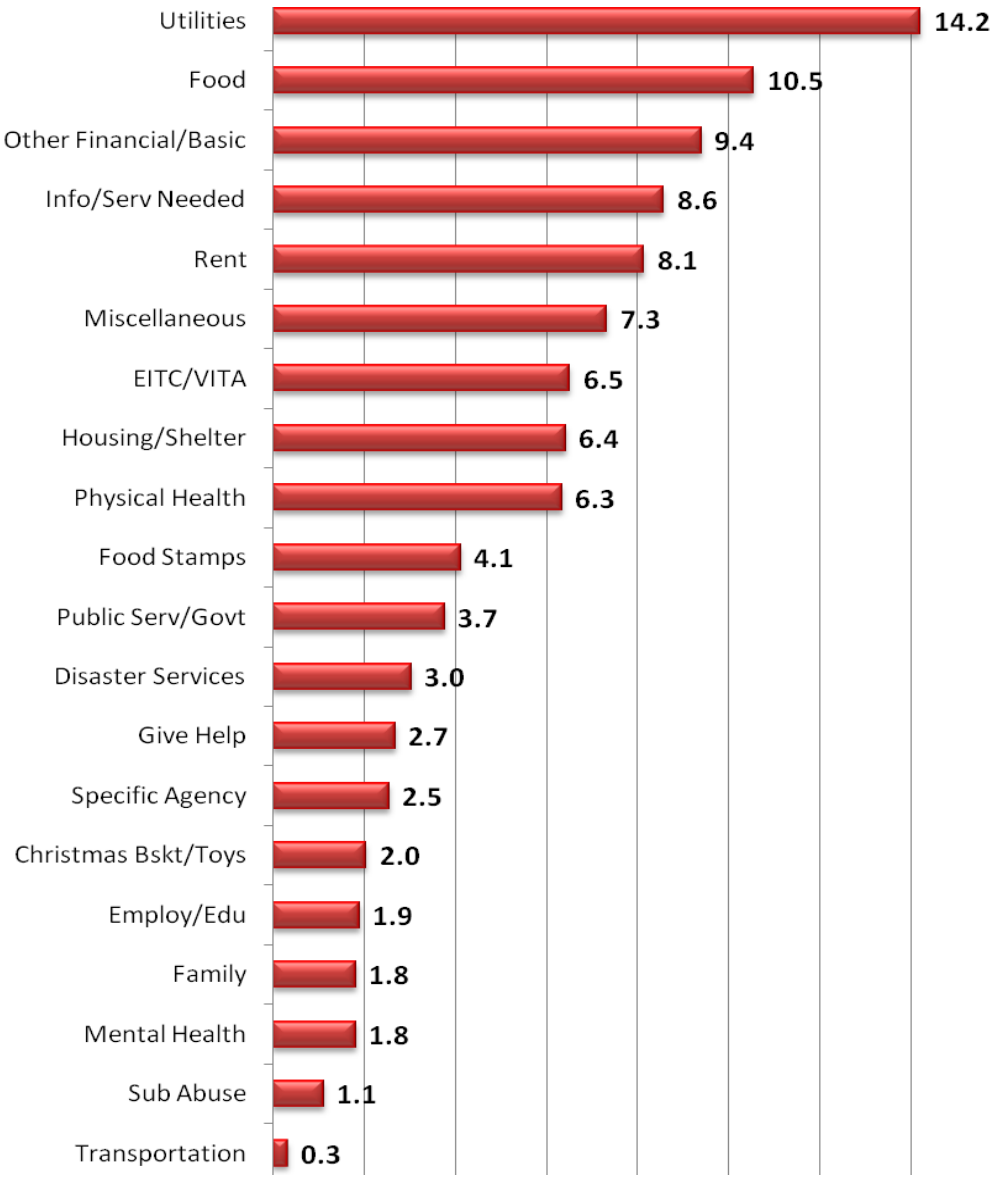
Each month, 2-1-1 issues a report that includes the number of calls about each problem/need, the number of calls by county (most are from Davidson County), the number of calls referred to each agency, and a summary of the number and percentage of calls in each category, total calls, and total needs. Since 2004, 2-1-1 has received an average of about 15,000 calls per month.

As 2-1-1 notes on its reports, "Total needs category does not equal the number of calls because one caller often has multiple needs." EITC (Earned Income Tax Credit) and VITA (Volunteer Income Tax Assistance) calls occur mostly in the months of January, February, and March, and have been increasing,

especially during the tax season of 2009, due to increased publicity about 2-1-1 as a referral resource for the EITC and VITA tax return sites for low-income residents.

Chart 2 identifies the percentage of cumulative calls to 2-1-1 for the top ten identified needs during the time 2-1-1 has been in operation. The top five needs are Utilities, Food/Food Stamps, Other Financial/Basic Needs, Rent, Information/Service needed, and Housing/Shelter. Often the 2-1-1 reports noted that agencies which provide rent and/or utility assistance were out of funds. The types of requests received by 2-1-1 reflect much of the same need patterns described in other data throughout this report.

Chart 2: Percent Needs from 2-1-1 Cumulative Calls, Top 20 Needs
2004 through October 2010

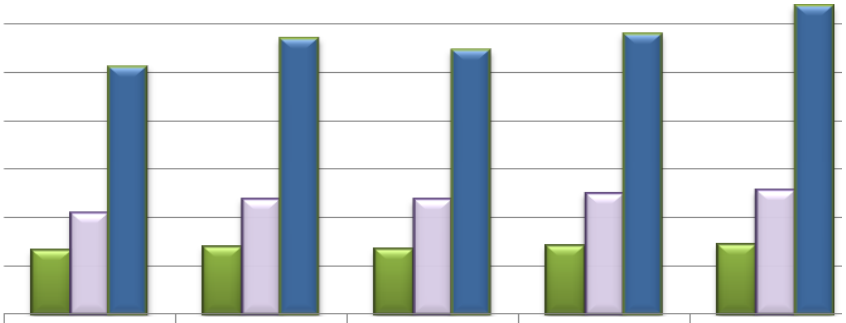


Source: 2-1-1 Call Center

Demographic and Social Profile of Davidson County

The number of families, households, and people in Davidson County increased gradually between 1990 and 2009. As shown in Chart 3, during that time, the number of people in Davidson County increased from 510,784 to 635,710, with a higher rate of increase after 2005.

Chart 3: Number of Families, Households, and People
Davidson County, 1990, 2000, 2003, 2006, 2009

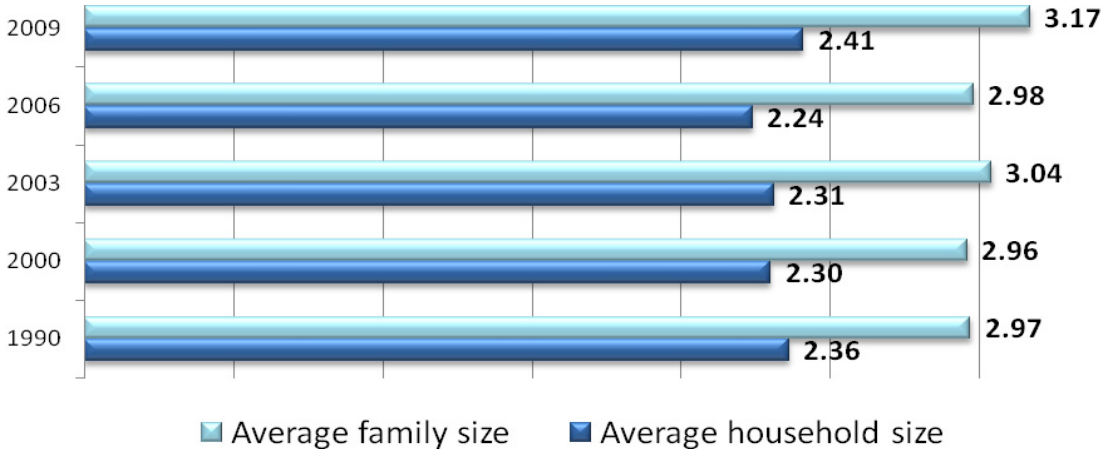


	1990	2000	2003	2006	2009
Families	131,395	138,106	133,619	139,127	143,188
Households	207,530	237,405	235,660	249,023	255,290
People	510,784	569,891	545,210	578,698	635,710

(Source: U.S. Census Bureau (1990 and 2000 Census; 2003, 2006, 2009 American Community Surveys)

The number of families has remained consistent since 1990, suggesting that the increase in the overall population was through an increase in the number of people per household, which grew from 2.97 to 3.17 between 1990 and 2009, as shown in Chart 4.

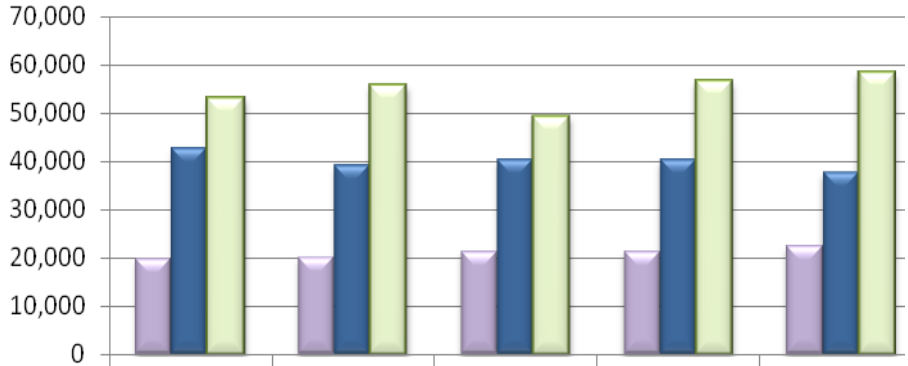
Chart 4: Average Size of Families and Households
Davidson County, 1990, 2000, 2003, 2006, 2009



Source: U.S. Census Bureau (1990 and 2000 Census; 2003, 2006, 2009 American Community Surveys)

Chart 5 shows that since 1990, there has been a slight increase in the number of female householders, an increase in the number of married couples with no related children, but a decrease in the number of married couples with children.

Chart 5: Number of Households by Type
Davidson County, 1990, 2000, 2003, 2006, 2009

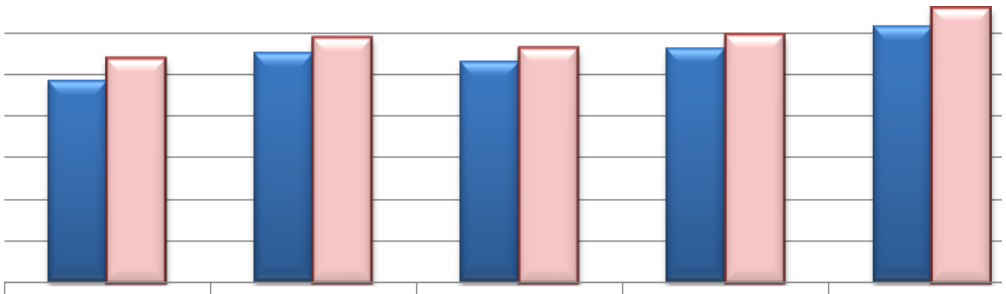


	1990	2000	2003	2006	2009
Female householder+children	19,774	19,960	21,278	21,130	22,297
Married couple+children	42,616	39,175	40,226	40,193	37,681
Married couple-no rel. children	52,976	55,609	49,193	56,382	58,238

Source: U.S. Census Bureau (1990 and 2000 Census; 2003, 2006, 2009 American Community Surveys)

For each Census and American Community Survey since 1990, there have been consistently more females than males in Davidson County, as shown in Chart 6.

Chart 6: Population by Gender
Davidson County, 1990-2009



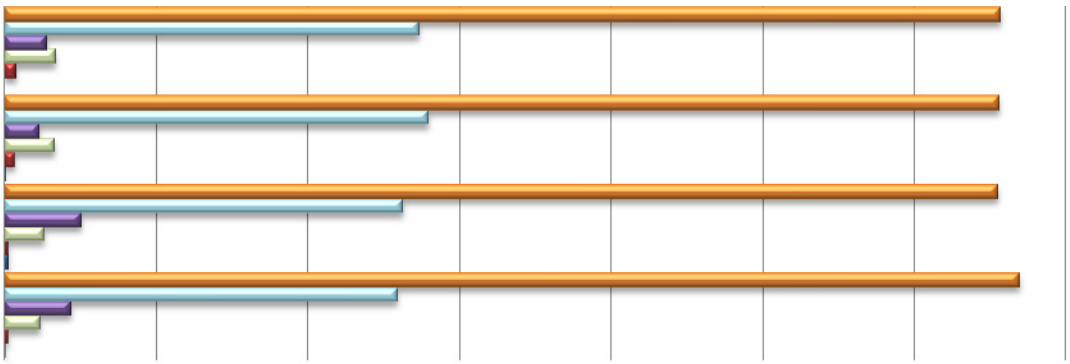
	1990	2000	2003	2006	2009
Male	242,492	275,865	264,077	281,634	307,302
Female	268,292	294,026	281,133	297,064	328,408

Source: U.S. Census Bureau (1990 and 2000 Census; 2003, 2006, 2009 American Community Surveys)

As shown in Chart 7, the racial and ethnic characteristics of Davidson County have remained relatively consistent, from 2000 through 2009.

Chart 7: Racial and Ethnic Composition

Davidson County, 2000, 2003, 2006, 2009



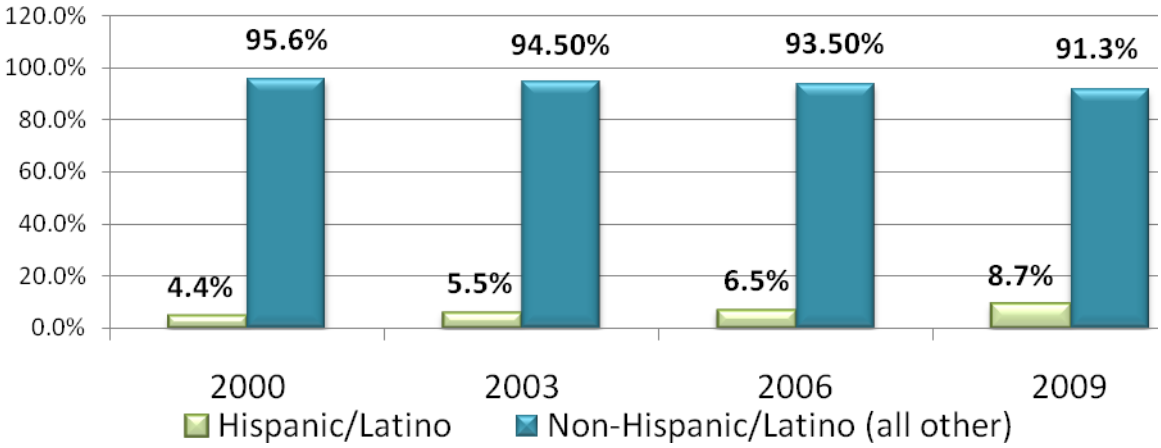
	2000	2003	2006	2009
White	67.0%	65.5%	65.7%	65.7%
Black	25.9%	26.3%	28.0%	27.3%
More than one race/other	4.4%	5.1%	2.3%	2.8%
Asian	2.3%	2.6%	3.3%	3.4%
Amer. Ind./Alaska Nat.	0.3%	0.2%	0.7%	0.8%
Nat. Hawaiian/Pac.Islander	0.1%	0.3%	0.1%	0.0%

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

As shown in Chart 8, the percentage of Hispanic of Latino residents of Davidson County has gradually increased to 8.7%.

Chart 8: Hispanic/Latino and Non-Hispanic/Latino Population

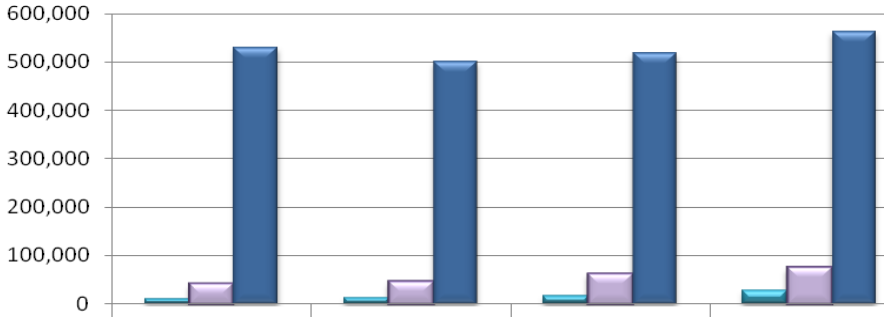
Davidson County, 2000, 2003, 2006, 2009



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

Chart 9 shows that an increase in native-born, foreign-born and naturalized citizens in Davidson County from 2000 to 2009. The percentage of Nashvillians who are foreign-born increased from 7% in 2000 to 11.4% in 2009.

Chart 9: Number of Native-Born, Foreign-Born, and Naturalized U.S. Citizens
Davidson County, 2000, 2003, 2006, 2009

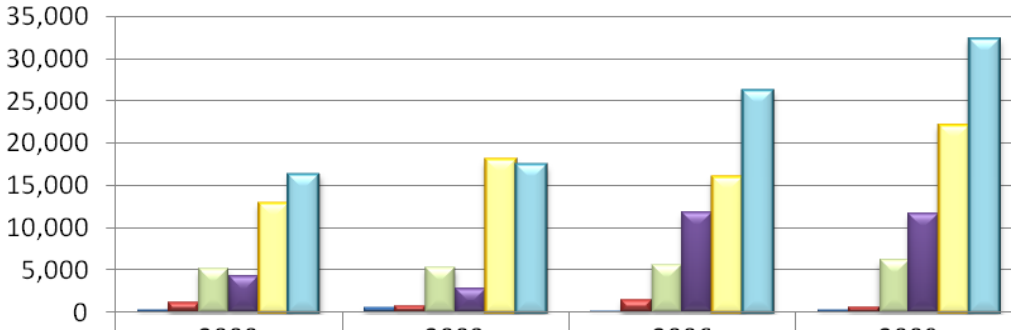


	2000	2003	2006	2009
Naturalized citizen	9,891	12,899	15,778	27,028
Foreign born	39,596	44,515	60,854	72,785
Native U. S.	530,295	500,695	517,844	562,925

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

Chart 10 reflects that there was a decrease in the number of Davidson County residents who were born in other North American countries between 2000 and 2009, with increases from other parts of the world, particularly Latin America and Africa.

Chart 10: Place of Birth for Foreign-Born Residents
Davidson County, 2000, 2003, 2006, 2009



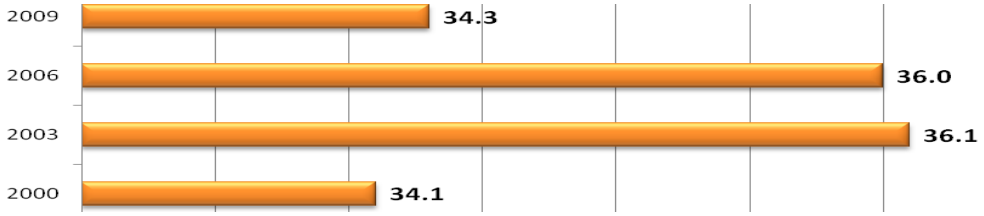
	2000	2003	2006	2009
Oceania	209	485	121	251
Northern America	1,094	749	1,391	563
Europe	5,038	5,261	5,600	6,061
Africa	4,199	2,780	11,769	11,688
Asia	12,800	17,903	15,833	22,021
Latin America	16,256	17,337	26,140	32,201

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

The median age in Davidson County has increased since 2000, as shown in Chart 11. It is projected that the median age will continue increasing for at least two more decades primarily due to aging patterns for the baby boom generation. The changing aging pattern will affect community needs and service delivery for decades.

Chart 11: Median Age

Davidson County, 2000, 2003, 2006, 2009



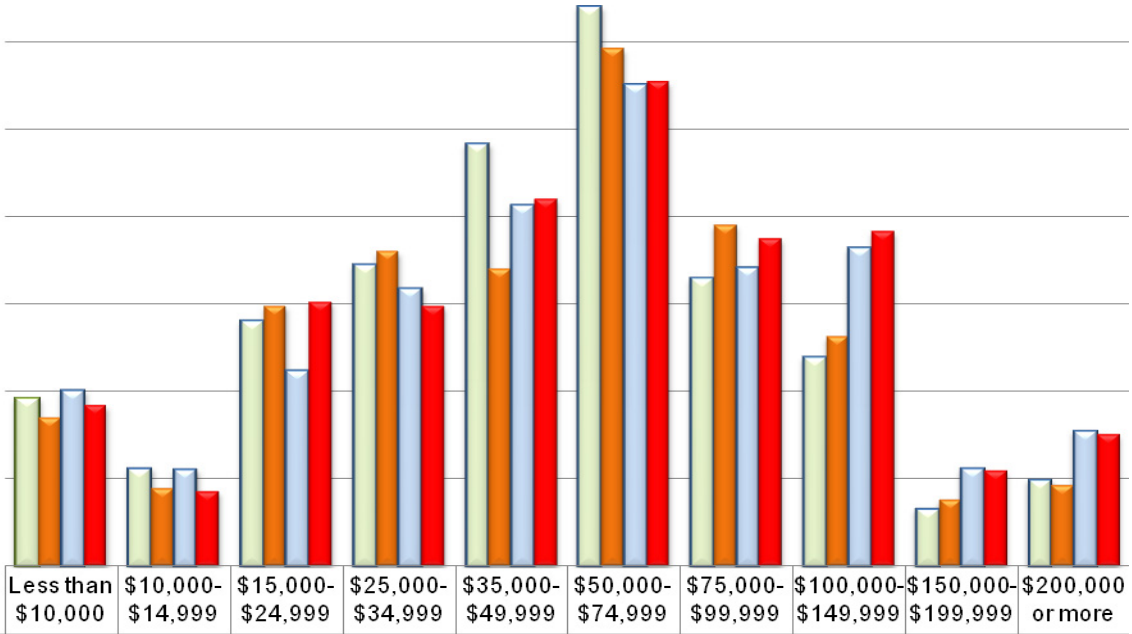
Source: U.S. Census Bureau (2000 Census; 2003, 2006, 2009 American Community Surveys)

Socioeconomic Profile of Davidson County

Chart 12 shows the number of Davidson County families by income. The number of families with incomes less than $10,000 has remained about the same since 2000.

Chart 12: Number of Families by Family Income Category

Davidson County, 2000, 2003, 2006, 2009

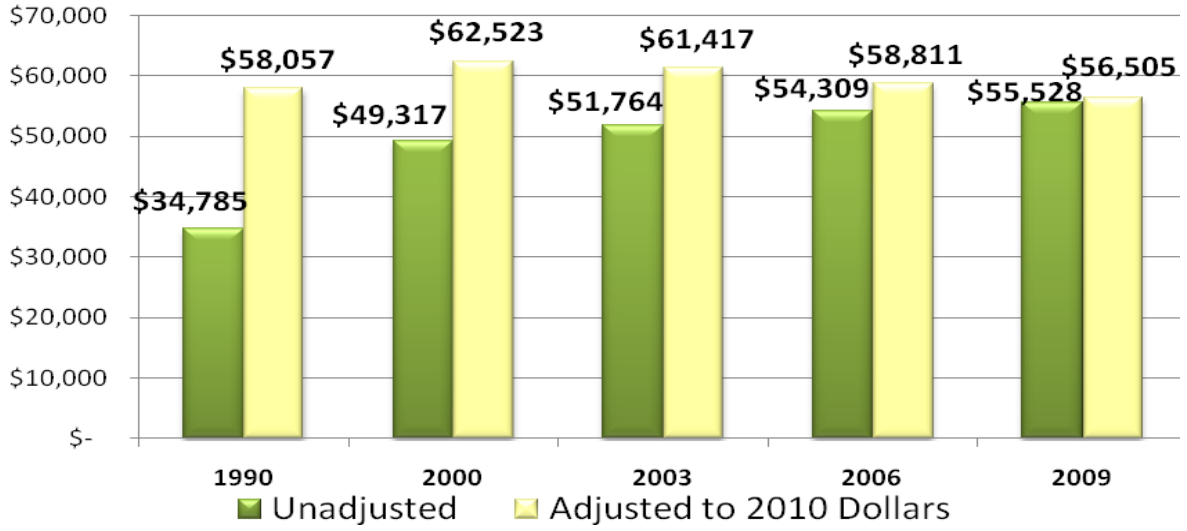


	Less than $10,000	$10,000-$14,999	$15,000-$24,999	$25,000-$34,999	$35,000-$49,999	$50,000-$74,999	$75,000-$99,999	$100,000-$149,999	$150,000-$199,999	$200,000 or more
2000	9,559	5,603	14,032	17,253	24,174	32,017	16,456	11,932	3,269	4,939
2003	8,488	4,474	14,895	18,009	17,000	29,633	19,540	13,146	3,799	4,635
2006	10,031	5,516	11,183	15,861	20,645	27,580	17,078	18,193	5,597	7,743
2009	9,200	4,267	15,132	14,893	21,032	27,739	18,758	19,177	5,457	7,533

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

Although median family income in nominal dollars increased substantially in Nashville between 1990 and 2009, Nashville's real median family income (adjusted for inflation) changed little during this period. Chart 13 shows that income in real dollars increased significantly since 1990, the adjusted purchasing capacity has remained about the same.

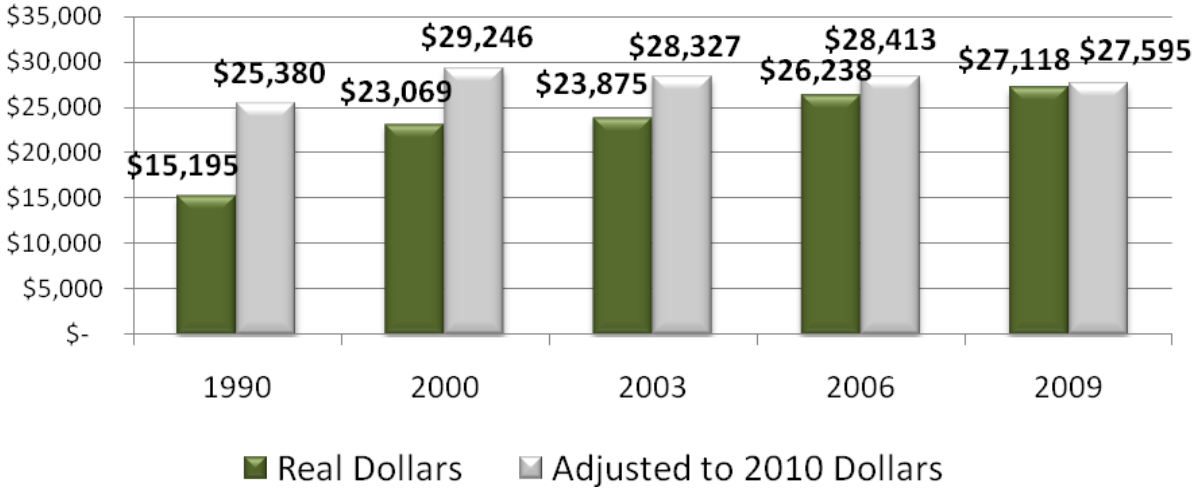
Chart 13: Median Family Income – Unadjusted and Adjusted to 2010 Dollars
Davidson County, 1990, 2000, 2003, 2006, 2009



Sources: U.S. Census Bureau (1990 and 2000 Census; 2003, 2006, 2009 American Community Surveys)
U.S. Bureau of Labor Statistics (Inflation Calculator)

Chart 14 shows Davidson County's per capita income, comparing real dollars to dollars adjusted for inflation. It also shows that while real dollars increased, when adjusted for inflation there is much less of an increase.

Chart 14: Per Capita Income and Real Dollars (Adjusted to 2010 Dollars)
Davidson County, 1990, 2000, 2003, 2006, 2009



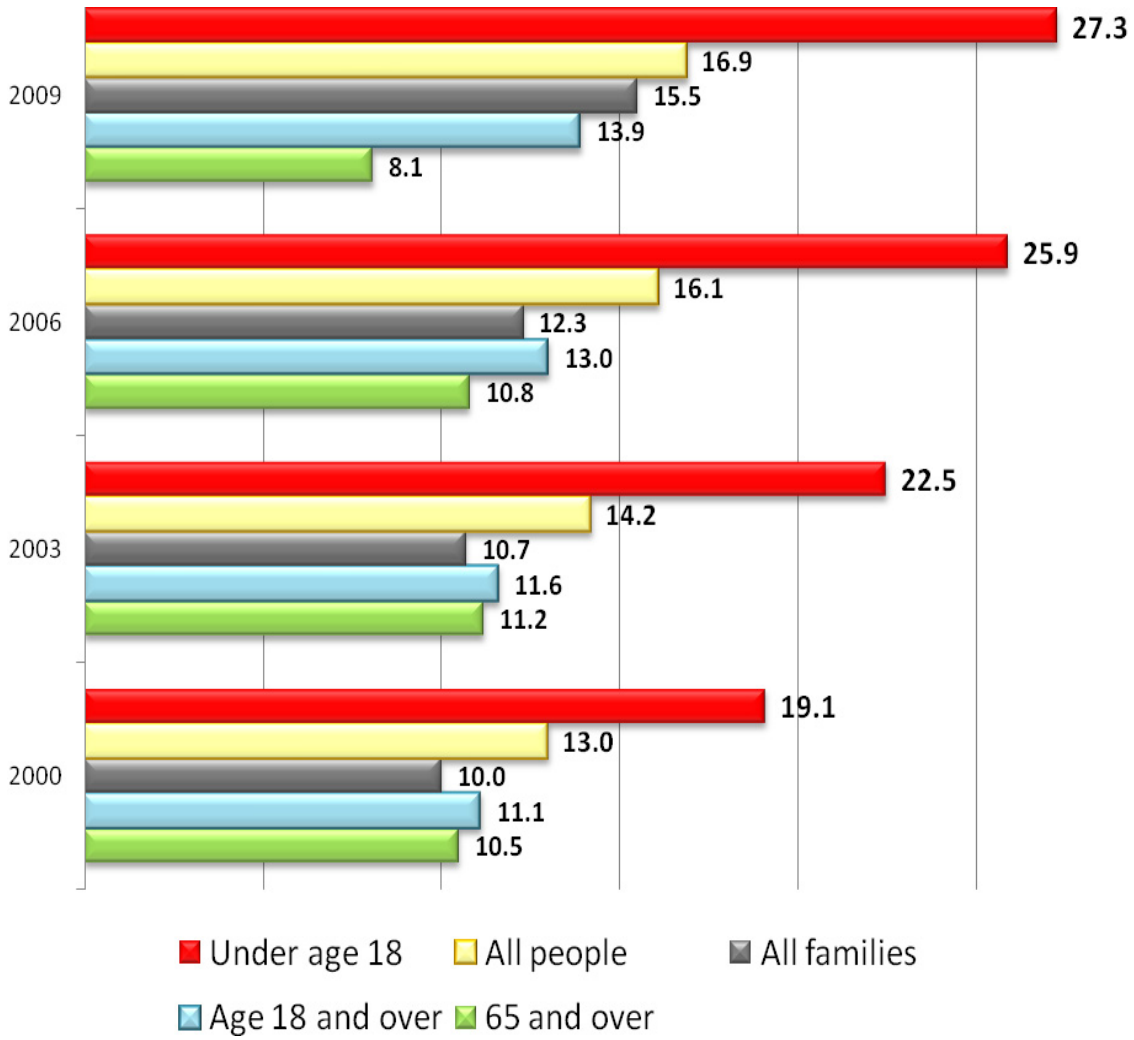
Sources: U.S. Census Bureau (1990 and 2000 Census; 2003, 2006, 2009 American Community Surveys)
U.S. Bureau of Labor Statistics (Inflation Calculator)

Between 2000 and 2009, Nashville's poverty rate increased for all categories except for a decrease for people age 65 and over, as shown in Chart 15. Poverty rate for all people increased from 13.0% to 16.9%.

The largest increase was for people under age 18, from 19.1% to 27.3% in nine years,Young Nashvillians have the greatest likelihood of being poor (see Table). Not only did the poverty rate of people under age 18 increase from 19.1% to 24.7% between 2000 and 2007, but in each year young people were two to three times more likely than people age 65 and older to be poor.

As shown in Chart 15, the people most likely to live in poverty in Davidson County are persons under age 18. Persons who are age 65 and over are least likely to live in poverty in Davidson County, at a rate less than half of those under age 18.

Chart 15: Percentage of People, Families and Age Categories Under Poverty Level
Davidson County, 2000, 2003, 2006, 2009



Source: U.S. Census Bureau (2000 Census; 2003, 2006, 2009 American Community Surveys), Income, Poverty, and Health Insurance Coverage in the United States: 2009 http://www.census.gov/prod/2010pubs/p60-238.pdf

The demographic makeup of the population differs at varying degrees of poverty.

Children represented:

- 24.5% of the overall population
- 35.5% of the people in poverty
- 36.3% of the people with income below 50% of their poverty threshold

The elderly represented:

- 12.7% of the overall population
- 7.9% of the people in poverty
- 5.2% percent of those with income below 50% of their poverty threshold

For people with income below 125 % of their poverty threshold:

- 34.5% were children
- 9.7% were elderly

Child Care

Key Points

- Tennessee is one of the top fifteen states in terms of the number of people in poverty, with younger people more likely to be poor. For all people in Davidson County, there is a poverty rate of 16.9%, compared to 34.4% for children under age 5.
- Depriving children of a strong developmental start increases costs for parents, hospitals, schools and communities.
- Parents whose children are in reliable, quality care can participate in training programs and more effectively find jobs and work more productively.
- Among children who are not poor at birth, 4% will be "persistently" poor.
- For children in poverty who participate in Early Childhood Development (ECD) Programs, there is evidence that these programs improved their academic performance and enhanced their adulthood. It is estimated that for every $1 invested in high-quality ECD programs, there is at least a $3 long-term return.
- Poverty in early childhood can affect adult attainment, behavior, and health indirectly through parents' material and emotional investments in children's learning and development.
- The National Center for Children in Poverty reports that poor children face a greater risk of impaired brain development due to risk factors associated with poverty.

Children of all ages suffer when there is lack of psychosocial, emotional and economic support in their home environments, especially those under age five who are particularly vulnerable. As reported by the Economic Policy Institute (*Exceptional Returns: Economic, Fiscal, and Social Benefits of Investment in Early Childhood Development*, 2004), the youngest children usually suffer the highest poverty rates of any age group in the United States.

Poor children often lack adequate food, safety, shelter, and health care. Child care provides a support to allow families to work, but can also promote the physical, emotional, educational, and social development of children.

There are initiatives to enhance early childhood development, at both the state and local level. One example is the Tennessee Early Childhood Advisory Council, in the Governor's Office of Children's Care Coordination, which indicates that one of their primary goals is to create a statewide high quality

comprehensive and aligned early childhood system of care and education for the children of Tennessee from birth to five years.

The Economic Policy Institute report describes the path toward poverty and dependency for poor children who often fall short of achieving their academic potential. As a result, the children are more likely to enter adulthood without the skills they need to compete in the global labor market. When these children become adults, they are less likely to be gainfully employed, resulting in diminished contribution to economic growth and community well-being. They are also more likely to suffer from poor health and to participate in crime and other antisocial behavior.

In comparison to the national rate of 18%, 21% of Tennessee's families with children under age 6 live in poverty.

High-quality early childhood development (ECD) programs have demonstrated substantial payoffs for children who have the opportunity to participate. ECD programs may provide an array of education services, health services and nutrition services, usually for children younger than six. Some also provide adult education and parenting classes for the parents of these young children.

Research shows that for every $1 invested in high-quality ECD programs, there is at least a $3 long-term return (some projections are even higher). Follow-up studies of poor children who participated in these programs found evidence of noticeably improved academic performance and decreased rates of criminal conduct.

The Economic Policy Institute's study strongly suggests that if all poor children ages 3-4 had the opportunity to participate in a high-quality ECD program, there would be a substantial future payoff for the government and for taxpayers. As children who benefited from these enrichment programs grow up, there would be fewer costs for remedial and special education, criminal justice, and welfare benefits. As adults, those who participated in ECD would have higher incomes and pay more taxes.

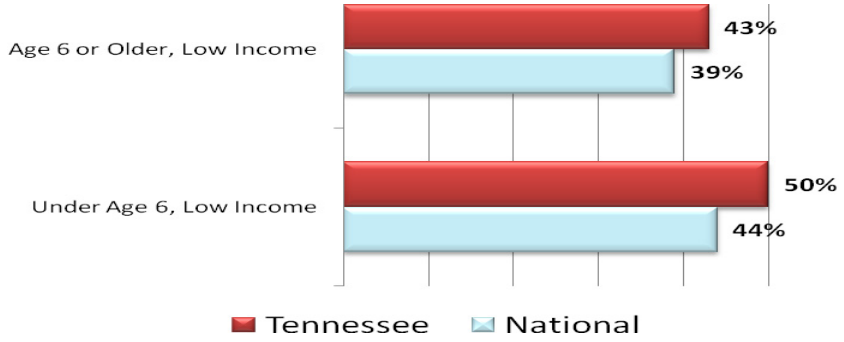
Depriving children of a strong developmental start increases costs for parents, hospitals, schools and communities. As noted by the Pew Charitable Trusts, priority should go to programs with demonstrated economic and societal benefits. If ECD programs are based on solid research and appropriate service models, they will save money now and generate future revenue. Delays in providing poor children with ECD will prevent these children from reaching their potential and will postpone any overall positive effect for society.

Children in Poverty

The National Center for Children in Poverty defining poor as less than twice the federal poverty threshold, reported that Tennessee's percentage of poor children is higher than the national rate, for those below age 6 and above age 6.

Chart C-1 shows that 50% of Tennessee's children below age 6 live in low-income households, compared to 44% nationwide. For children over age 6, 43% live in low-income households compared to 39% nationwide.

Chart C-1: Percentage of Low-Income Children, Under and Above Age 6
Tennessee and United States (2007-2009)



Source: National Center for Children in Poverty

There are many families that cannot afford to pay the cost of child care. As noted in a previous section of this report, there were 13,467 families in Davidson County with incomes less than $15,000.

According to the 2009 American Community Survey, Davidson County had 47,402 children under age 5; 41,237 ages 5-9; 32,627 ages 10-14; and 32,627 ages 15-19. The poverty rate in Davidson County varies among types of families and ages:

- 12.3% All Families
- 24.1% Families with related children under age 5
- 53.9% Families with female householders with related children under age 5
- 16.9% All People
- 27.3% People under age 18
- 34.4% People under age 5

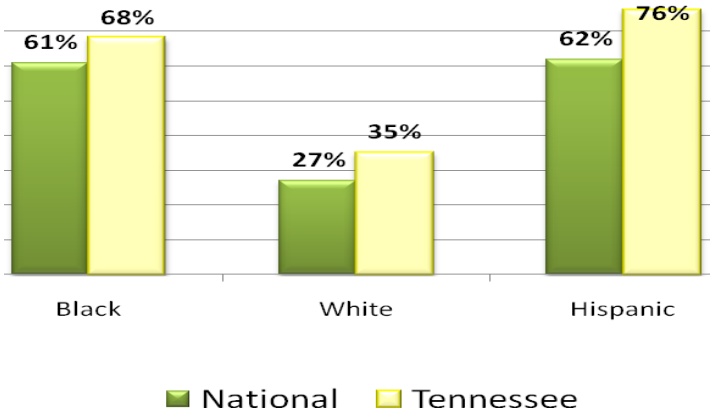
Already off to a tough start in life, 49% of American babies born into poor families will be poor for at least half their childhoods, according to the 2010 Born Poor report from the Urban Institute.

According to Poverty in America (July 21, 2010), in the United States there are 14 million children (19%) who live in poverty, which has increased during recent years. There are 2.5 million more children living in poverty in America now than in 2000. Children make up 26% of the population, but they are 39% of the people who live in poverty. Every day, 2,660 children are born into poverty.

The National Center for Children in Poverty describes the significant variation in poverty for children depending on race and ethnicity.

Chart C-2 shows the percentage of low-income households with children (under age 18), which shows that Tennessee's rate is higher in each group than the national measurement. In addition, it shows that for both the U. S. and Tennessee, the rate of Black and Hispanic children in low-income households is significantly higher than for White children. Recent racial/ethnicity data was not available for geographic areas smaller than the state.

Chart C-2: Percentage of Children in Low-Income Households, by Race and Ethnicity
Tennessee and United States, 2007-2009



Source: National Center for Children in Poverty, compiled from Social and Economic Supplement (March 2010)

The National Center for Children in Poverty also described the following characteristics of children in poor families in Tennessee.

Parental Employment Status

- 31% of children in poor families have at least one parent who is employed full-time, year-round.
- 40% of children in poor families have at least one parent who is employed either part-year or part-time.
- 29% of children in poor families do not have an employed parent.

Educational Level of Parents

- 55% of children whose parents do not have a high school degree live in poor families.
- 34% of children whose parents have a high school degree with no college education live in poor families.
- 8% of children whose parents have some college or more live in poor families.

Other Characteristics

- 34% of children in urban areas live in poor families (compared to 9% for suburban and 22% for rural)
- 69% of children in poor families live with a single parent.
- 29% of children in poor families live in owner-occupied housing (compared to 76% of not poor families)

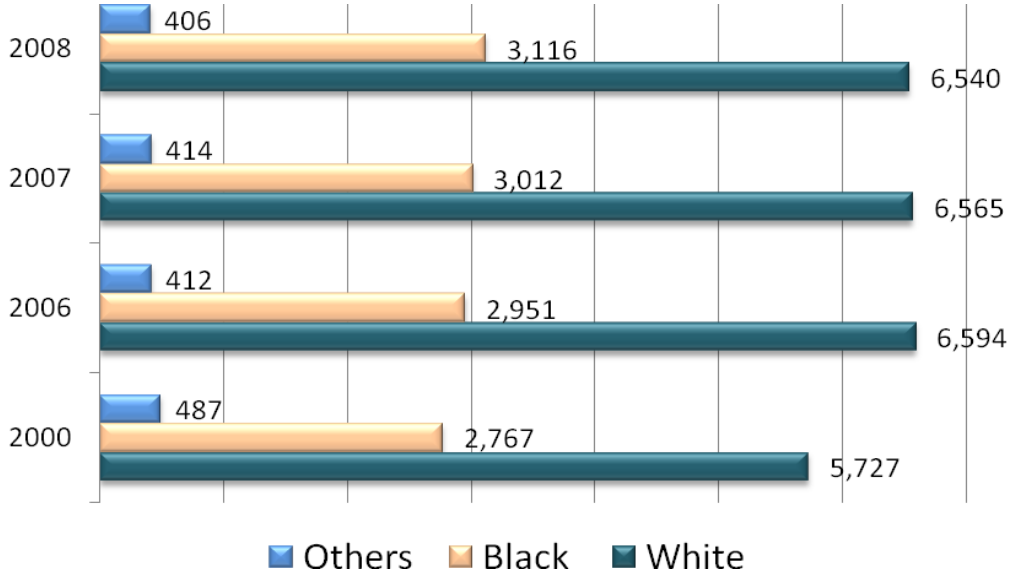
Birth Rates

The Pew Research Center analysis of state fertility and economic data reported on July 6, 2010 that national birth rates began to decline in 2008 after rising to their highest level in two decades, and the decrease is likely linked to the recession.

The nation's birth rate grew each year from 2003 to 2007, and has declined since then. As will be shown later in this report, the number of births also peaked in 2007 to a record level, dipped nearly 2% in 2008 and continued to decline in 2009, according to National Center for Health Statistics (NCHS) data. This analysis focuses on birth rate changes in 2008, the year after the nationwide recession began.

Chart C-3 shows the number of children born by race in Davidson County during 2000, 2006, 2007, and 2008.

Chart C-3: Number of Children Born by Race and Ethnicity
Davidson County, 2000, 2006, 2007, 2008



Source: Metro Public Health Department

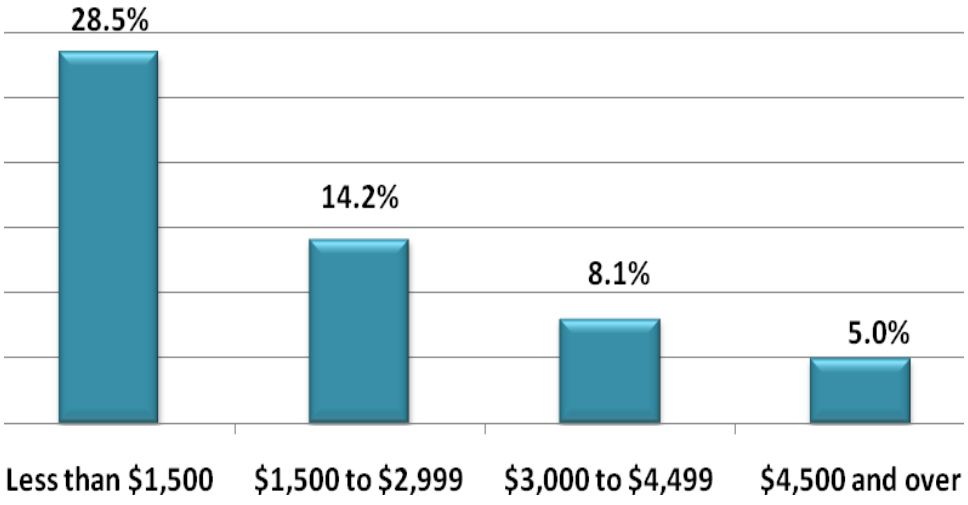
Cost of Child Care

Average annual fees in Tennessee paid for full-time center care is $6,252 for an infant and $5,732 for a four-year old, compared to the cost of annual tuition and fees for a four-year state college average of $5,684, according to the 2009 Child Care in the State of Tennessee report. Nationwide, the average annual fees paid for full-time center care for an infant ranges from $4,560-$15,895, compared to the average cost of annual tuition and fees for a four-year state college of $6,585.

In 2010, CLASP, a national nonpartisan group that advocates for low-income people, reported that child care subsidies are needed to help low-income families' access to care options in the child care marketplace. Low-income parents' decisions about who cares for their babies are influenced by preferences, but also by significant constraints—such as financial resources, employment schedules and stability, transportation issues, and supply of care choices in their neighborhoods, as well as problems accessing and maintaining child care assistance.

As shown in Chart C-4, the percentage of a family's monthly income spent on child care varies significantly by the family's overall income, ranging from 5% for those whose income is $4,500 and over per month, to 28% for those whose incomes are less than $1,500.

Chart C-4: Percentage of Monthly Income Spent on Child Care by Income Level
Tennessee, 2004



Source: U. S. Census Bureau; U. S. Department of Health and Human Services-ACF (2004)

The lack of available, affordable child care continues to be a significant long-term obstacle to work. If a mother cannot find appropriate and affordable child care, she will not be able to maintain stable employment. Some types of child care are especially difficult to find, including infant care, part-time care, and care during nonstandard work hours.

In Tennessee, the average cost for non-subsidized child care for one infant and one four year-old is approximately $13,000 per year. This is more than the annual median income of $11,400 for employed adults leaving the TANF/Families First program.

Child care services necessary to support low-income parents who work are insufficient, and serve as continuing barriers to economic well-being and self-sufficiency, especially for women. The high proportion of a low-income mother's earnings required to fully pay for child care often prevents her from escaping poverty through employment as long as she has young children.

State Child Care Certificate Program

The Child Care Certificate Program is administered by the Tennessee Department of Human Services to provide financial help (subsidies) for child care costs for low income and at risk children. Funding for the Certificate Program comes from the federal Families First/TANF block grant and the Child Care Development Block Grant (CCDBG). This is often referred to as the subsidized child care program. DHS also licenses providers, who are ranked with a 1, 2 or 3 Star Quality rating.

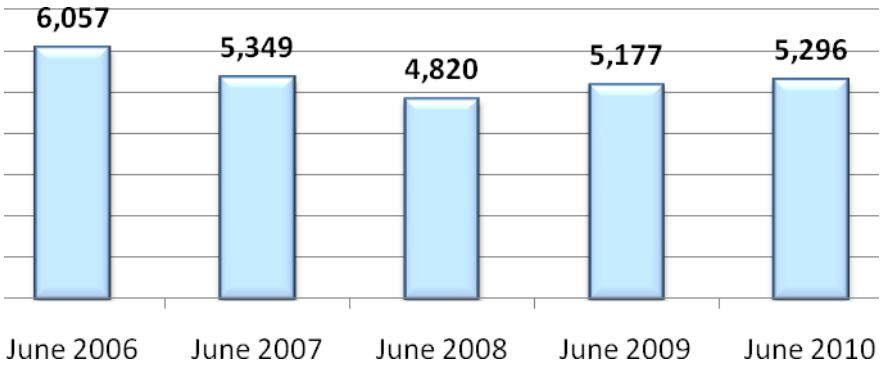
Families must meet eligibility guidelines to participate in the program, and the selected provider must be enrolled in the certificate program. Licensed and unlicensed providers can participate in this program and receive reimbursement from DHS for caring for qualified children. Payment rates are established by DHS and agreed to by the providers. Depending on income, some assistance may require a copayment. Payment rates vary by age group (infants, preschool and school age), amount of time in care and may differ by county of residence.

In addition to certificates for families receiving Families First, after their Families First cash assistance ends, they may be eligible for 18 months of transitional child care and 6 months of at-risk child care. There are also a limited number of certificates approved by the Tennessee Department of Children's Services for children in foster care or under child protective services. Even if they have not received Families First, teen parents in high school may be eligible for child care assistance even.

The American Recovery and Reinvestment Act provided an additional $2 billion to invest nationwide in the Child Care and Development Fund (CCDF), of which the Tennessee Department of Human Services received funding of more than $41 million. These federal stimulus funds allowed child care assistance to be provided to a limited number of low-income working families who were not Families First participants between May 2009 and September 2010. These funds allowed Tennessee to provide assistance for approximately 7,000 additional children during that time period.

In Tennessee, there are 357,740 child care spaces across 7,098 participating providers. A total of about 40,000 children receive child care subsidies each year. Chart C-5 shows a snapshot of the number of children who were enrolled in the Tennessee Child Care Certificate Program for the past five years. The number decreased after June 2006 and has since increased, but not to the level in 2006.

Chart C-5: Number of Children Enrolled in Tennessee Child Care Certificate Program
Davidson County, (June) 2006, 2007, 2008, 2009, 2010



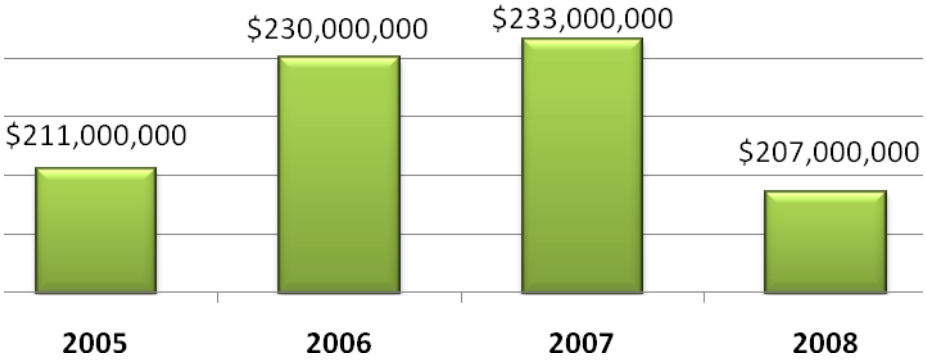
Source: Tennessee Department of Human Services

To receive child care assistance, applicants must be legally present in the United States and meet Family Assistance eligibility requirement. The child of an ineligible or illegal alien may be eligible for child care approved in child protective services situations with the Tennessee Department of Children's Services. Families may be eligible for child care assistance through one of the following programs:

- Families First Child Care Assistance**:** Parents participating in the Families First program (need child care based on income level at or below the poverty level) who complete the work activities in their Personal Responsibility Plans can receive financial assistance with the cost of child care. Families First parents do not pay a parent co-pay in this program. Eligibility is based on Families First income guidelines.
- Transitional Child Care Assistance: Working parents on the Families First program whose case is closed are provided with 18 months of transitional child care assistance to help transition off the program. There is a work activity requirement for each parent in order to be eligible for this program. Parents must pay a co-pay fee based on a sliding income scale.
- At Risk Child Care: Parents whose time is ending on the Transitional Child Care Assistance program may be eligible for this child care assistance. Parents must pay a co-pay fee based on a sliding income scale.
- At Risk Child Only: Children who are receiving Families First and are being cared for by someone other than their parent(s) may be eligible for this child care assistance. Caretakers must pay a co-pay fee based on a sliding income scale.
- Teen Child Care Assistance: This program is for eligible high school or middle school mothers. These young mothers must stay in school in order to receive child care assistance. Parents must pay a co-pay fee based on a sliding income scale.

The level of funding for child care subsidies varies based on the resources available for that program. As shown in Chart C-6, after increases for 2006-2007, the amount for 2008 dropped to below the amount for 2005.

Chart C-6: Funding for Child Care Subsidies
Tennessee, 2005-2009



Source: State of Tennessee, Child Care Certificates

According to the Tennessee Department of Human Services, 20 Davidson County zip codes have more than ten child care providers:

- 37207 - 53
- 37211 - 43
- 37206 - 31
- 37013 - 30
- 37115 - 28
- 37208 - 28
- 37214 - 25
- 37205 - 24
- 37209 - 23
- 37076 - 19
- 37215 - 19
- 37218 - 18
- 37203 - 17
- 37210 - 15
- 37216 - 15
- 37217 - 15
- 37221 - 15
- 37212 - 14
- 37220 - 14
- 37204 – 11

Head Start

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

The Head Start Act requires Head Start State Collaboration Offices to conduct statewide needs assessments to support and improve collaboration among Head Start grantees and other early childhood agencies. Data from the 2007-2008 Program Information Report's State Level Summary indicates that Tennessee has Head Start grantee programs, which enrolled a combined total of 20,290 children from 18,743 families.

In 2009, the University of Tennessee's Social Work Office of Research and Public Service (UT-SWORPS) conducted a study which recommends that State and local collaboration efforts between Head Start and other early care providers should address the needs of working families. This includes the need for daily full-time care necessary for parents who work outside the home.

The Head Start program provides enriched child care for the low-income children it serves. However, additional hours of child care are often needed beyond the hours of operation for Head Start.

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

Head Start is committed to supporting families who are working toward economic well-being, but there are many other families in similar disadvantaged circumstances. The UT-SWORPS study described how partnerships with other local providers can help provide access to and availability of appropriate child care to meet family child care needs. Collaborative efforts include partnerships to provide full-day care, long-range planning at the local and state levels, assistance and referral to parents for child care resources, training of child care providers in the community, and development support for local providers of extended care for school-age children.

Tennessee Voluntary Pre-K (Pre-Kindergarten)

Tennessee Voluntary Pre-K Program is a learning program to prepare children for school by providing an opportunity for them to develop school readiness (pre-academic and social skills) in an environment that fosters the love and joy of learning. Any child who meets free or reduced price lunch income guidelines and is four years old by September 30 is eligible to participate.

Pre-K is a long-term investment and Tennessee has made progress in providing Pre-K to at-risk children. As reported in Blueprint for the Success of Tennessee Children, Kids Count, “The long-term benefits of early childhood education are substantial and include increases in test scores, decreased special education placement, increases in high school graduation rates, increases in college attendance, decreases in crime and delinquency, and improved employment and earnings. All children should have equal opportunities to experience quality child care, and adequate state child care reimbursement rates improve access to quality child care for low income families with children. The quality of their early life experiences has a significant impact on children’s future growth and development. Children need an environment of supportive, positive relationships to build sturdy brain architecture.”

In Tennessee Pre-K is 100% voluntary, meaning that parents can decide if they want to enroll their child in the Pre-K program or not. However, programs do not have sufficient capacity to provide Pre-K to all families, and not all schools have Pre-K classrooms. Tennessee uses a state approved list of research-based curricula aligned with the Tennessee Early Learning Developmental Standards (lessons are based on what the average child at that age should know or be capable of learning).

Pre-K programs are developed on research based information that has established the long-term effectiveness of early childhood education which resulted in fewer incarcerations, fewer referrals to special education services, and acquisition of skills that promote stable communities and active citizens. Tennessee's Voluntary Pre-K Programs have been recognized by the National Institute for Early Education Research as a national model for providing high-quality Pre-K programs. There are 934 state funded Pre-K classrooms in throughout Tennessee, in public schools, private child care providers and Head Start centers.

The Tennessee Alliance for Early Education members continue to advocate for continued increases in Pre-K funding every year in order to make Pre-K available for all 4-year olds in Tennessee. State leaders across the country are seeking policy solutions that generate both immediate and long-term economic returns. As a result, high-quality Pre-K programs are recognized for improving school and social outcomes for children and states. It is a proven education reform strategy and a high-yielding economic development policy and has bipartisan support as a smart investment for states to make.

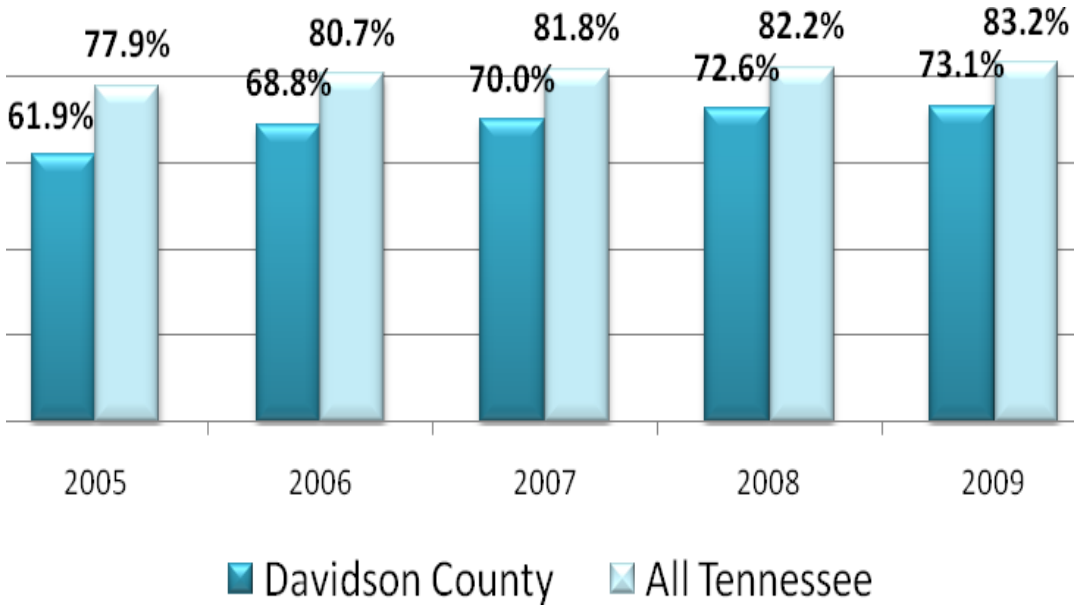
NBC News Education Nation (an organization of journalists with a mission that every American have an opportunity for the best education possible) reported that education has been demonstrated to be the key to future success in the United States, as well as the cornerstone of our democracy. Despite the importance of education, many students across the country have fallen behind:

- 68% of eighth grade students cannot read at grade level
- 33% of students drop out of high school
- An additional 33% graduate but are not college-ready

Parents whose children are in reliable, quality care are able to work more productively and rely less on public assistance, while parents out of work can better search for jobs and participate in training programs.

As shown in Chart C-7, the percentage of high school graduates has increased over the past five years for both Davidson County and the entire State of Tennessee. Tennessee's graduation rate is usually in the bottom 25% when compared with other states.

Chart C-7: Percentage of High School Graduates
Davidson County and Tennessee, 2005-2009



Tennessee Dept. of Education, Report Card 2009

As some countries have gained ground in educating their students, public schools in the United States have experienced challenges. The stakes are high for our economy and for our society as a whole. Young people who don't graduate from high school are less likely to be able to support their families, less likely to be engaged in civic society, and more likely to spend time in jail, and experts estimate that the achievement gap is costing our country $525 billion each year. Among 30 developed nations, the United States ranks:

- 24th in Math
- 17th in Science
- 10th in Literacy

Other Issues of Child Care and Pre-Kindergarten Programs

The Partnership for America's Economic Success (a national coalition of business executives, economists, funders and civic leaders mobilizing business to improve tomorrow's economy through smart policy investments in young children) reported that cutting early childhood programs would worsens the fiscal problems in the United States. Their report explained that considering both short-term and long-term implications, states could actually save money and stimulate their economies, by protecting funding for effective Pre-K.

The report explained that the cost of "disinvestment" provides evidence for why states cannot afford to cut early childhood programs. These programs have demonstrated economic and societal benefits, which reduce taxpayer costs now and generate more revenue in the future. Research shows that these investments are fundamental to achieving a globally competitive workforce with fiscal sustainability for states and the nation.

In April 2010, the Partnership for America's Economic Success compiled a comprehensive report on the cost of disinvestment pointing out that by developing human capital, our nation will need to focus especially on children age 5 and younger and their families. The Pew Research Center describes how reducing budgets for proven early childhood policies means health, education and social services costs will ultimately increase.

They point out that it is fiscally sound to maintain quality Pre-K investments. States would experience short-term savings and high rates of return by stimulating consumer and business spending. These policies are steps toward short-term savings for states which produce good rates of return on public funds, by stimulating consumer and business spending.

There is also evidence that early childhood programs can act as an economic stimulus because child care and Pre-K professionals tend to spend much of their earnings locally. As a result of their employment, their wage dollars move multiple times through their communities. Facilities maintenance and supplies for early childhood programs are heavily local, spurring spending when and where it is most needed.

Unmet Need for Children in Poverty

The U. S. Census Bureau's 2009 American Community Survey indicates that there are 47,402 children under age 5 and 41,237 between age 5 and 9 in Davidson County. They report that 24.1% of families with related children under 5 are in poverty (11,424).

They also report that the poverty rate for families with related children under 18 is 21%, which would be 8,659 children. This would be a projected 20,084 children ages 9 and below under the poverty level in Davidson County. There are thousands more children who live in low-income households which are above the poverty level used for Census data.

It is difficult to identify the exact deficit for services for children in poverty. The Census Bureau does not break down the number of children by individual years of age, and there may be overlap for some of the services which are available. By reviewing the combined resources available, it is clear services are not available to many poor children.

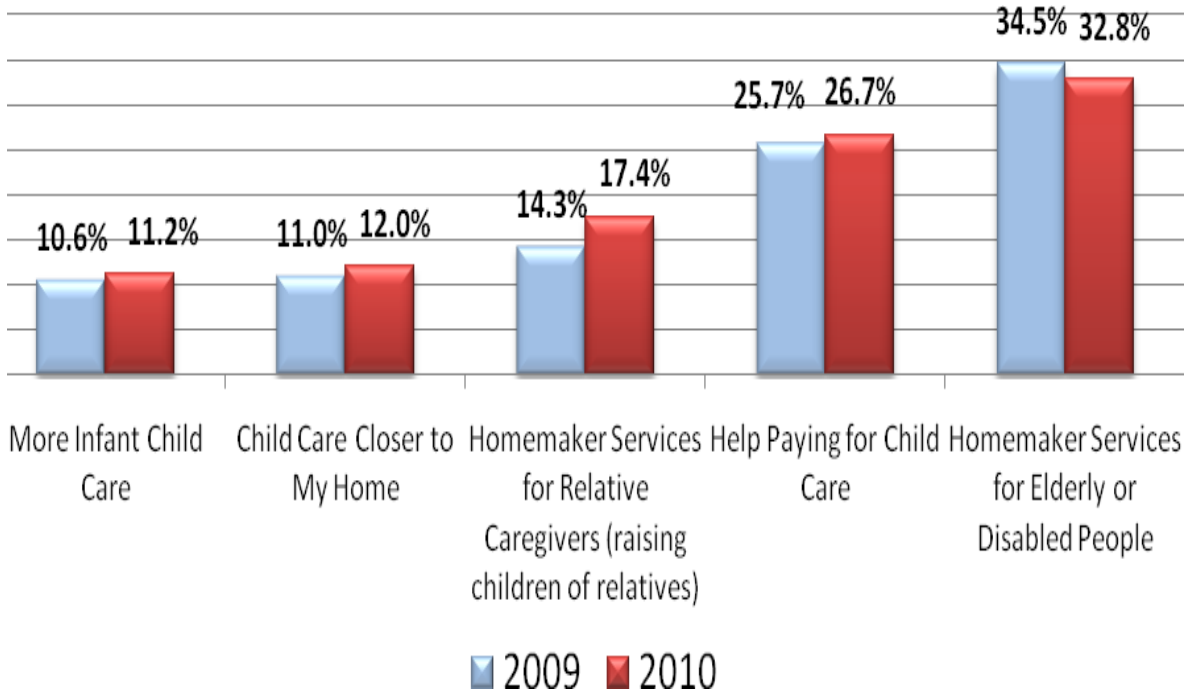
- As of November 2010, 2,358 of Davidson County children are enrolled in Pre-K in Metro Nashville Public Schools.

- About 1,500 participating in Head Start Programs for children ages 3-5.
- The Tennessee Department of Human Services provides Child Care Certificates to around 5,000 children in Davidson County who are under age 13.

Grassroots Community Survey

In the 2009 and 2010 Community Needs Evaluation, a greater number of people identified the need for Help Paying for Child Care over More Infant Child Care and Child Care Closer to My Home.

Chart C-8: Greatest Need Home & Community Based Services
Grassroots Community Survey 2009-2010



Source: 2009, 2010 MSS Grassroots Community Surveys

Nashville's Poverty Initiative Implementation

In July, 2010 at the Nashville Poverty Council, the Child Care leadership team of the Nashville Poverty Implementation Plan presented their baseline reports with their first two focuses directly related to accessible and affordable child care for people in poverty. The recommended actions are:

1. To expand the availability and increase the number of affordable, high-quality program spaces for children. Develop a funding plan to subsidize parent fees to achieve affordability.
2. To organize the coordination of child care services for people in poverty.

3. Develop a message that resonates for all stakeholder groups, including policy makers, funders, parents, caregivers, and community partners regarding the importance of high quality child care.
4. Adopt a multifaceted marketing plan that communicates to all stakeholder groups, including policymakers, funders, parents, caregivers, and community partners, regarding the importance of high quality early education and child care.
5. Find and provide assistance to providers whose facilities were damaged by the flood.

The Child Care Implementation Team Leadership for the Nashville Poverty Initiative Plan includes:

- Metropolitan Action Commission
- McNeilly Center for Children
- Catholic Charities of Tennessee
- United Way of Metropolitan Nashville

Food

Key Findings

Many low-income persons have to choose between food and other necessities.

- Nashville continues to have "food deserts" in low income areas.
- The food insecurity rate for Tennessee is 40th highest among 50 states.
- There was a 31% increase in the number of persons requesting emergency food assistance from Second Harvest of Middle Tennessee from July 1, 2009 to June 30, 2010.
- The number of individuals receiving food stamps in Davidson County increased by 11.25% between September 2009 and September 2010, and the number of families increased by 13% for the same period.
- Since the 2-1-1 Call Center began in 2004, the number of requests for food plus requests for Food Stamps accounted for 14.6% of the identified needs, higher than for any other single category.
- Senior Nutrition Programs are experiencing an increase in the need for home delivered meals.
- The Women, Infant and Children's Nutrition Program has seen a 30% increase during the past five years.
- 76% of Metro School Students receive free or reduced cost lunches.

Hunger in Nashville

According to the U. S. Conference of Mayors, 2009 Hunger and Homelessness Survey, between 2008 and 2009 there was an increase of:

- 38% in requests for emergency food assistance
- 74% increase in first-time recipients of food assistance in Nashville

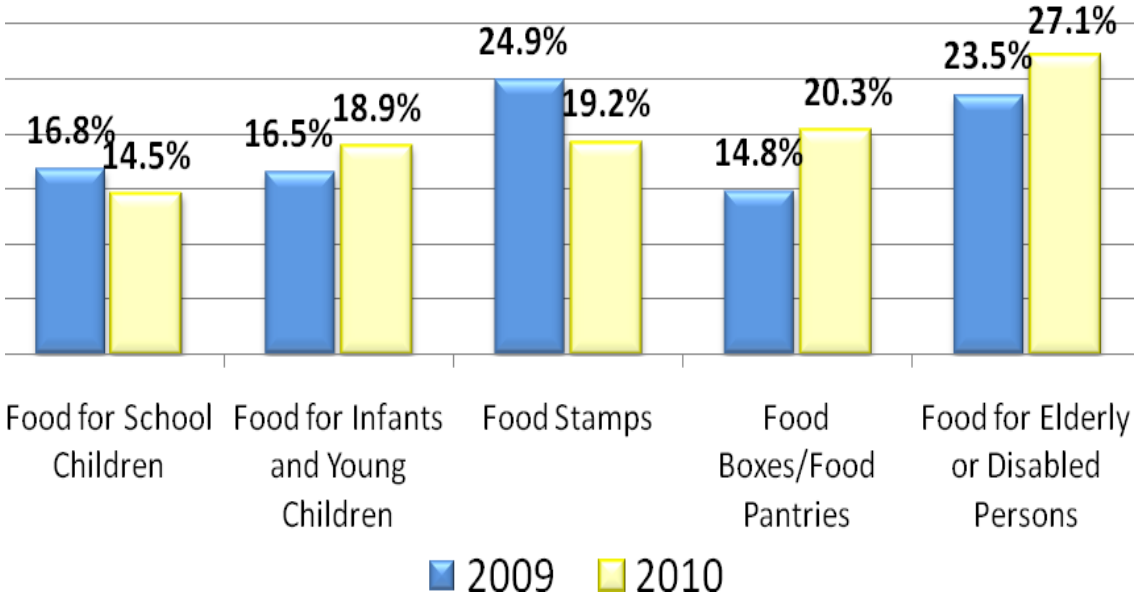
As highlighted in the 2009 Conference of Mayors *Report on Hunger and Homelessness*, Nashville is experiencing a dramatic increase in the number of persons seeking food assistance (many for the first time) due to the economy, as well as the May 2010 flood.

Food and Nutrition Needs

Grassroots survey participants were asked to identify the greatest need among Food for School Children, Food for Infants and Young Children, Food Stamps, Food Boxes/Food Pantries and Food for Elderly or Disabled Persons.

Chart F-1 shows that Food for Elderly and Disabled persons was identified as the greatest Food and Nutrition need from the 2010 grassroots survey, which had been second in the 2009 survey. In 2010, the second greatest need was identified as Food Boxes/Food Pantries, which had been identified least frequently in 2009. In 2009, the greatest need identified was Food Stamps, which was ranked third in 2010.

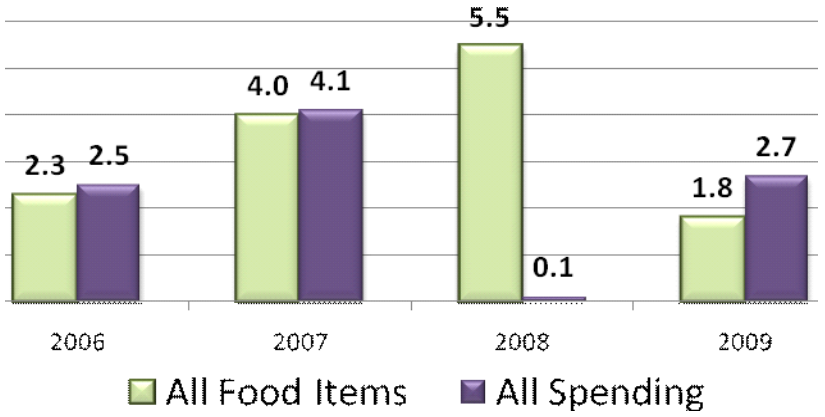
Chart F-1: Greatest Need in Food
Grassroots Community Survey 2009-2010



Source: 2009, 2010 MSS Grassroots Community Surveys

As shown in Chart F-2, the cost of food is increasing, making it more difficult for families in poverty to improve their food choices. The Consumer Price Index shows that from 2006-2009 the cost of all food items increased 15.6%. This increase has resulted in less purchasing power for low income families. The 0.1 for all spending in 2008 may be due to the sharp decrease in the cost of some items from the previous year (particularly the cost of property and fuel).

Chart F-2: Consumer Price Index, Cost of All Food Items and All Spending
2006-2009



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

Food Security

Community food security exists when all community members are able to consume a fresh, local, healthy diet through a sustainable food system that maximizes community self-reliance and social justice. With Tennessee's ranking of 40th highest for food insecurity rates for all states

With only 10 states in the United States ranking higher than Tennessee in food insecurity, an increasing number of households in the nation are experiencing food insecurity.

Many of these households in Davidson County are experiencing food insecurity for the first time and are now seeking help from outside sources for food assistance. According to the Food Research and Action Center's analysis of survey data collected by Gallup as part of the Gallup-Healthways Well-Being Index, Tennessee ranks fourth in nation in Food Hardship rates.

When asked in the last quarter of 2009 (October through December) "Have there been times in the past twelve months when you did not have enough money to buy food that you or your family needed?" 23.1% of households in Tennessee answered "yes." Food Research and Action Center and Gallup found that 18.5% of U.S. households overall reported food hardship over the same period of time.

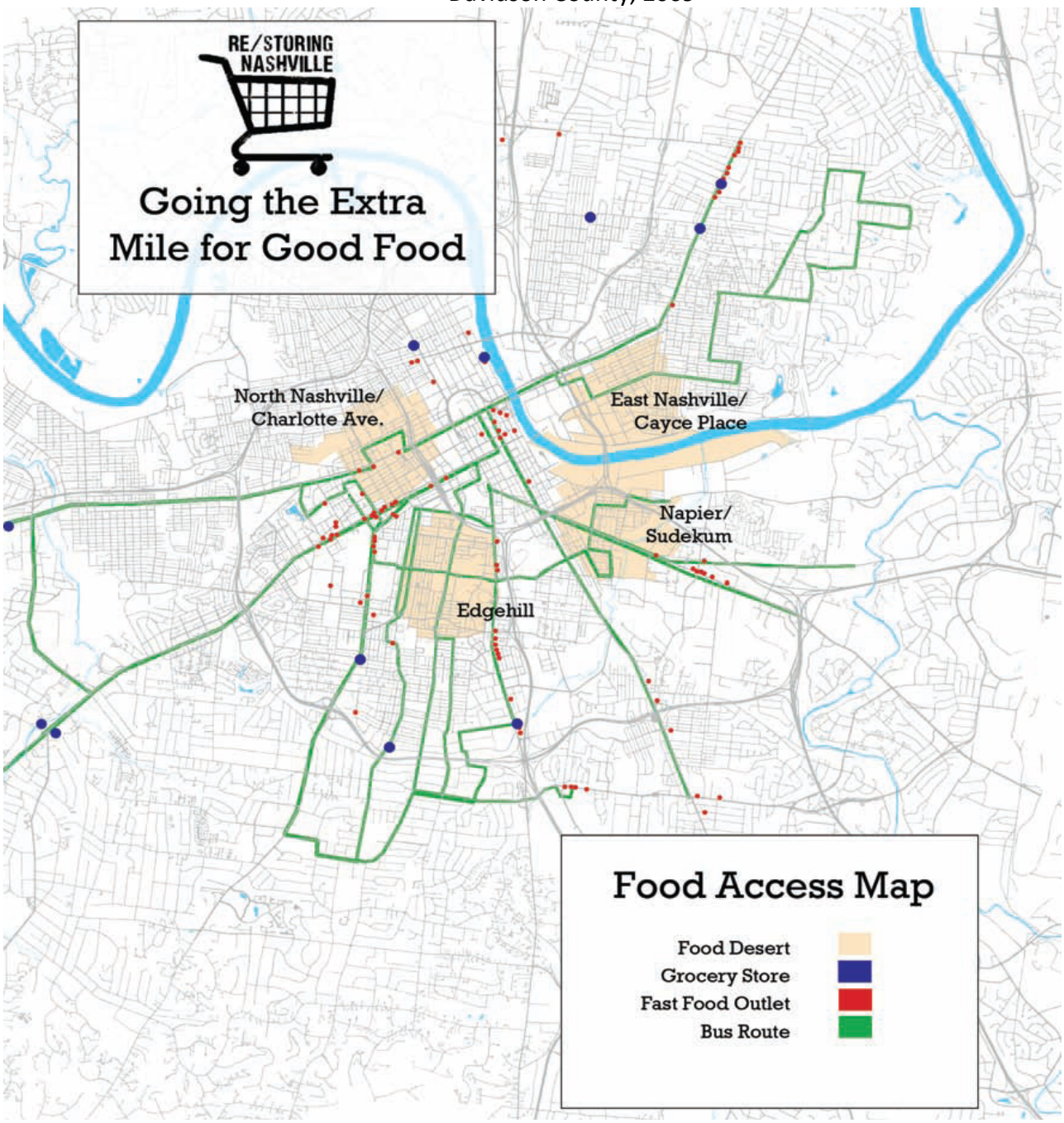
Food security is closely linked with the amount households spend for food. Access to fresh and healthy foods in several neighborhoods in Nashville is severely limited.

In the urban area of Davidson County, Edgehill, North Nashville, and sections of East Nashville, are considered food deserts, which are areas where the primary food options are convenience stores and fast food restaurants, and in which many residents do not have their own means of transportation.

Map F-3 shows the concentration of fast food restaurants and supermarkets, food deserts and direct bus routes to food desert areas.

Map F-3: Food Security- Food Access Map

Davidson County, 2009



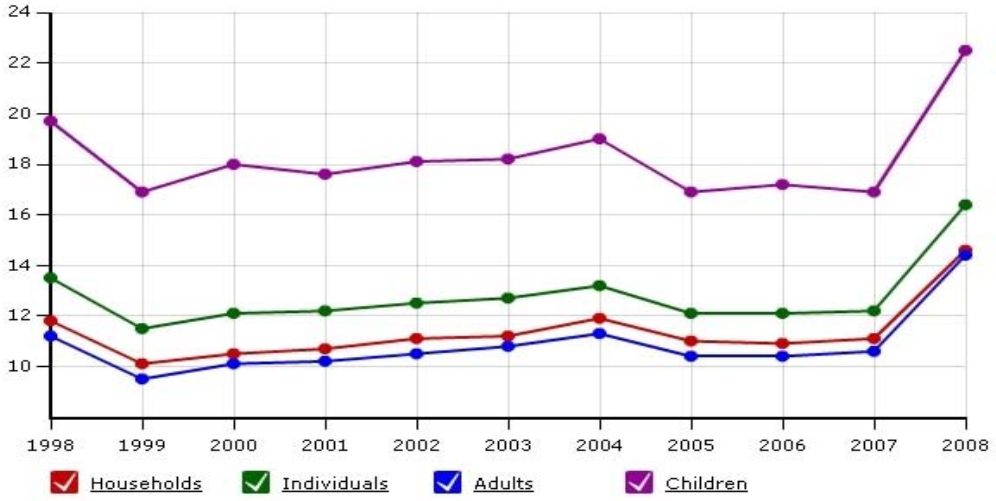
www.restoringnashville.org

Food security for a household means that all household members have access at all times to enough food for an active, healthy life.

Food security is a foundation for a healthy, well-nourished population.

Chart F-4 compares the nationwide levels of food insecurity across households, individuals, adults and children. It shows that children are the most likely to be food insecure.

Chart F-4: Food Security by Category
United States 1998-2008



Source: 2010 Hunger Report, Bread for the World Institute

In its *State of the States 2010 Report*, the Food Research and Action Center noted that Tennessee's three year average (2006-2008) 13.5% of households are food insecure, with only ten states having more food insecurity.

A nationwide analysis by the Food Research and Action Center found that food hardship rose again in 2009 but not as dramatically as the increase in 2008. They noted that during recent years, the cost of some things (such as the cost of homes) significantly decreased while the cost of food increased.

In January 2010, the Food Research and Action Center ranked the states with the highest rates of food hardship for 2009. The top five with the highest rates of food hardship were:

1. Mississippi 26.2%
2. Arkansas 24.0%
3. Alabama 23.9%
4. **Tennessee 23.1%**
5. Kentucky 22.4%

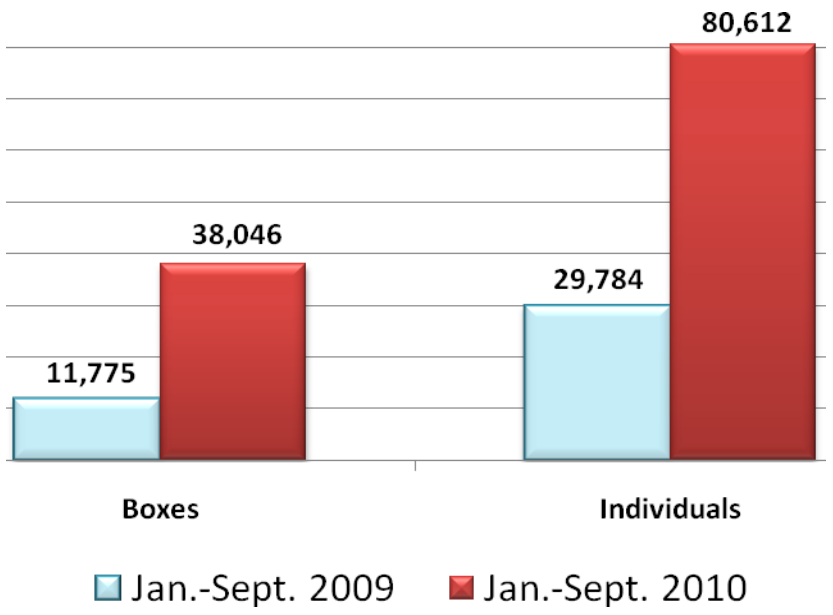
http://frac.org/

Second Harvest Food Bank of Middle Tennessee

Second Harvest's vision is one of ending hunger, and they use a network of growers, manufacturers, wholesalers, grocery stores, and individuals to donate food they distribute to 46 counties in Middle Tennessee. They partner with food pantries, soup kitchens, shelters, child care facilities, senior centers, group homes, and youth enrichment programs and distribute food through more than 400 nonprofit organizations.

As shown in Chart F-5, Second Harvest reported a significant increase in the number of Emergency Food boxes distributed as well as individuals served during the first nine months of 2010, compared to the first nine months of 2009.

Chart F-5: United States Food Security by Category
2009-2008



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

The Food Assistance network of food pantries, kitchens and shelters served by The Second Harvest Food Bank of Middle Tennessee (the largest food assistance provider for the 46-county region) provides emergency food for an estimated 213,200 different people annually. The report on *Hunger in America 2010- Second Harvest Food Bank of Middle Tennessee Report* indicates that:

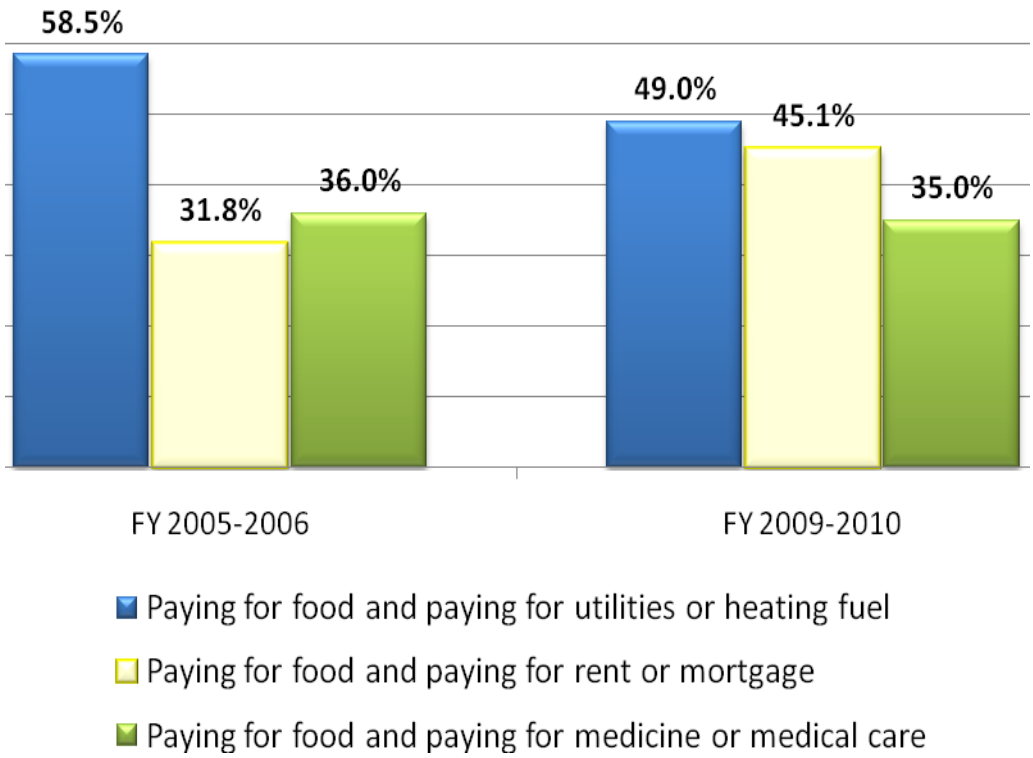
- About 21,100 people receive emergency food assistance in any given week
- 31% of the members of households served by The Second Harvest Food Bank of Middle Tennessee are children under 18 years old
- About 58% of clients are white, 34% are African American, and 7% are Hispanic and 1% other
- 28% of households include at least one employed adult
- 75% had incomes below the federal poverty level during the previous month

- 19% are homeless
- 37% had to choose between paying for food and paying for transportation

In 2009 Second Harvest Food Bank of Middle Tennessee conducted a local area survey in conjunction with the annual Hunger in America Report.

Survey participants who received emergency food baskets were asked to indicate if they had to make choices between food and other necessities. Chart F-6 points out that many people had to choose between food and rent/mortgage, utility bills and/or medicine/medical care.

F-6: Choosing Between Food and other Necessities, Food Basket Participants
Survey of 46 Middle and West Tennessee Counties, 2005-2006, 2009-2010



Source: Hunger in America 2006 Manna Food Bank; Hunger in America 2010 Second Harvest Food Bank of Middle Tennessee Report

To stretch their budgets, hot meals programs in the city are serving more casserole-type entrees and less single-serving options. One program reported that milk and dessert items are no longer purchased and coffee is only served during the winter months. To keep up with demand, the city's largest food bank, Second Harvest of Middle Tennessee, has begun scheduling additional deliveries to many of its food pantries.

Community Food Advocates

Community Food Advocates works to end hunger and create a healthy, just, and sustainable food system. Community Food Advocates primary programs are Re-Storing Nashville to ensure that all Nashvillians have access to affordable, healthy foods, Growing Healthy Kids which aims to improve the health and well-being of school aged children by improving access to healthy and nutritious food at school, and Supplemental Nutrition Assistance Program (Food Stamp) outreach to underserved populations. They compiled data that shows the number of individuals receiving SNAP benefits increased from 108,431 in September 2009 to 120,625 in September 2010 in Davidson County. This represents an increase in expenditures from $15.3 million to $17.1 million during that year.

Supplemental Nutrition Assistance Program (SNAP)

The U. S. Department of Agriculture's Supplemental Nutrition Assistance Program (SNAP) was previously known as the Food Stamp Program and that term is still commonly used. The program focuses on nutrition and putting healthy food within reach for low-income households. SNAP provides nutritional assistance benefits to low-income children and families, the elderly, disabled, unemployed and working families.

The federally-funded Food Stamp Program (SNAP) was implemented in 1964. Since that time, malnutrition has been virtually eliminated, although hunger and food insecurity continues in every state.

There is a maximum amount of SNAP benefits available, depending on household size. This allotment is based on factors such as income and assets, and most people do not receive the maximum allotment.

The U. S. Department of Health and Human Services identifies the maximum monthly allotment for households in the continental United States for 2010-2011 as:

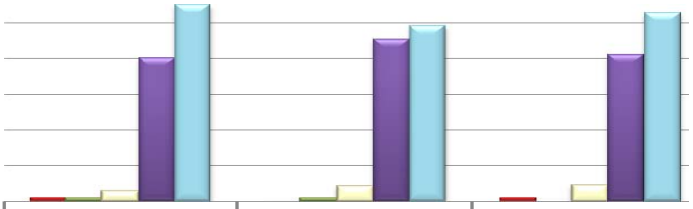
- 1 person = $200
- 2 persons = $367
- 3 persons = $526
- 4 persons = $668
- 5 persons = $793
- 6 persons = $952
- 7 persons = $1,052
- 8 persons = $1,202
- Each additional person, add $150

http://www.fns.usda.gov/snap/rules/Memo/2010/080210.pdf

During recent years, the American Community Survey reported a consistent demand for SNAP benefits. Chart F-7 shows that for African American families in Davidson County, the percentage receiving SNAP benefits dropped from 2007 to 2008, and then increased in 2009. For white families, the reverse happened with a greater number receiving SNAP benefits in 2008.

Chart F-7: Percentage of Families Receiving SNAP Benefits by Race

Davidson County, 2007-2009



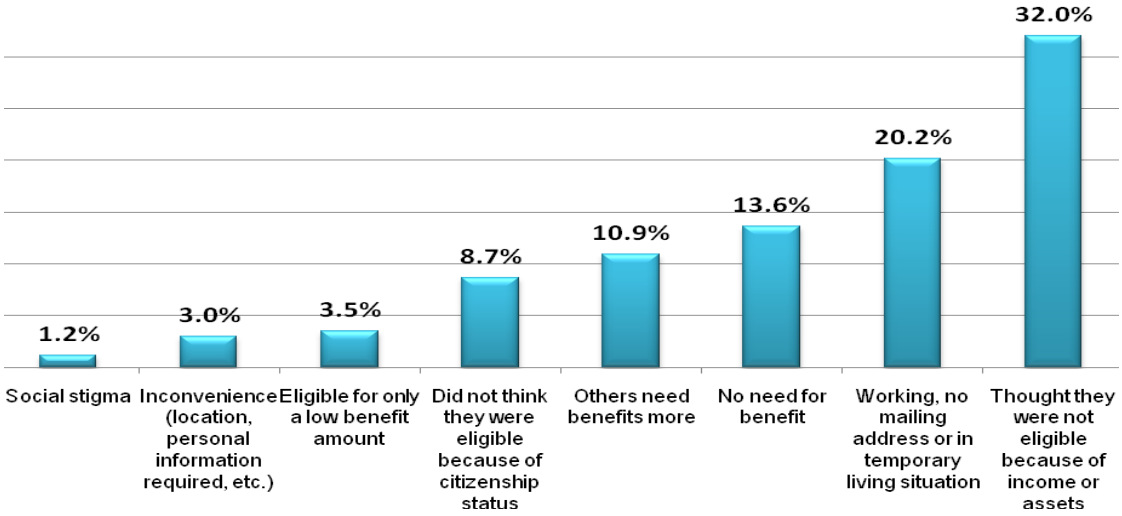
	2007	2008	2009
Asian	1.0%	0.3%	0.9%
American Indian and Alaska Native	0.8%	0.7%	0.5%
Two or more races/other	2.9%	4.2%	4.5%
White	40.1%	45.5%	41.1%
Black or African American	55.1%	49.2%	52.9%

Source: U.S. Census Bureau, 2007, 2008, 2009 American Community Survey

Although SNAP is a large and well-established program, not all eligible persons participated for a variety of reasons. In a recent survey conducted by Second Harvest Food Bank of Middle Tennessee consumers were asked why they never applied for SNAP benefits. Chart F-8 shows that persons who sought Second Harvest food pantry assistance reported several reasons why they had not applied for SNAP benefits, with the largest group of 32.0% believing they did not meet the eligibility requirements because of their income or assets.

Chart F-8: Why Clients of Second Harvest Did Not Apply for SNAP Benefits

Survey of 46 Middle and West Tennessee Counties (2009)



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

Free or Reduced Cost Lunch for Students

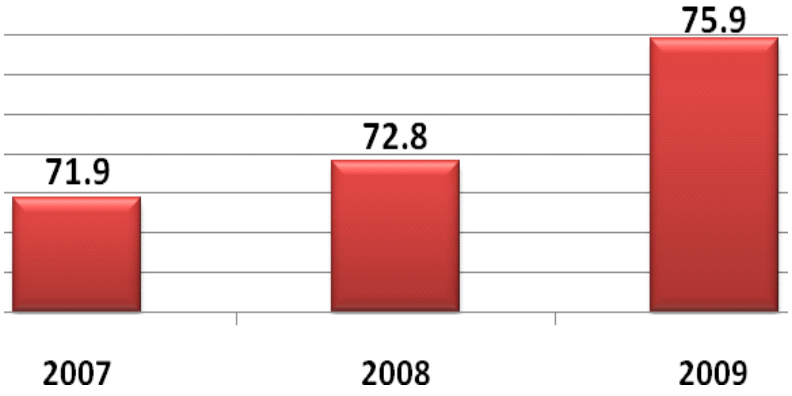
Over 76,000 students attend public schools in Nashville, which is the second largest school district in the state.

Students in Metro Nashville Public Schools whose families meet federal income guidelines are eligible for free or reduced meals. Students in households getting SNAP benefits, Families First and most foster care children will be eligible for free meals as well as those whose family income levels meet federal low-income guidelines.

Students whose family income levels fall within the reduced price limit are eligible for significantly reduced meal prices.

Chart F-9 shows that the rate of students who participate in free or reduced lunches has grown from 71.9% in 2007 to 75.9% in 2009.

Chart F-9: Percentage of Students Receiving Free or Reduced Lunch Rates
Metro Nashville Public Schools, 2007-2009



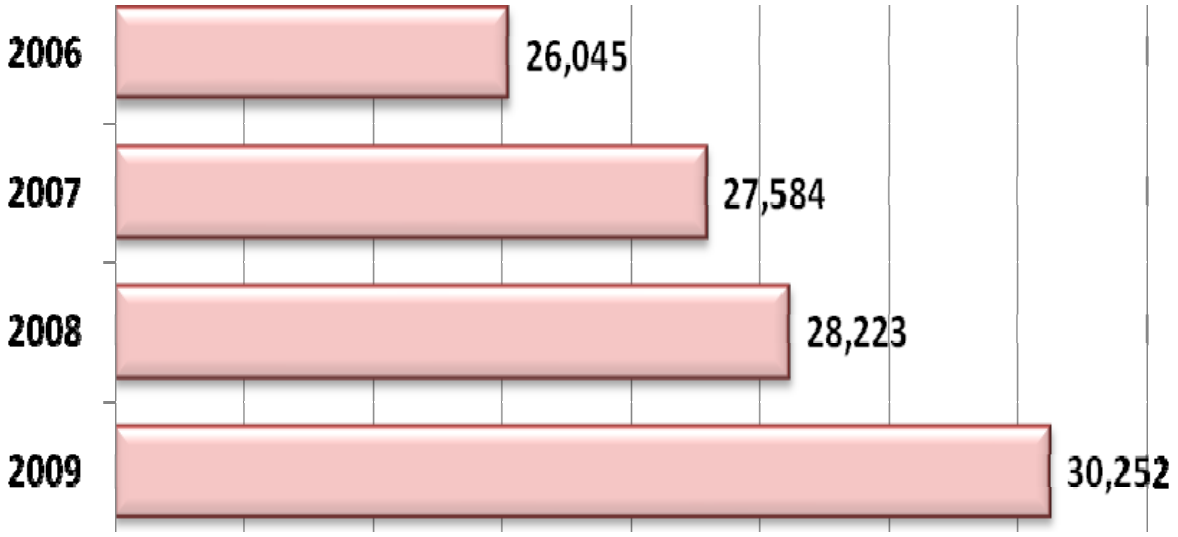
Source: Metro Nashville Public Schools; Tennessee Department of Education 2009 Report Card

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

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

The number of low income mothers participating in the WIC increased from 2006 to 2009, as seen in Chart F-10. This increase may be due to a number of factors, including the increase in Davidson County's poverty rate, increasing unemployment and rising food costs.

Chart F-10: Women Infants and Children (WIC)
Davidson County 2006-2009



Source: Metro Department of Health, Office of Women Infants and Children, 2009

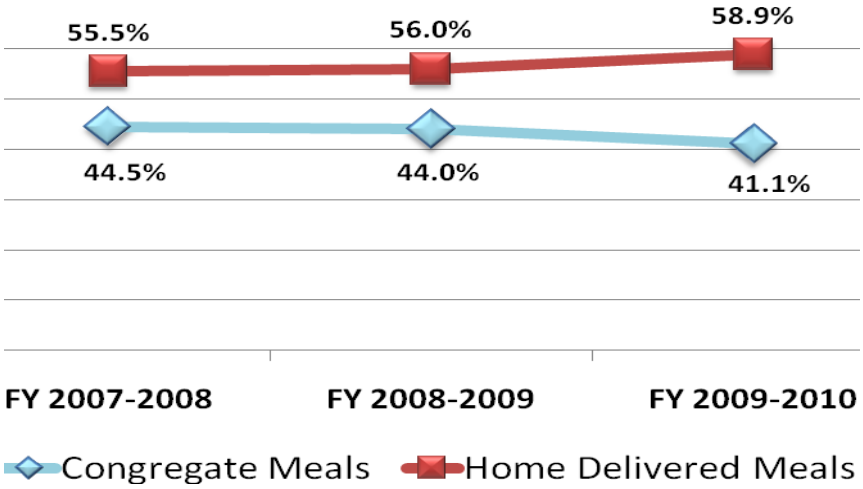
Senior Nutrition Programs

Senior Nutrition Programs consist of congregate and home delivered meals, funded by various funding sources in Middle Tennessee, such as the Greater Nashville Regional Council, TennCare Long Term Care Choices Act, United Way, donations, etc. In Davidson County, the Metropolitan Government of Nashville and Davidson County also provides funding. Senior nutrition programs were developed to reduce hunger and food insecurity, promote socialization of older individuals, promote the health and well-being of older individuals and delay adverse health conditions through access to nutrition and other disease prevention and health promotion services.

Reflecting the aging of America's population, the age of participants in the Senior Nutrition Programs continues to increase. Related to increased age is declining health status and greater likelihood of disability, which would make seniors more likely to need home delivered meals.

As Chart F-11 shows, the percentage of people receiving home delivered meals has increased, while the percentage of congregate meal site participants has decreased. Providing home delivered meals generally costs more than providing congregate meals, due to increased costs (meal preparation, transportation, personnel, etc.).

Chart F-11: Nutrition Programs for Elderly Residents
July 1, 2007-June 30, 2010 Nashville Tennessee and 13 Contiguous Counties



Source: Greater Nashville Regional Council-SAMS Agency Summary Report

Nashville Poverty Initiative

The Nashville Poverty Reduction Initiative Plan identifies these recommended actions for Food:

1. Increase food security
2. Increase enrollment in public food assistance
3. Increase use of local agriculture
4. Reduce childhood obesity rate

A Food Implementation Team is working to achieve the recommended actions, which includes leadership from these organizations:

- Metropolitan Nashville Department of Public Health
- Metropolitan Social Services
- Second Harvest Food Bank of Nashville and Middle Tennessee
- Community Food Advocates
- United Way of Metropolitan Nashville

Health

Key Findings

The Metro Nashville Public Health Department's Healthy People 2010 Report indicated that the health status of Davidson County residents is better in some ways than in others. Examples of both positive and negative indicators include the following.

- Davidson County achieved effective vaccine coverage levels for universally recommended vaccines among children aged 19 to 35 months. In 2008, the percentage of children immunized in Davidson County who received all recommended vaccines (81.7%) exceeded the Healthy People 2010 goal (80.0%) by 2.1%.
- Davidson County surpassed the Healthy People 2010 goal of reducing hospital admissions due to immunization preventable pneumonia or influenza among persons aged 65 years and older in 2007 by 60.0%. Davidson County was better than national goal for reducing hospital admissions due to immunization preventable pneumonia or influenza among persons aged 65 years and older in 2007.
- In the year 2007, Davidson County met or exceeded the Healthy People 2010 goals for the reduction of asthma deaths among children under the age of 5 years, children aged 5 to 14 years, and adults aged 35 to 64 years. However, the rate of asthma deaths among adolescents and adults aged 15 to 34 years in 2007 represented a 4-fold increase from the rate in 2003, and was 11.9 times higher than the Healthy People 2010 goal.
- The death rate due to poisoning in Davidson County was 10 times higher than the Healthy People 2010 goal.
- The death rate from motor vehicle crashes in 2007 was 14.1 deaths per 100,000 population, 53.3% higher than the national goal.
- Davidson County has failed to meet the national goals for all fetal and infant death objectives. Davidson County has not yet reached any of the national objectives related to low birth weight or preterm delivery.
- In 2007, deaths from suicide in Davidson County declined 20.6% from 2003, but the rate was more than twice the Healthy People goal. Since 2003, suicide attempts by adolescents increased nearly 55.7%, and the current 2007 rate was more than ten times higher than the Healthy People goal.
- Rates of alcohol-related deaths in Davidson County decreased 82.1% from 2004 to 2007.
- Rates of drug-related deaths in Davidson County increased from 12.8 deaths per 100,000 in 2003 to 15.1 deaths per 100,000 in 2007, an increase of 17.9%. The 2007 rate was 15 times higher than the Healthy People 2010 goal.
- The breast cancer death rate decreased 19.7% between 2003 and 2007, and was 34% lower than the goal.

- In 2007, the diabetes death rate was 30.0% lower than the Healthy People 2010 goal of 45.0 deaths per 100,000.
- There were 375.9 new cases of end-stage renal disease per million population in 2006. This rate was 73.2% higher than the Healthy People 2010 goal of 217.0 new cases per million population, and was 22.9% higher than the incidence rate recorded in 2003.
- The rate of deaths from stroke decreased 27.1% from 2003 to 2007. The 2007 rate of 49.5 deaths per 100,000 population was 3.1% higher than the Healthy People 2010 goal.
- In 2007, the death rate from firearms was 14.9 deaths per 100,000 population, 3.6 times higher than the national goal.

An increase in preventive medicine and advancing medical technology has resulted in increased life expectancy and improved health for many residents in Davidson County and throughout the United States. However, health disparities exist, which result in poor health status, often due to economic status, race, and gender.

County Health Rankings

The County Health Rankings are provided by the Mobilizing Action Toward Community Health (collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute). They rank counties in each of the 50 states, including the 95 counties in Tennessee, using data from the Behavioral Risk Factor Surveillance System, National Center for Health Statistics, Census, National Center for Educational Statistics, etc. They estimated that 17% of adults are uninsured in Nashville Davidson County.

Their 2010 snapshot of specific indicators ranks Davidson County:

- 8th in Clinical Care (uninsured adults, primary care provider rate, preventable hospital stays, diabetic screening, hospice use)
- 17th in Mortality (premature death)
- 17th in Morbidity (poor physical or mental health, low birth weight, etc.)
- 25th in Health Behaviors (adult smoking, adult obesity, binge drinking, motor vehicle crash death rate, Chlamydia rate, teen birth rate)
- 59th in Social & Economic Factors (educational level, unemployment, poverty, single-parent households, violent crime rate)
- 91st in Physical Environment (air pollution, access to healthy foods, liquor store density)

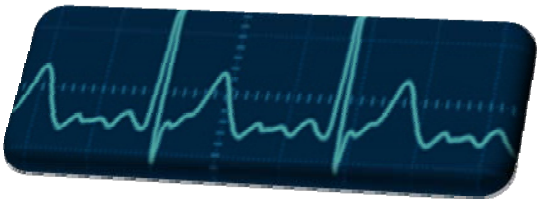
http://www.countyhealthrankings.org/

In October 2008 Mayor Karl Dean appointed the Healthy Nashville Leadership Council. The Leadership Council was charged with assessing the health status and quality of life for Davidson County residents. The Leadership Council recognizes the importance of environment and social support as they relate to health status and quality of life, as well as gender, age, race, income, education, and where a person lives in Nashville.

The Healthy Nashville Leadership Council focused their first Healthy Nashville report in 2009 on Healthy Eating and Active Living revealing the following strategies in moving forward for Davidson County in two areas:

- Nashville must mobilize to improve the underlying causes of poor health.
- Nashville must assure that programs aim at social, economic, and health problems in particular neighborhoods.

Healthy People 2010 Report



In September 2009, the Metro Nashville Public Health Department's Division of Epidemiology released the Healthy People 2010 Report to measure the health status of Davidson County in relation to nationally established objectives. They used the most recent data available from multiple sources to show how Davidson County performed on specific objectives.

In some areas, Davidson County did well but it was noted that on others, continuing efforts are needed. Performance status measurements from each category are listed below.
http://health.nashville.gov/PDFs/HealthData/HealthyPeople2010.pdf

Access to Quality Health Services

- In 2008, 86.9% of Davidson County residents reported having some form of health insurance, which was 13.1% below the national goal of 100.0%.
- The rate of pediatric asthma hospitalizations among children under the age of 18 years was 22.0% below the Healthy People 2010 goal of 17.3 admissions per 10,000.
- In Davidson County, hospitalizations for uncontrolled diabetes among persons aged 18 to 64 years increased 17.3% from 9.8 per 10,000 population in 2002 to 11.5 per 10,000 in 2007. This rate was more than 2 times higher than the national goal of 5.4 admissions per 10,000.
- Davidson County surpassed the Healthy People 2010 goal of reducing hospital admissions due to immunization for preventable pneumonia or influenza among persons aged 65 years and older in 2007 by 60.0%.

Cancer

- In 2007, cancer deaths decreased 6.2% from 2003, but were 24% higher than the Healthy People 2010 objective.
- The lung cancer death rate was 40.5% higher than the goal.

- The percentage of women having a Pap test within the last 3 years declined since 2001 from slightly above the goal to 8% below it.
- The breast cancer death rate decreased 19.7% between 2003 and 2007, and was 34% lower than the goal.
- In Davidson County, the death rate from colorectal cancer was nearly 36% higher than the goal in 2007.

Chronic Kidney Disease and Diabetes

- In 2007, the diabetes death rate was 30.0% lower than the Healthy People 2010 goal of 45.0 deaths per 100,000.
- There were 375.9 new cases of end-stage renal disease per million population in 2006. This rate was 73.2% higher than the Healthy People 2010 goal of 217.0 new cases per million population, and was 22.9% higher than the incidence rate recorded in 2003.

Educational and Community-Based Programs, Environmental Health, Occupational Health and Safety

- In 2008, none of the Davidson County schools met the Healthy People 2010 goal of a nurse to student ratio of 1:750.
- Davidson County had no waterborne disease outbreaks arising from water intended for drinking among persons served by community water systems in 2008. This surpasses the Healthy People 2010 goal of 2 outbreaks.
- In 2008, Davidson County was 19.3% below the 90.0% Healthy People 2010 goal for high school completion.

Family Planning

- From 2004 to 2007, pregnancies among 15 to 17 year olds increased by 11%.
- Davidson County's teens fall short of the national goal for both sexual abstinence and delay of sexual activity until after age 15.
- Female adolescents in Davidson County surpassed national goals for condom use and condom use plus a hormonal method.

Food Safety

- In 2008, the incidence of disease due to campylobacter species was 4.4 cases per 100,000 persons; although the incidence of disease was lower than the Healthy People 2010 objective goal of 12.3 cases per 100,000, incidence increased 18.9% over the 3.7 cases per 100,000 reported for Davidson County in 2003.
- Davidson County did not meet the goals for reducing infection due to Listeria monocytogenes and Salmonella species.
- In 2008, the incidence of Escherichia coli 0157:H7 was 1.0 cases per 100,000, which met the Healthy People 2010 goal.
- In 2008, the incidence of Listeria monocytogenes (0.51 cases per 100,000 population) and Salmonella (12.3 cases per 100,000 population) was nearly double the Healthy People 2010 goal of 0.25 and 6.8 per 100,000, respectively.
- Davidson County met the objectives targeted to reduce outbreaks of infections caused by Escherichia coli 0157:H7 and Salmonella serotype Enteritidis. In 2008, there was one investigated outbreak of Escherichia coli 0157:H7, and no investigated outbreaks of Salmonella.

HIV and Sexually Transmitted Diseases

- The proportion of adults in Davidson County with tuberculosis who have been tested for HIV was 96.1% in 2008, 13.1% higher than the Healthy People 2010 goal.
- The rate of new cases of primary and secondary syphilis in Davidson County in 2007 was 12.2 per 100,000, or 61 times higher than the Healthy People 2010 goal of 0.2 per 100,000. The 2007 rate was almost 5 times higher than the 2.5 cases per 100,000 population in 2004.
- In 2007, among adolescents in Davidson County ages 15 to 24, 19.5% of females and 26.8% of males tested positive for Chlamydia.

Heart Disease and Stroke

- From 2003 to 2007, there was an 11.4% decrease in the rate of deaths due to coronary heart disease. The 2007 rate of 171.8 deaths per 100,000 population was 3.5% higher than the national goal.
- The rate of deaths from stroke decreased 27.1% from 2003 to 2007. The 2007 rate of 49.5 deaths per 100,000 population was 3.1% higher than the Healthy People 2010 goal.

Injury and Violence Prevention

- In 2007, the death rate from firearms was 14.9 deaths per 100,000 population, 3.6 times higher than the national goal.
- The death rate due to poisoning in Davidson County was 10 times higher than the Healthy People 2010 goal.
- The unintentional injury death rate in Davidson County was 45.6 deaths per 100,000 population. This rate was 2.6 times higher than the national goal.
- The death rate from motor vehicle crashes in 2007 was 14.1 deaths per 100,000 population, 53.3% higher than the national goal.
- The goal for deaths from homicide was 3.0 deaths per 100,000 population. In 2007, the homicide death rate in Davidson County was 12.8 deaths per 100,000 population, 4.3 times higher than the goal.
- Weapon carrying by adolescents on school property increased 50.0% from 2003 to 2007, and the 2007 proportion of 6.0% was 22.4% higher than the goal.

Maternal, Infant, and Child Health

- Davidson County has failed to meet the national goals for all fetal and infant death objectives.
- While Davidson County surpassed the goal for child death among 5-9 year olds, the rate among 1-4 year olds was 1.7 times higher than the national goal in 2007.
- The rate of maternal deaths in Davidson County was more than 3 times higher than the national objective.
- Only slightly more than half of all Davidson County women entered prenatal care during the first trimester of their pregnancy in 2007, a 37.7% decline since 2003.
- Davidson County has not yet reached any of the national objectives related to low birth weight or preterm delivery.

Immunization and Infectious Diseases

- In adults aged 19 to 24 years, the rate of reported new cases of Hepatitis B infection in Davidson County in 2008 surpassed the Healthy People 2010 goal.

- Davidson County achieved effective vaccine coverage levels for universally recommended vaccines among children aged 19 to 35 months. In 2008, the percentage of children immunized in Davidson County who received all recommended vaccines (81.7%) exceeded the Healthy People 2010 goal (80.0%) by 2.1%.
- The level of reported invasive penicillin-resistant pneumococcal infections in children under 5 years of age and adults aged 65 years and older exceeded the Healthy People 2010 objectives. Among children under 5 years of age, Davidson County had 0 cases in 2008; the goal was 6.0 cases per 100,000 population. Among adults aged 65 and older, the goal was surpassed by 78.6% (Davidson County: 1.5 cases per 100,000 population; objective 7.0 cases per 100,000 population).
- In 2008, there were 11.5 new cases of tuberculosis per 100,000 population in Davidson County. This did not meet the Healthy People 2010 goal of 1.0 new case per 100,000 population.
- The percentage of non-institutionalized adults who received the influenza vaccine annually in Davidson County in 2008 (72.9%) was 19.0% lower than the Healthy People 2010 objective (90.0%).

Mental Health and Mental Disorders

- In 2007, deaths from suicide in Davidson County declined 20.6% from 2003, but the rate was more than twice the Healthy People goal.
- Since 2003, suicide attempts by adolescents increased nearly 55.7%, and the 2007 rate was more than ten times higher than the Healthy People goal.

Nutrition, Overweight, and Physical Activity and Fitness

- In 2008, 39.5% of Davidson County adults reported being at a healthy weight, a percentage that was 34.2% below the Healthy People 2010 goal of 60.0%.
- The proportion of obese adults in Davidson County was 75.3% higher than the Healthy People 2010 goal in 2008.
- The proportion of children aged 6 to 11 years that were overweight or obese was 4.8 times higher than the Healthy People 2010 objective.
- In 2007, 31.3% of adolescents participated in daily physical education classes, 37.4% below the goal of 50.0%.
- The percentage of adolescents that reported television viewing of 2 or fewer hours on school days was 63.8% in 2007, surpassing the Healthy People 2010 goal by 14.9%.

Respiratory Diseases

- In the year 2007, Davidson County met or exceeded the Healthy People 2010 goals for the reduction of asthma deaths among children under the age of 5 years, children aged 5 to 14 years, and adults aged 35 to 64 years.
- The rate of asthma deaths among adolescents and adults aged 15 to 34 years in 2007 represented a 4-fold increase from the rate in 2003, and was 11.9 times higher than the Healthy People 2010 goal.
- The rate of hospitalizations for asthma among children under age 5 was 32.4% lower than the goal in 2007.
- In 2007, the rate of hospital emergency department visits for asthma among children and adults aged 5 to 64 years was 3.4% higher than the Healthy People 2010 goal.
- Davidson County surpassed the Healthy People 2010 goal for reducing deaths from chronic obstructive pulmonary disease among adults by 21.7%.

Substance Abuse and Tobacco Use

- Rates of alcohol-related deaths in Davidson County decreased 82.1% from 2004 to 2007.

- Rates of drug-related deaths in Davidson County increased from 12.8 deaths per 100,000 in 2003 to 15.1 deaths per 100,000 in 2007, an increase of 17.9%. The 2007 rate was 15 times higher than the Healthy People 2010 goal.
- The average age of first use of alcohol and marijuana among adolescents in Davidson County was 2 and 3 years younger than the Healthy People 2010 goal respectively.
- In 2007, the proportion of adolescents who reported marijuana use in the past 30 days was 21.7%, 31 times higher than the Healthy People 2010 goal of 0.7%.
- The percent of adolescents who reported smoking cigarettes in the past month was 33.1% higher than the Healthy People objective.
- The 2008 rate of 49.2% was 34.4% below the goal, however, the percentage of adult smokers in Davidson County who stopped smoking for 1 day or longer because they tried to quit decreased 23.4% from 2001 to 2008.

Oral Health

- In 2008, 58.3% of adults reported never having a permanent tooth extracted due to dental caries or periodontal disease, exceeding the Healthy People 2010 goal of 42.0% of adults.
- Despite the reduction in tooth extractions due to dental caries, 20.5% of Davidson County adults report having had all their natural teeth extracted; slightly above the objective goal of 20.0%.

Effect of Recession on Health Issues

The recent recession has resulted in fewer people having access to health care. This is due to the increased unemployment rate in Davidson County across the country. Other than those who are counted as unemployed, there are many others who have settled for part-time work or have given up looking for work.

Since most people have access to health care coverage through their employment, increased unemployment has resulted in fewer people with access to health care resources, especially for those who are low-income. The combination of unemployment, underemployment and lack of health care access has serious consequences for affected families in our community and our country.

The Kaiser Family Foundation, a non-profit, private foundation focusing on the major health care issues, is a leader in health policy and communications, providing a non-partisan source of facts, information, and analysis. Their recent studies conducted pointed out that not only are individuals and families struggling, employers are also struggling with the burden of growing health care costs, and further erosion of job-based coverage is likely.

The Kaiser Family Foundation noted that the recession has highlighted wide gaps in the health care system:

- When an adult in the household becomes unemployed, the entire family can become uninsured. Often, they cannot afford COBRA, cannot afford premiums for private

insurance, may be excluded from coverage because of pre-existing conditions and are not eligible for public coverage.

- Because of the cost, many uninsured and underinsured people delay health care treatment, with adverse consequences for their health. Deterioration in their health condition could prevent them from working when jobs become available.
- Newly unemployed families are typically unfamiliar with public benefit programs, so it is important to identify them and help them navigate assistance programs.
- Shrinking private and public funding leaves the safety net increasingly fragile, resulting in increased caseloads, long waits for care, and little access to primary care.

Health Disparities

The Metro Nashville Public Health Department (Metro Health) report, Health-Nashville and Davidson County 2002, reflects the findings of national research that income disparity often affects health disparity:

- Socioeconomic status is a strong predictor of health and longevity. Researchers have found that at each step down the socioeconomic ladder, usually health is poorer and people die younger.
- The public policy implications of this research become more pronounced with the growing disparity between rich and poor. Whether national or local, every policy decision that affects social, educational, and financial status also affects health.

The U.S. Centers for Disease Control (CDC) has compiled information from 1982 through 2006 about the relationship of poverty to many health conditions. Its data on health status shows the influence of financial status on health status. People who were poor were four times as likely to report fair/poor health status as those who were not poor. People who were not poor were much more likely than poor people to report excellent/very good health.

The CDC's Fact Sheet on Neglected Infections of Poverty in the United States describes infections which affect impoverished populations to a disproportionate degree. The characteristics of poverty (social, cultural, geographic) put people at risk for these neglected infections, as well as for other diseases and conditions. The negative health consequences of the infections can contribute to economic, social, and emotional hardships for individuals and families.

The CDC describes specific poverty-related infections that cause illness in a significant number of people, disproportionately affecting people in poverty, who receive limited tracking, prevention and treatment. The report that these parasitic, bacterial, and viral infections, have negative health consequences resulting from lack of treatment, ranging from hearing or vision loss to sudden death.

A study published in March 2010 by the Archives of Internal Medicine, found that higher income is related to fewer incidences of colds, headaches, influenza and chronic physical pain. This study on Health and Class pointed out those poor living conditions, related to socioeconomic factors, can affect health. They found that:

- People who did not finish high school were nearly twice as likely to report having a cold, a headache or pain than those with a college degree.
- Of those earning less than $12,000 a year, 46% report feeling physical pain on any given day, double that of the average American. This was regardless of age, access to health care and medical history and suggests that the additional stress from living in poverty is a factor in addition to access to health care.
- Buildings in impoverished areas which lack adequate heat or air cooling, which have peeling lead paint, or that are infested with rats and roaches, compromise the health of residents, increasing rates of asthma.

In addition to the poor environment, the study noted that lack of education and psychological stress may be associated with disease and pain. The report identified possible explanations for chronic stress: crowded living conditions and greater use of public transportation could mean increased exposure to infection; increased headaches and pain could be related to differences in noise exposure, working environments, posture, etc.

Low-income Americans may not be able to access preventive, acute, or long-term medical care when they need it.

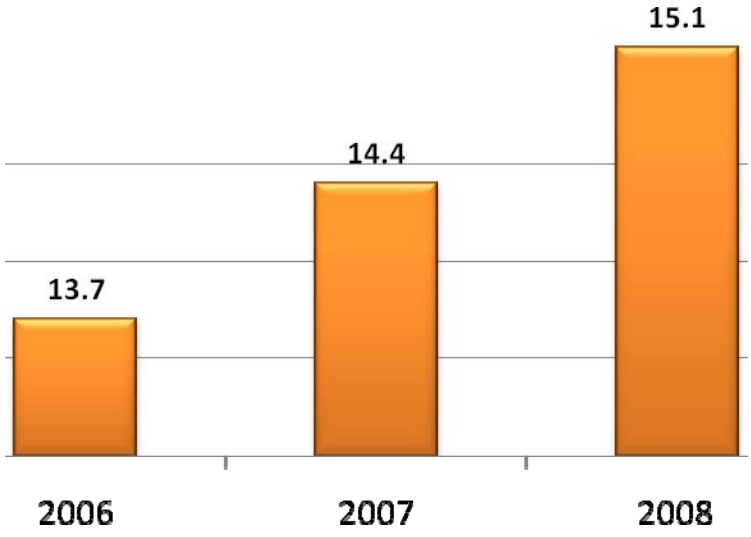
Racial and ethnic health disparities continue to persist in the United States, including the health care system. People of color in the United States are more likely than whites to lack health insurance, to receive lower-quality care, and to experience worse health outcomes. The causes of these disparities are broad and complex and include social, economic, and health system factors.

It is well known that disparities in health exist across racial and ethnic minority groups, but there is limited coordination, documentation, and analysis of data that examine the nature of health disparities by race and ethnicity. Collecting and reporting this data is crucial for identifying and monitoring the problems that exist, and for developing the proper solutions. The lack of consistent data on race, ethnicity, sex, or primary language makes it difficult for legislators, policy makers, and health professionals to understand the problems that exist and to create effective solutions.

In 2008, 15.4% of the total population nationwide did not have insurance. This includes 19.1% of African Americans and 10.8% whites. The uninsured included 30.7% of Hispanic ethnicity.

Chart HE-2 shows that the percentage of the Tennessee population that was uninsured increased from 2006 to 2007 and again increased from 2007 to 2008.

Chart HE-1: Percentage of People Not Insured
Tennessee, 2006-2008



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

The Affordable Care Act

Not all Americans have equal access to health care—or similar health care outcomes. Low-income Americans, racial and ethnic minorities, and other underserved populations often have higher rates of disease, fewer treatment options, and reduced access to care. They are also less likely to have health insurance than the population as a whole.

The Affordable Care Act (ACA), passed by Congress and signed into law by President Obama on March 23, 2010, put into place comprehensive health insurance reforms that are to hold insurance companies accountable, lower health care costs, guarantee more choice, and enhance the quality of care for all Americans. Some provisions of the Act have been implemented, while others will be implemented in phases during the next four years.

The U.S. Department of Health & Human Services maintains a web site which is updated regularly to provide information on the Affordable Care Act: http://www.healthcare.gov

According to the ACA web site, consumers in new health plans will be able to:

- Receive cost-free preventive services. New health plans must provide access to recommended preventive services such as screenings, vaccinations and counseling without any out-of-pocket costs to participants.
- Young adults may remain on their parents' plans until age 26, unless they have their own health insurance coverage through their own employment.
- Choose their primary care doctor, ob/gin and pediatrician.
- Use the nearest emergency room without penalty, without required advance approval.

Insurers will no longer be able to:

- Deny coverage to children with pre-existing conditions. Health plans cannot limit or deny benefits or deny coverage for a child younger than age 19 because of a pre-existing condition.
- Put lifetime limits on benefits. Health plans can no longer put a lifetime dollar limit on the benefits of people with costly conditions like cancer.
- Cancel policies without proving fraud. Health plans cannot be retroactively canceled solely because of an inadvertent error on the insurance application.
- Deny claims without an opportunity for appeal. New health plans provide the right to demand that denials of payments for tests or treatments be reviewed and reconsidered.

The ACA web site pointed out the top five points families with children should know:

1. Starting as early as September 23, 2010, insurance companies will be prohibited from imposing lifetime dollar limits on essential coverage.
2. Starting as early as 2010, job-based health plans and new individual plans won't be allowed to deny or exclude coverage for children under age 19 based on a pre-existing condition, including a disability. Starting in 2014, these plans will not be permitted to deny or exclude pre-existing conditions.
3. Starting as early as September 2010, children under age 26 can be insured under parent policies that allow for dependent coverage, unless the children can get their own job-based coverage.
4. Starting in 2014, if income is less than the equivalent of about $88,000 for a family of four, and no affordable coverage is available through employment, tax credits may be available to help pay for insurance.
5. Starting in 2014, pregnancy and newborn care, along with vision and dental coverage for children, will be covered in all Exchange plans and new plans sold to individuals and small businesses. An Exchange is a marketplace in which individuals and small businesses can buy affordable health benefit plans. Exchanges will offer you a choice of plans that meet certain

benefits and cost standards. Starting in 2014, Members of Congress and others will receive their health care insurance through Exchanges.

By improving access to quality health care for all Americans, the Affordable Care Act will help reduce these health disparities. The new law will bring down health care costs, invest in prevention and wellness, and give individuals and families more control over their own care. The Affordable Care Act will help to reduce health disparities by making improvements in:

- Preventive care
- Coordinated care
- Diversity and cultural competency
- Health care providers for underserved communities
- Ending insurance discrimination
- Affordable insurance coverage

In December 2009, the Tennessee Small Business Coalition and Vanderbilt-Peabody College reported the cost of health insurance coverage was a key factor in decisions for employers not to provide health insurance for their employees. For companies that did not provide insurance, the businesses reported these reasons:

- 76% said they did not offer Health care coverage because it was too expensive.
- 47% of employees reported that they could not afford health insurance coverage.
- 30% said revenue was too uncertain to commit to a plan
- 27% said annual premium increases were too unpredictable
- 42% indicated the company was too small or did not have enough employees
- 30% indicated that employees already had health insurance through another source
- Others reported they did not offer health insurance because they did not have the time to manage health benefits, it was too complicated to set up a plan and/or too difficult to understand the options

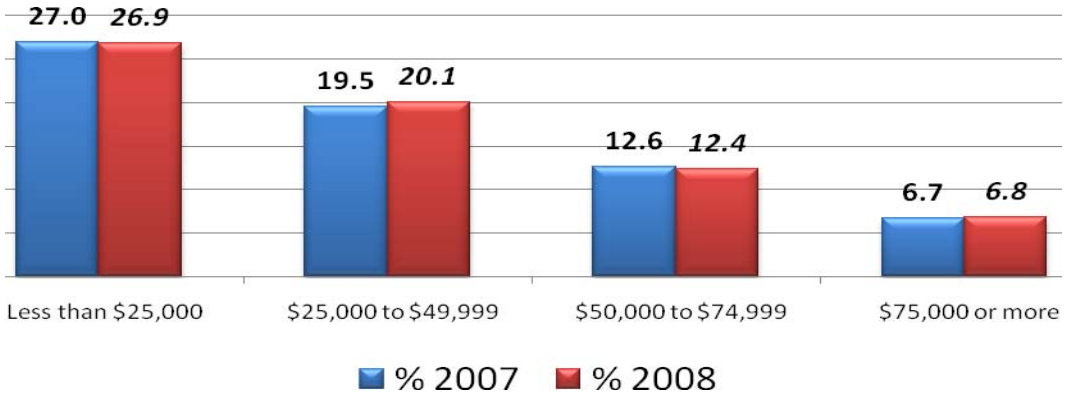
The relationship between poverty and health is complex. Many factors are involved in the connection, including poor environmental conditions, low education levels, lack of awareness of needed medical care, financial barriers in accessing health services, and a lack of resources necessary to maintain good health status.

People in poverty live on very limited incomes and have difficulty meeting day-to-day costs of living, leaving little room in their limited budget for anything beyond the essentials of food and shelter. Low-income Americans are more likely to live in older homes that may expose them to lead paint, which causes developmental problems in children. People in poverty may have limited budgets for food and may only be able to afford inexpensive foods, which tend to be processed, fatty, and lacking important nutrients.

The Kaiser Commission Report on Medicaid and the Uninsured noted that health is influenced by conditions of everyday life for the poor, such as exposure to hazardous environmental and occupational conditions (e.g., neighborhood violence or pollution) or employment in dangerous, stressful jobs that offer few fringe benefits. They also describe the adverse health effects of unemployment (such as depression), the connection between educational attainment and positive health behavior, and why income is related to health status. In recent years, a growing body of research has looked to psychosocial factors to explain that it is not income alone that affects health, but rather the social stratification or level of income inequality in society in general that affects health status.

Chart HE-2 shows that the lower the family income level, the more likely the people are to be uninsured.

Chart HE-2: Percentage of People Uninsured by Income Category
United States, 2007-2008



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

Mental Health and Mental Illness

Mental disorders are common in the United States and internationally. An estimated 26.2% of Americans ages 18 and older have a diagnosable mental disorder in a given year, according to the U. S. National Institute of Mental Health. Based on that Davidson County's population of 494,602 people over age 18, that could be the equivalent of more than 129,000 of Nashville's adults with a diagnosable mental disorder.

In an effort to help Tennesseans with serious and persistent mental illnesses who are also poor and uninsured, the Tennessee Department of Mental Health and Developmental Disabilities works with community mental health agencies across the state to provide key mental health services. Services are provided by the State and through various nonprofit organizations including Centerstone and the Mental Health Cooperative.

A report from the U. S. Surgeon General describes the connection between physical and mental, whether the status is health or of illness. It also points out that health and illness are points along a continuum, meaning that neither exists in pure isolation from the other. This report provided these definitions.

- Mental health – a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.
- Mental health problems – signs and symptoms of insufficient intensity or duration to meet the criteria for any mental disorder.
- Mental illness (collective diagnosable mental disorders) – health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. There are a wide range of disorders, and alterations in thinking, mood, or behavior contribute to problems such as patient distress, impaired functioning, or heightened risk of death, pain, disability, or loss of freedom.

In addition, poor mental health may reduce the likelihood that individuals will follow the advice/treatment regimen for the management of any physical health problem. Individuals with mental health problems may also be reluctant to come into contact with primary or other health care services for fear of being labeled. Both primary health and specialist care professionals treating chronic physical health problems may fail to detect mental health problems and vice versa.

During an economic downturn, people may more often need mental health service. With the unemployment rate higher during the past year as than in previous decades, unemployed Americans are four times more likely than those with jobs to report symptoms of severe mental illness, including major depression. (Mental Health America, October 2009). A study by the School of Social Work at Salem State College (Hudson), economic stressors such as unemployment and lack of affordable housing, are more likely to precede mental illness than the reverse. This type of stress may result in anxiety, compulsive behaviors and substance abuse.

The Tennessee Suicide Prevention Network indicates that in the United State, someone dies by suicide once every 16 minutes. Suicide is the third leading cause of death for youth between the ages of 10 and 24. In 2007, suicide was the ninth-leading cause of death in Tennessee, claiming over 850 lives per year.

In dealing with the typical physical, mental and emotional issues of adolescence, adolescent African-American males are confronted with additional social and environmental stressors, such as racism, family issues, educational or urban challenges. At the same time, the effect on adolescent African-American males may be compounded by lack of access to mental health services. Adolescent African-American males may be among the most underserved populations with respect to mental health services. *Community Voices-Health Care for the Underserved* (Treadway, Morehouse School of Medicine) reports the primary barriers for adolescent African-American males to quality mental health services as financial barriers, fragmentation of mental health services, a lack of diversity in the mental health-care work force, and a lack of cultural competency.

Psychosocial and environmental stressors are known risk factors that contribute to depression. The National Institute of Mental Health (Grohol) research shows that stress in the form of loss, especially death of close family members or friends, can trigger depression in vulnerable individuals. Genetics research indicates that environmental stressors interact with depression vulnerability genes to increase the risk of developing depressive illness.

Mental Disorders

In regard to the 26.2% people who experience a diagnosable mental disorder in a given year, the National Institute of Mental Health indicates that:

- Mood Disorders affect about 9.5% of the U. S. population age 18 and over during any given year, with age 30 as the median onset, including
    - Major Depressive Disorder – leading cause of disability in the U.S. for ages 15-44; affects approximately 6.7% in a given year more prevalent in women than in men.
    - Dysthymic Disorder – chronic, mild depression which persists for at least two years in adults (one year in children) to meet criteria for diagnosis; affects about 1.5% in any given year.
    - Bipolar Disorder – affects approximately 2.6% of the population age 18 and older in a given year, with a median age of onset at age 25.
- Suicide – in 2006, nationwide about 33,300 people died by suicide in the U.S.; more than 90% of people who kill themselves have a diagnosable mental disorder (usually either a depressive disorder or a substance abuse disorder; women attempt suicide two to three times as often as men, while four times as many men as women die by suicide.
- Schizophrenia – affects about 1.1% of the population age 18 and older in a given year; first appears in men in their late teens or early twenties and women in their twenties or early thirties.
- Anxiety Disorders – include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder, and phobias (social phobia, agoraphobia, and specific phobia); affect 18.1%; often exist with depressive disorders or substance abuse; most will have their first episode by around age 21.
- Panic Disorder – affects 2.7%; usually develops in early adulthood (median age of onset is 24) but onset could occur throughout adulthood; about one in three people with panic disorder develops agoraphobia, a condition in which the individual becomes afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic attack.
- Obsessive-Compulsive Disorder – affects 1% of people; median age of onset is 19 and first symptoms often begin during childhood or adolescence.
- Post-Traumatic Stress Disorder – affect 3.5%; can develop at any age, including childhood; about 19% of Vietnam veterans experienced PTSD at some point after the war; also can occur after violent personal assaults such as rape, mugging, or domestic violence; terrorism; natural or human-caused disasters; and accidents.
- Generalized Anxiety Disorder – affects 3.1%; can begin across the life cycle, with median age of onset is 31 years old.
- Social Phobia – experienced by 6.8%; begins in childhood or adolescence, typically around 13 years of age.
- Eating Disorders – three main types of eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder; women more likely to experience than men; estimated 0.6% with anorexia, 1% with bulimia, 2.8% with a binge eating disorder.
- Attention Deficit Hyperactivity Disorder – usually becomes evident in preschool or early elementary years, with median age of onset age 7; can persist into adolescence and occasionally into adulthood.
- Autism – one of the autism spectrum disorders, also known as pervasive developmental disorders. ASDs range in severity, with autism being the most debilitating form while other disorders, such as Asperger syndrome, produce milder symptoms; usually diagnosed by age 3; more common in boys than girls; difficult to estimate the prevalence of autism is difficult due to differences in the ways that cases are identified and defined, differences in study methods, and changes in diagnostic criteria.

- Personality Disorders – a "pattern of inner experience and behavior that deviates markedly from the expectations of the culture of the individual who exhibits it;" behavior is usually perceived to be appropriate by the individuals but it may significantly affect their lives in negative ways; affect about 9.1%.
- Antisocial Personality Disorder – characterized by an individual's disregard for social rules and cultural norms, impulsive behavior, and indifference to the rights and feelings of others; affects about 1%.
- Avoidant Personality Disorder – affects about 5.2%; characterized by extreme social inhibition, sensitivity to negative evaluation, and feelings of inadequacy. Individuals with avoidant personality disorder frequently avoid social interaction for fear of being ridiculed, humiliated, or disliked.
- Borderline Personality Disorder – affects 1.6%; defined as a pervasive pattern of instability of interpersonal relationships, self-image, with marked impulsivity; usually beings in early adulthood.

Nashville's Poverty Initiative Implementation

In July, 2010 at the Nashville Poverty Council, the Health leadership team of the Nashville Poverty Implementation Plan presented their baseline reports with their first two focuses directly related accessible and affordable child care for people in poverty, they were:

Health Recommended Action

1. Improve preventive health care through a community FRC or school-based prevention initiative, with partnership through early screening of health issues targeting specific health issues (tobacco, obesity, etc.).

2. Inventory and disseminate information about programs and resources for uninsured and underserved people, including insurance, screening, prevention, primary care, and specialty care.

3. Increase access to specialty care to assure a continuum of care model, including the care of dental, mental health, substance abuse addiction, and chronic health needs.

4. Increase affordable medication availability.

5. Advocate for a Nashville plan for care for the underserved.

A Health Implementation Team is working to achieve the recommended actions, which includes leadership from these organizations:

- Metro Public Health Department
- Vanderbilt Center for Health Services
- Nashville General Hospital
- United Neighborhood Health Services
- Health Assist Tennessee
- Dispensary of Hope
- United Way of Metropolitan Nashville

Housing & Related Assistance

Key Findings

- More than one-third of Nashville owners with a mortgage and almost half of renters had a significant housing cost burden (spending 30% or more of their household income on housing).

- There are long waiting lists for public housing, and there is not enough emergency and transitional housing for homeless people (especially for married couples with children, women, and women with young children).

- In comparing the number of foreclosures in Davidson County for the month of March over a three-year period, the number of foreclosures doubled between 2007 and 2008 and then doubled again between 2008 and 2009. The number of foreclosures in March 2010 was eight times the number in March of 2007.

- More emergency funds are needed to assist with Housing Related Assistance, such as utility bills and rent. Again this year Housing & Related Assistance needs reflect the most calls to 2-1-1. The demand for financial assistance continues to outpace the available program funds resulting in long waiting lists and contributing to increased homelessness.

- An increasing aging population on fixed incomes will increase the need for affordable housing and Housing Related Assistance.

- Prior to the May 2010 flood, Davidson County already had a shortage of affordable housing. Because some property owners (including rental property owners) will not rebuild, there will be even less affordable housing available. Even though Nashville responded quickly and valiantly to the housing needs created by the flood, recovery will be a long-term process, and some people will never recover financially.

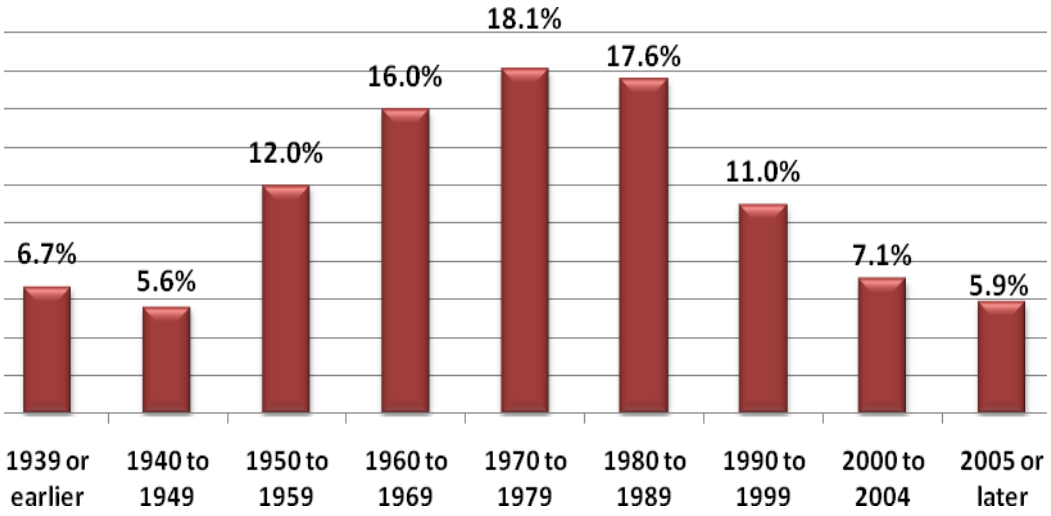
Mid pleasures and palaces though we may roam,
Be it ever so humble, there's no place like home.

John Howard Payne
(1791 - 1852)

Selected Housing Demographics

The 2009 American Community Survey provides the latest Census data about housing in Davidson County. In 2009, there were an estimated 285,187 housing units in the county, 255,290 occupied (89.5%). Chart H-1 shows the year residential structures in Nashville were built.

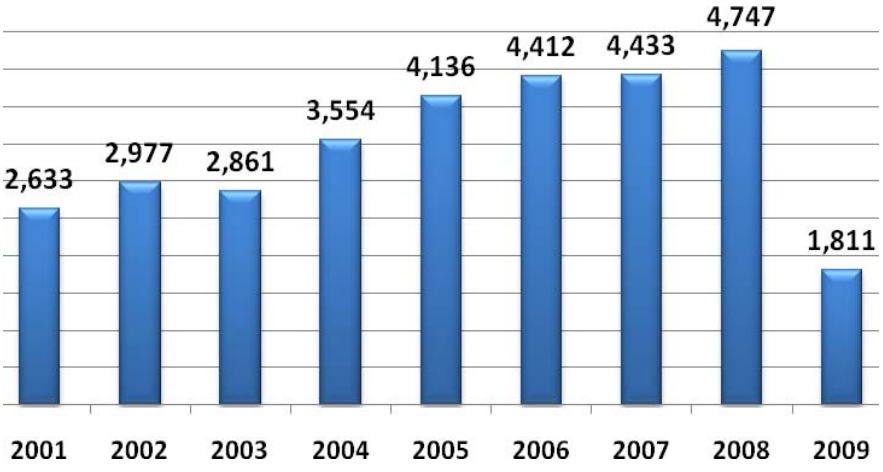
Chart H-1: Year Structure Built
Davidson County, All Years



Source: U. S. Census Bureau (2009 American Community Survey, Selected Housing Characteristics)

Chart H-2 shows the annual change in the number of housing units in Davidson County, which reflects the housing boom, followed by the slowing of increase due to the economic downturn/housing crisis.

Chart H-2: Annual Increase in Housing Units
Davidson County, 2001-2009

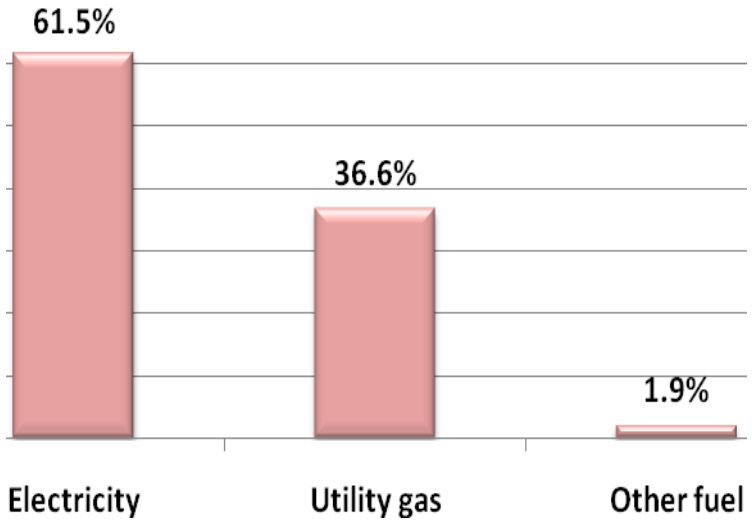


Source: U.S. Census Bureau (Population Division, Annual Estimates of Housing Units)

In terms of the number of units per housing structure in Davidson County, 53.9% were detached 1-units, while 22.7% had ten or more units, and 1.3% were mobile homes (2009 American Community Survey).

As shown in Chart H-3, Davidson County homes primarily use electricity as a heating source.

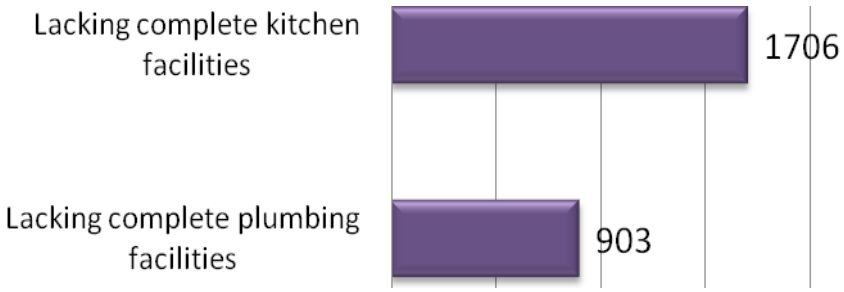
Chart H-3: House Heating Fuel
Davidson County, 2009



Source: U.S. Census Bureau (2009 American Community Survey, Selected Housing Characteristics)

Chart H-4 shows the number of Davidson County's 255,290 occupied housing units that lack adequate plumbing and kitchen facilities.

Chart H-4: Occupied Housing Units Without Complete Plumbing and Kitchen Facilities
Davidson County, 2009

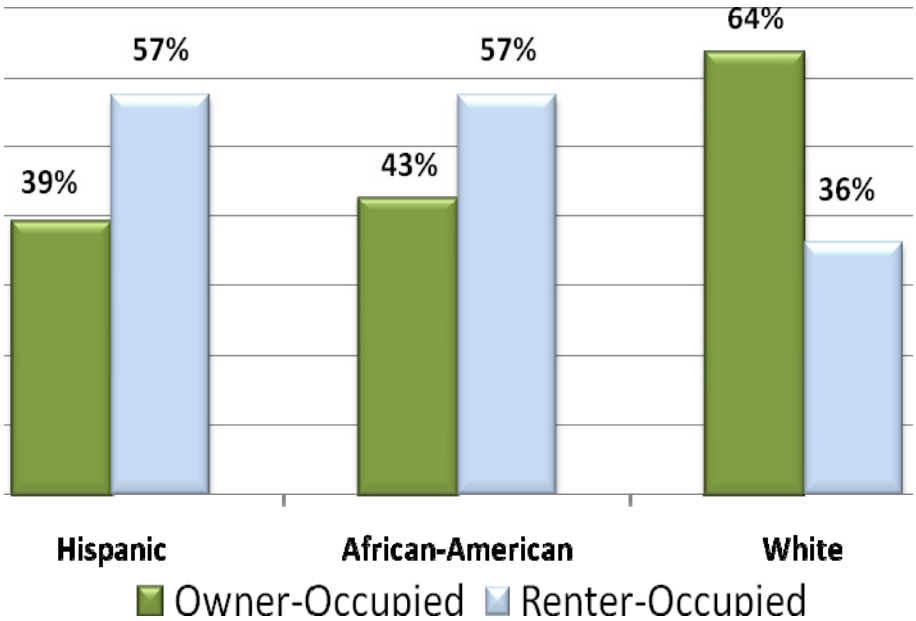


Source: U.S. Census Bureau (2009 American Community Survey, Selected Housing Characteristics)

Eighty-nine and one-half percent of all housing units were occupied. For occupied housing units in 2009, 57.2% were owner occupied (down from 64% in 2008) and 42.8% were renter occupied (up from 36% in 2008).

Home ownership and rental status varied by race and ethnicity, as seen in Chart H-5.

Chart H-5: Owner and Renter Occupied Housing Units
Davidson County 2009



Source: Source: U.S. Census Bureau (2009 American Community Survey, Occupied Housing Units By Tenure, SB25003 A, B, I)

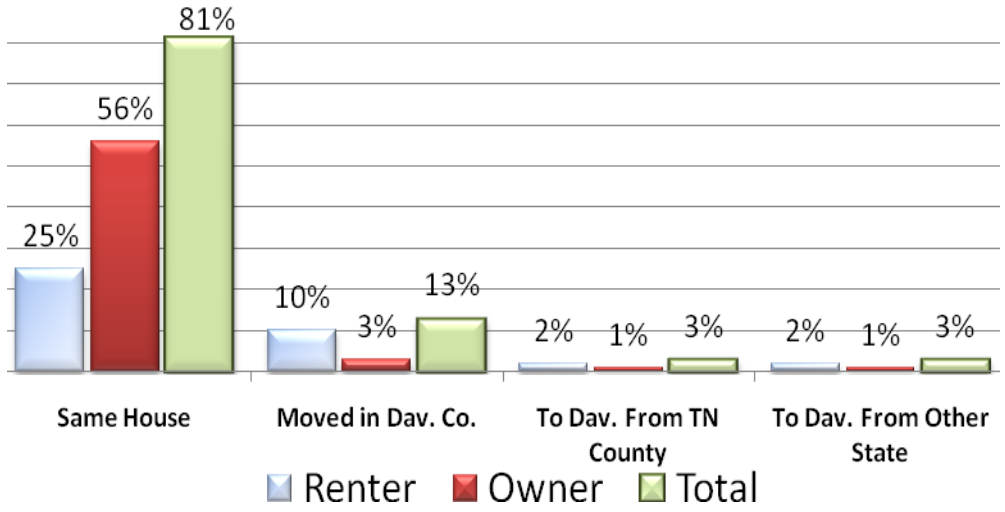
The U. S. Department of Housing and Urban Development (HUD) uses Comprehensive Housing Affordability Strategy data to estimate the number of low-income households with housing problems. Low-income households are those making less than 50% of the area median income.

These housing problems include incomplete kitchen or plumbing facilities (substandard), more than one person per room (overcrowded), and paying more than 30% of gross income towards housing costs (cost-burdened).

In 2009, it was estimated that 74% of low-income households (63,570) had housing problems, with cost-burden being the most prevalent problem, followed by overcrowding and substandard conditions. (HUD-*Housing Problems of Low Income Households*, 2009)

As shown in Chart H-6, renters were less likely to have lived in the same house for the previous year, but in general most people did not change residence in the past year.

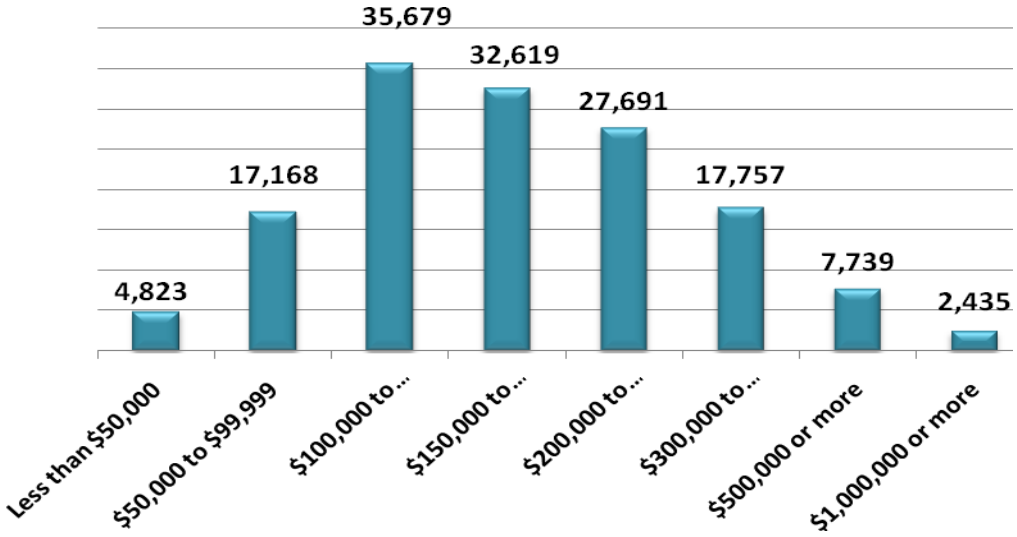
Chart H-6: Geographical Mobility in the Past Year
Davidson County 2009



Source: U.S. Census Bureau (2009 American Community Survey, Table B07013)

Chart H-7 shows the value of owner-occupied homes in Davidson County (both mortgaged and not mortgaged).

Chart H-7: Owner-Occupied Homes by Value
Davidson County, 2009



Source: U.S. Census Bureau (2009 American Community Survey, Selected Housing Characteristics)

Housing Needs

In the United States, it is a typical expectation that everyone will have the opportunity to live in a decent and affordable home, in a community that promotes opportunity and a better quality of life in a secure and attractive environment.

As described in the Urban Institute's *Reducing Poverty and Economic Distress after ARRA: Potential Roles for Place-Conscious Strategies* in July 2010, families in poverty do not achieve that expectation. Instead, many live in distressed neighborhoods, which often lack grocery stores, banks, and health resources.

These poor neighborhoods often have higher crime rates and unemployment, as well as under-performing schools. Climbing out of poverty is even more difficult because of the lack of entry-level jobs in or near distressed neighborhoods, in combination with the lack of affordable housing in suburban communities where personal vehicles are often necessary to get to places of employment.

The shortage in affordable housing stock continues to worsen. Governments face budgetary crises and have less funding for public housing stock maintenance and repair, as explained in *The Home is the Foundation*, (Catholic Charities U. S. A., February 2009).

After disasters such as the Nashville flood of May, 2010, affordable housing may become even scarcer.

When the government invests in public housing by redeveloping old public housing into mixed-income communities, the result is fewer affordable units, which displaces some low-income people who lived in the original housing. Gentrification of urban distressed areas increases property values, but often forces poorer residents from the neighborhood.

Following the flood, some low-income housing will not be rebuilt, and rental costs will be even higher. Low-income homeowners (elderly and other disadvantaged residents) will not be able to rebuild and will be added to lengthy waiting lists for rental housing.

Grassroots Community Surveys

When asked to identify which of five issue areas had the largest gap between the services now available and what is needed in the community, respondents to the Grassroots Community Survey identified Housing and Related Assistance (22.4%) second, after Workforce and Economic Opportunity (33.5%).

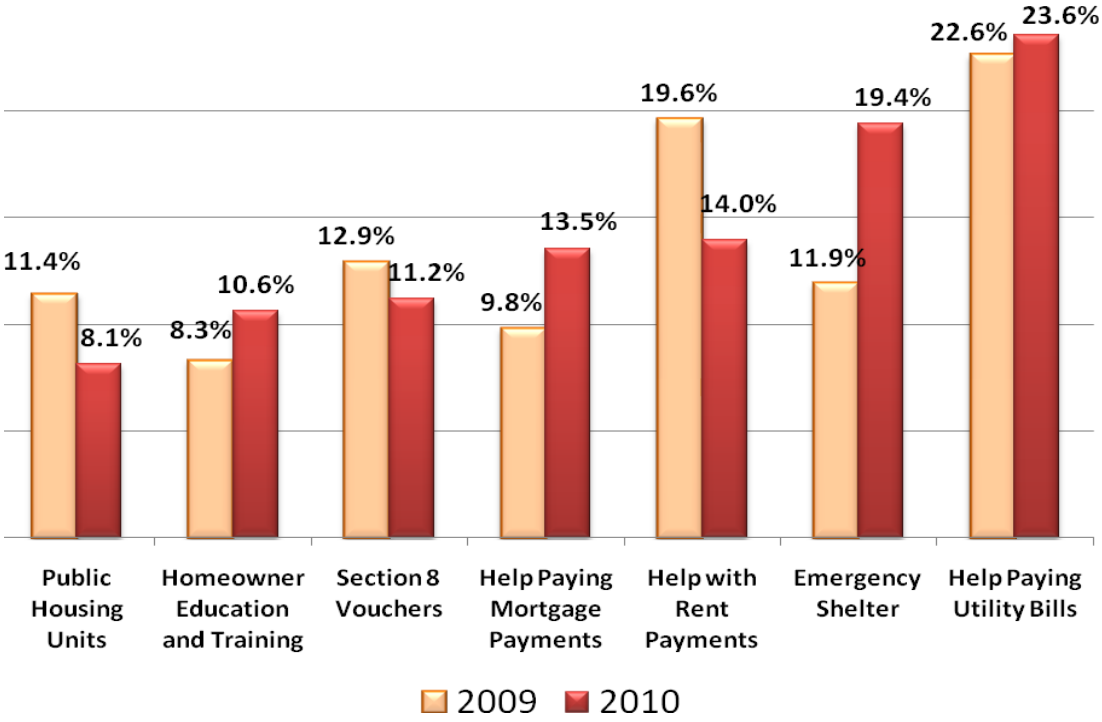
When asked to identify the greatest need within the Housing and Related Assistance category, respondents again this year identified Help Paying Utility Bills as the greatest need, over Emergency Shelter, Help with Rent Payments, Help Paying Mortgage, Section 8 Vouchers, Homeowner Education and Training and Public Housing Units. Not all choices relate to the housing structures, but are needed to maintain stable housing.

In 2009, survey participants were consumers at agencies including the Tennessee Department of Human Services, Metropolitan Action Commission, etc., including many who were unemployed. The 2010 participants received assistance from the Volunteer Income Tax Preparation program of the Nashville

Alliance for Financial Independence. This means that the 2010 survey respondents would have been employed all or some of 2009.

Chart H-8 compares the 2009 and 2010 surveys, using the same categories of identified needs. The reduction in Help Paying Rent from last year may be due in part to the population surveyed. In both years, the most frequently identified need was Help Paying Utility Bills.

Chart H-8: Greatest Need in Housing & Related Assistance
Grassroots Community Survey 2009-2010



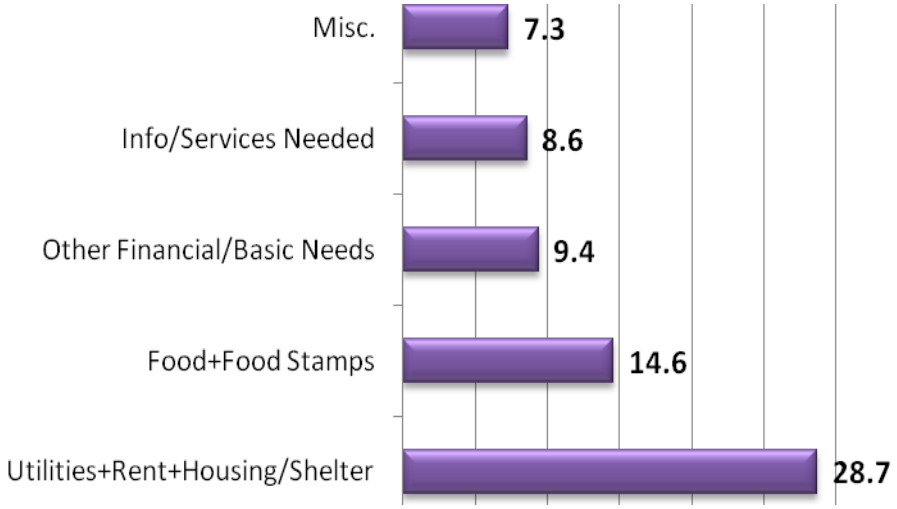
Source: 2009, 2010 MSS Grassroots Community Surveys

2-1-1 Call Center

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

As shown in Chart H-9, Housing and Related Assistance calls to 2-1-1 accounted for the most calls from 2004-October 2010, almost twice as many as the next largest category of Food+Food Stamps (28.7%% vs. 14.6%).

Chart H-9: Top Five Combined 2-1-1 Call Areas
Percentage of Total Calls 2004-October 2010



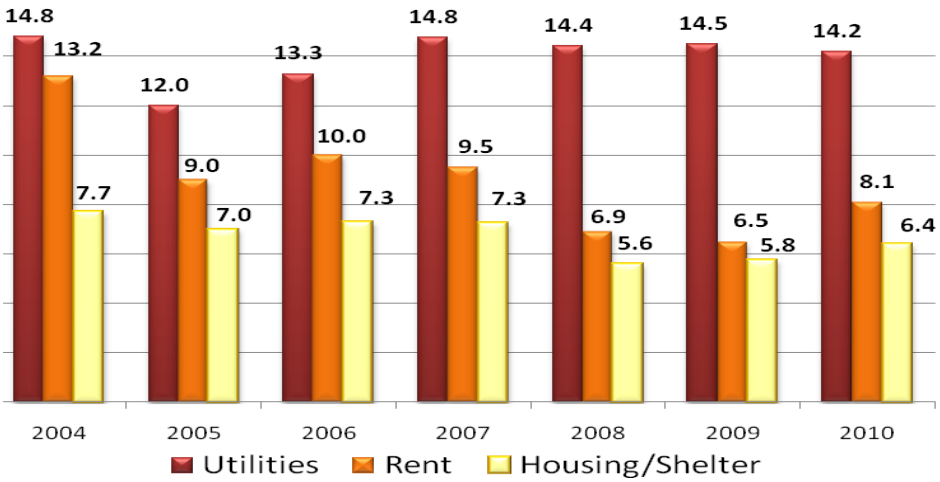
Source: 2-1-1 Call Center

The 2-1-1 Call Center reported that August 2010 utilities assistance calls were up 26% over August 2009, and rent calls increased by 28%.

The percentage of calls for Housing/Shelter alone has decreased slightly. The full list of needs identified to 2-1-1 is in Chart 2 in a previous section.

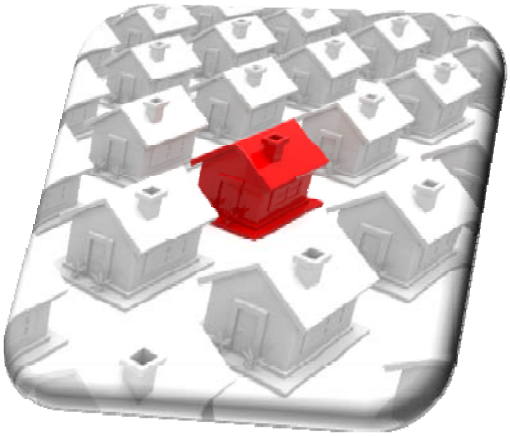
As seen in Chart H-10, of all calls related to housing issues, callers most frequently requested assistance with utility bills and deposits again this year.

Chart H-10: Cumulative 2-1-1 Housing Calls
Utilities, Rent & Shelter/Housing, June 2004-October 2010



Source: TN 2-1-1- Call Center

Foreclosures



Income, race and ethnicity are related to the proportion of high-interest loans use to purchase homes.

As seen in Chart H-11, in the Nashville/Davidson-Murfreesboro SMA, low-income people of any race/ethnicity had the greatest share of high-interest loans.

It also indicates that Hispanics and non-Hispanic African Americans of all income levels had the greatest percentages of high-interest loans.

DiversityData.org reported on an analysis of 2008 Home Mortgage Disclosure Act Data from the Federal Financial Institutions Examination Council (High Interest Rate Loans as Share of Home Purchase Loans by Race/Ethnicity and Income for Year 2008), shown in Chart H-11.

Chart H-11: 2008 High-Interest Loans as a Share of All Loans
By Race, Ethnicity and Income Group, Davidson SMSA

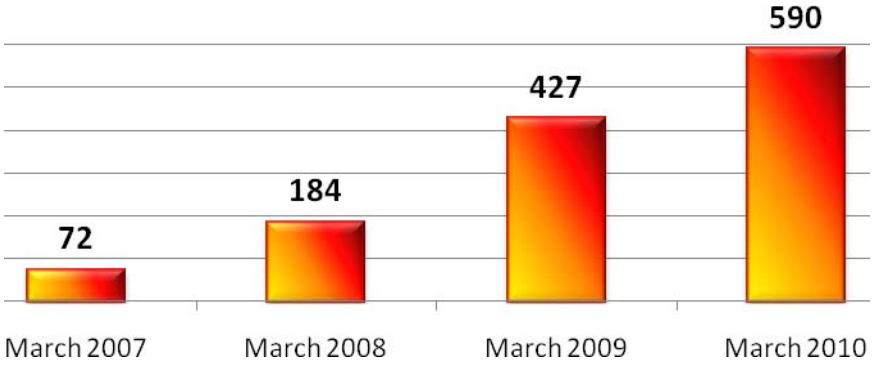
Nashville-Davidson-Murfreesboro, TN		Value	Scale 0%.....57.4%
Hispanic	Low-Income	21.3%	
	Middle-Income	13.1%	
	Upper Income	12.4%	
Non-Hispanic White	Low-Income	10.6%	
	Middle-Income	6.7%	
	Upper Income	5.6%	
Non-Hispanic Black	Low-Income	12.3%	
	Middle-Income	10.5%	
	Upper Income	9.5%	
Non-Hispanic Asian/Pac. Islander	Low-Income	2.2%	
	Middle-Income	3.7%	
	Upper Income	–	
Non-Hispanic American Indian	Low-Income	–	
	Middle-Income	–	
	Upper Income	–	

Source: Tennessee Housing & Development Agency, Tennessee Foreclosure Trends, March 2010
http://www.thda.org/randp/fctrends/0310.pdf

According to an April 2010 THDA report, data from the RealtyTrac U. S. Foreclosure Market Report shows that Tennessee reported 4,790 properties with foreclosure filings in (the sample month of) March 2010, a 30% percent increase from the previous month and an 8% increase from the same month

last year. Chart H-12 shows the total number of properties with foreclosure filings in March 2010 was the highest monthly total since March 2007.

Chart H-12: Number of Properties with Foreclosure Filings
Davidson County, March-2007, 2008, 2009, 2010

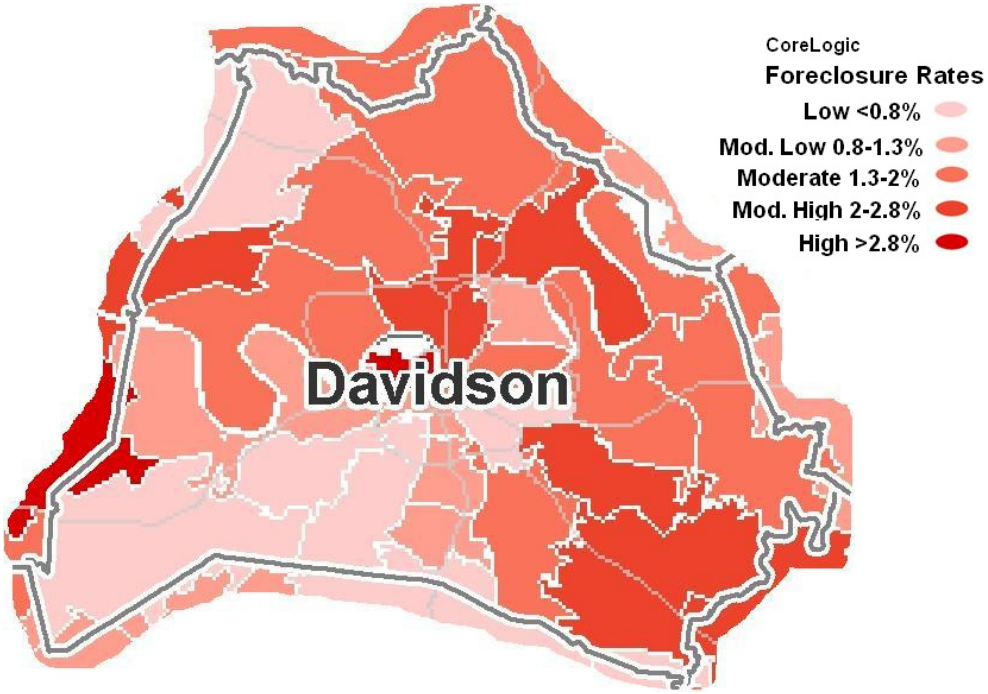


Source: Tennessee Housing & Development Agency, Tennessee Foreclosure Trends, March 2010

On June 30, 2010, RealtyTrac released its first *U.S. Foreclosure Sales Report*. The report states that foreclosure homes accounted for almost one-third (31%) of all U. S. residential sales in the first quarter of 2010. The average sales price of these properties was nearly 27% below the average sales price of properties not in foreclosure.

Chart H-13 shows Nashville foreclosure data by geographic area.

Chart H-13: Foreclosure Rate by Zip Code
Davidson County, June 2010



Source: CoreLogic map, Nashville Post, *Foreclosures Easing Slightly*, July 28, 2010.
http://business.nashvillepost.com/2010/07/28/foreclosures-easing-slightly/

Foreclosures affect renters as well as homeowners. In the United States, more than 20% of the properties facing foreclosure nationwide are rentals. Because rental properties often are multi-unit structures, renters make up roughly 40% of the families facing eviction. Very low income families and low income and minority communities are severely affected. (*Renters in Foreclosure: Defining the Problem, Identifying Solutions*, 2009, National Low Income Housing Coalition)

The Urban Institute also reports that children and the elderly could be more affected than adults when families face foreclosures. The impact on a child involves moving into a new neighborhood, new school, etc. Older people are particularly vulnerable to financial, physical, and emotional disruptions.

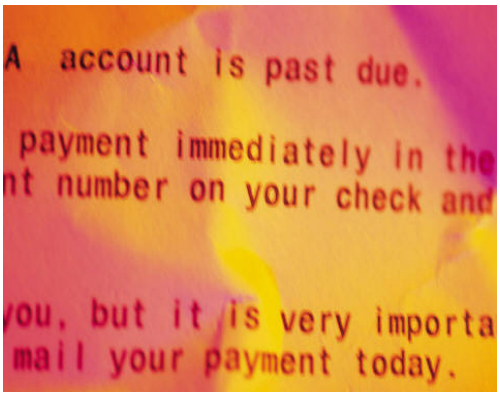
When multiple foreclosures occur in close proximity, neighborhoods and communities are often affected by real or perceived declining property value due to physical deterioration or crime. Local governments depend on property taxes to help operate the government, so when property values decrease, property taxes and local revenues also go down.

In July 2009, the *Contagion Effect of Foreclosed Properties* indicated that prices of homes near a foreclosure declined an average nationally of $7,200 per home. These included homes from within 300 feet, visible from the foreclosed property, to 2000 feet and not visible but within the neighborhood, which resulted in a $502 billion total decline in property values (outside of other factors such as price drops associated with short sales or the slowdown in local housing markets). As the distances from the foreclosed property increased, the effect on property values lessened.

Additional information is available from the National Low Income Housing Coalition (NLIHC), which hosts a *Renters in Foreclosure* web site with summaries of media reports and research reports about eviction and displacement of renters.
http://www.nlihc.org/template/page.cfm?id=159

Cost Burden

Finding affordable housing for low-income persons in Davidson County was a challenge long before the 2008 downturn in the economy. The flood of May 2010 is expected to reduce available affordable housing stock even more, at least in the next several years. Finding and keeping adequate housing continues to be a great challenge confronting low-income households.



The U.S. Department of Housing and Urban Development (HUD) indicates that the economic expansion of the 1990s obscured certain trends and statistics that actually pointed to an increased, not decreased, need for affordable housing.

The generally accepted definition of affordability is when a household pays no more than 30% of its annual income on housing.

Families who pay more than 30% of their income for housing are considered "cost-burdened," and often have difficulty affording necessities such as food, clothing, transportation, and medical care. Families who spend 50% or more of their income for housing are considered severely cost-burdened.

The 2009 American Community Survey of the U.S. Census Bureau reports that many Davidson County residents spent more than 30% of their income on housing expenses. It is estimated that 37% of owners with mortgages and 47.8% of renters in Davidson County were in this cost-burdened category (these cost percentages include selected additional housing costs, such as utility expenses, for both groups).

Fair Market Rent

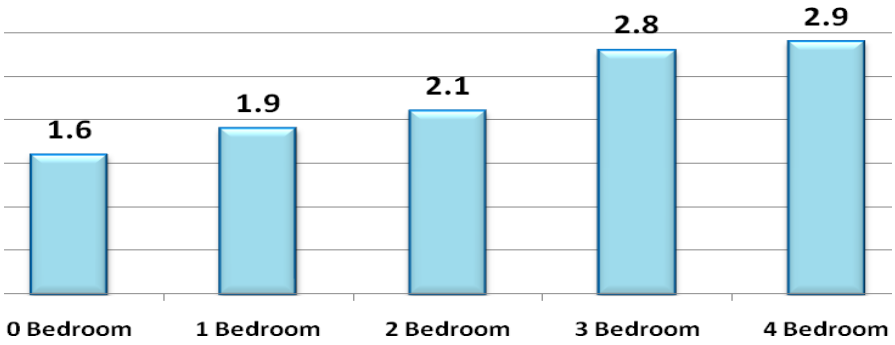
According to HUD's Fair Market Rent Documentation System, the Fair Market Rent (FMR) in the Nashville/Davidson Metropolitan Statistical Area for 2010 for a two-bedroom apartment was $807.

To afford the FMR (rental fee plus utilities) without paying more than 30% of income on housing, a household would need to earn $2,690 per month, or $32,280 per year. This amount is 176% of the federal poverty level for a family of three ($18,310), and 146% of poverty for a family of four ($22,050).

The 2009 American Community Survey indicates that the Davidson County median income was $55,528. People earning 60% ($33,317) or more of the median income could pay fair market rents without being cost burdened.

As shown in Chart H-14, to rent a 1-bedroom apartment at Fair Market Rent, a person in the Davidson-Murfreesboro-Franklin SMA would have to work almost 2 jobs (or 74 hours per week) at the estimated local minimum wage of $7.25 ($1,237 per month). The monthly income needed to rent a 1-bedroom apartment in 2010 was $2,340. The rent for a 1-bedroom apartment increased 31% from 2000-2010.

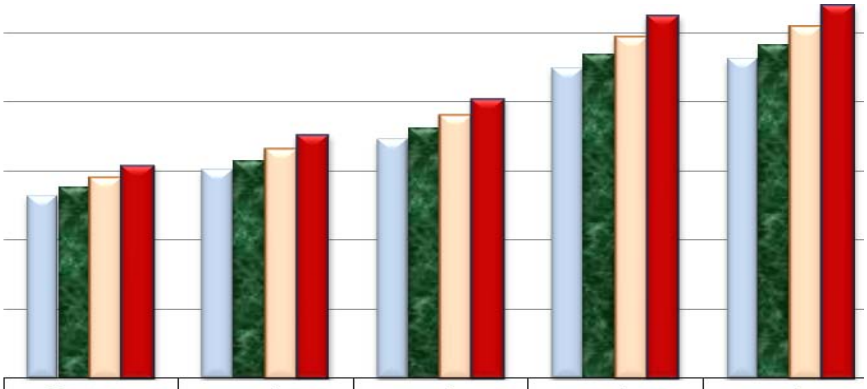
Chart H-14: Number of Minimum Wage Jobs Needed to Afford Housing
Davidson MSA 2010



Source: Out of Reach, National Low Income Housing Coalition (NLIHC), 2010.
http://www.nlihc.org/oor/oor2010/data.cfm?getstate=on&getmsa=on&msa=1423&state=TN

Chart H-15 below shows the increase in the FMR in Davidson County-Murfreesboro-Franklin (the 38th largest Metropolitan Statistical Area in the United States) from 2007–2010.

Chart H-15: Fair Market Rent Trends
Nashville-Davidson-Murfreesboro-Franklin MSA, 2007-2010



	Efficiency	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm
2007	$528	$603	$693	$899	$925
2008	$551	$629	$723	$938	$965
2009	$580	$662	$761	$987	$1,016
2010	$615	$702	$807	$1,047	$1,077

Source: HUD Fair Market Rent Documentation System

Subsidized Housing

The Metropolitan Development and Housing Agency (MDHA) reports in its *Consolidated Plan 2010-2015* in early 2010 that there are 3,400 households on the Section 8 waiting list, with an average time between the date of application and the issuance of a voucher range of 12-15 months. http://www.nashville-mdha.org/pdfs/MDHA%20Con%20Plan%202010-2015.pdf

MDHA used the Census Comprehensive Housing Affordability Strategy data to estimate the unmet need for each combination of household type by tenure and income. The unmet need represents the number of households who have a cost burden greater than 30% of income, live in an overcrowded unit, or live in a unit without complete kitchen or plumbing facilities.

Special needs populations include the elderly, those with mental illness, people who are disabled, persons with alcohol and drug addiction, people with HIV/AIDS and victims of domestic violence.
As described in the *MDHA Consolidated Plan 2010-2015*, Appendix A, Priority Housing Needs Investment plan, there are an estimated 48,602 people with high priority unmet needs:

- Renters, 0-50% Area Median Income 27,874
- Owners, 0-50% Area Median Income 9,600
- Special Needs, 0-80% Area Median Income 11,128

Nashville Electric Service has reported that during the winter months of 2008 and 2009, about 10% of their 312,000 residential customers were approved for payment arrangements because they were unable to pay their electric bills by the due date. Slightly fewer people needed payment arrangements in the winter of 2010 (8%).

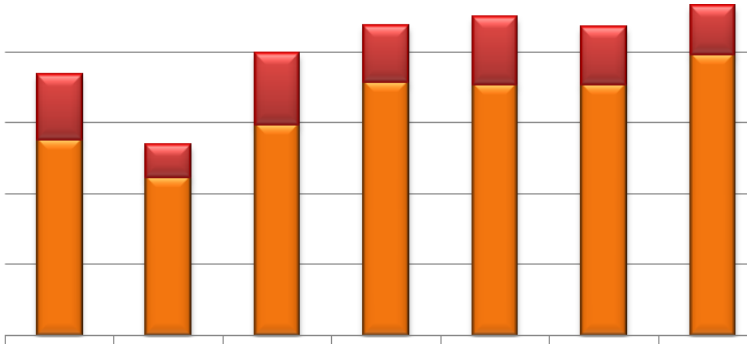
Homelessness

Local homeless advocates estimate that on any given night, there are about 4,000 homeless people. Sometimes they have been homeless briefly; other times they have extended periods of homelessness. During a year, about 11,000 people experience at least one period of homelessness each year.

The local housing agency has reported that the local homeless population is disproportionately African American, greater than 50% compared to about 27% in Davidson County's general population.

For many years, community volunteers have conducted an annual count of individuals and families living on the streets of Nashville and staying in shelters. Chart H-16 shows the number of homeless persons staying outside and the number living in shelters since 2004.

Chart H-16: Annual Homeless Count
Davidson County, 2004-2010



	2004	2005	2006	2007	2008	2009	2010
Outdoor Count	447	227	496	390	466	398	339
In Shelters	1,385	1,114	1,486	1,786	1,771	1,770	1,982

Source: Metropolitan Homelessness Commission

The number of homeless people seeking emergency shelter but who were turned away is difficult to estimate. Not all agencies record numbers of people turned away, keep waiting lists, or respond to surveys. According to MDHA, of the seven shelters that responded to the January 2010 one-night homeless count, there were reported to be 112 homeless people turned away from shelters and transitional programs. Of these, 105 were denied services due to shelters being full, and the remaining seven people for other reasons, including not meeting eligibility criteria, serious medical needs beyond the capabilities of staff, etc.

According to the Metropolitan Nashville Public Schools Homeless Education Program, the number of homeless students rose from 1,236 in February 2009 to 1,497 in March 2010, a 21% increase.

Multi-Generational Housing

The need for multi-generational housing has been increasing due several factors: An increase in the number of adults caring for aging parents, more immigrant multigenerational families, the rising age at first marriage, the number of adult children living with parents, and the economic downturn causing family members to live together to save money. These families need housing that can accommodate the needs of all ages from children and youth to working adults and the elderly, and it is often not affordable even if available. (*Social and Demographic Trends: The Return of the Multi-Generational Family Household*, Pew Research Center, March 18, 2010)

http://pewsocialtrends.org/pubs/752/the-return-of-the-multi-generational-family-household

Housing Programs

The *MDHA Consolidated Plan 2010-2015* provides information about a number of programs which provide and support housing, such as those described below.

Low-Income Housing Tax Credits are credits against federal income tax liability that can be claimed by owners of, and investors in, affordable rental housing as defined by HUD. They can be claimed each year for ten years, and an advantage for tenants is protection against eviction or large rent increases. In Davidson County there are 150 Low-Income Housing Tax Credit properties totaling 4,010 low-income units. 152 units are targeted toward elderly and 362 units target families.

The U. S. Department of Housing & Urban Development (HUD) provides direct assistance and programs to increase access to affordable housing, increase homeownership, and support community development. There are 50 properties within Davidson County, including 5,713 units, which receive some form of assistance through HUD's multifamily programs. There are 16 other properties, totaling 2,408 units that currently receive HUD assistance.

The Metropolitan Development and Housing Agency (MDHA), the local designated public housing authority, is responsible for managing the public housing system in Davidson County. MDHA is responsible for housing stock of more than 5,500 units. Approximately 1,300 of these units in seven properties are reserved for elderly and disabled residents. There are 19 properties throughout the county, 368 scattered site housing units in 12 properties, and the agency administers over 6,000 Section 8 Housing Choice Vouchers. Other MDHA administered programs include Weatherization and Homeowner Rehabilitation, Housing for Persons with Aids, and programs for homeless people. Table H-17 shows the number of beds for homeless people in 2010 as identified in the *Consolidated Plan*.

Table H-17: Subsidized Housing for People who are Homeless
Davidson County

Type of Housing	Family Units	Family Beds	Individual Beds	Year-Round Beds	Seasonal Beds
Emergency Shelter	30	110	714	824	200
Safe Haven	n/a	n/a	16	16	n/a
Transitional Housing	65	169	508	677	n/a
Permanent Supportive Housing	115	312	568	880	n/a
Total	210	591	1806	2397	n/a

Due to housing needs arising from the May 2010 flood, MDHA amended its *Consolidated Plan* to divert some CDBG and HOME non-housing funds to disaster recovery, especially for households earning 80% or less of the Area Median Income.

Local Initiatives include Metropolitan Social Services and the Metropolitan Homelessness Commission. Metropolitan Social Services (MSS) provides services to help individuals and families maintain stable housing in the community. From July 2009 to June 2010, the MSS Homeless Unit placed 222 customers/families in housing, partnering with a number of other community service providers.

MSS Adult & Family Services Division provides case management to help all customers find other local assistance resources for specific needs, including housing-related services such as rental and utility assistance, with community partners providing financial support. During fiscal year 2009-2010, MSS Adult & Family Services Division served 5,212 customers, including 648 ex-felons. The Metropolitan Homeless Commission also addresses the complex issues of homelessness and works toward the reduction of homelessness. The commission is part of MDHA. Since it was created in 2005, 350 chronically homeless individuals have been housed.

Nashville has several non-governmental housing agencies which provide a variety of services, including homebuyer education, first time homeowners buying and building programs, emergency, transitional, and supportive permanent housing for homeless people. However, even though many resources are available from government and the private sector, better outreach is needed to inform people in need about those services and how to access them.

Related Assistance for Housing

Related Assistance as used in this report includes financial assistance directly related to securing and maintaining a residence, such as rental payments, utility payments (gas, electricity, water, sewer, trash disposal, security and utility deposits, and help with mortgage payments, but not telephone, cable TV, etc.).

To address the need for better public information about available programs, the Poverty Initiative Housing Implementation Team compiled a listing of Housing Providers and Education Options, which will

be available on the web site of the Nashville Area Habitat for Humanity. The list contains approximately 256 local housing-related agencies and resources, and 23 agencies which provide housing education-related information.
http://www.habitatnashville.org/

Information about resources and how to access them is also available on the Homeless Commission Key Alliance web site and the MSS web site.
http://www.thekeyalliance.org/findhelp,
http://www.nashville.gov/sservices/docs/HousingResourceGuideJuly2010.pdf

Other housing providers provide links to these resources on their agency web sites. These web sites include housing-related assistance, from help with utility bills to home-buyer education.

The Metropolitan Action Commission (MAC) has been the designated Community Action Agency for Davidson County since 1964, and is the largest provider of housing related assistance. MAC administers a variety of programs to help indigent individuals and families improve the quality of their lives and serves as an advocate for the needs of the poor. For descriptions of all MAC programs see the web site at http://www.nashville.gov/mac/.

MAC is required by its funding source to take applications for services until the program year ends, even if they have run out of money. In the fiscal year ending June 30, 2010 MAC assisted 15,097 households with housing-related expenses in three major programs:

- Community Development Block Grant: 1,473 households were assisted with housing related expenses for rent, mortgage, property taxes, water payments and utility deposits.
- Community Service Assistance Program-Senior Services: 1,139 households were helped with rent, mortgage, water, prescriptions, deposits, and property taxes.
- Low Income Home Energy Assistance Program: 12,485 households received help with payments of electric, gas, propane or other energy source costs.

The faith community is another source of related assistance. Many people in need often ask churches, synagogues, mosques, and other religious organizations for help, including those they do not attend. The number of requests for assistance continues to increase, and the need is far greater than the capacity to provide assistance.

Some churches combine their efforts in coalition arrangements like The Rooftop Foundation, created by a group of Nashville congregations in 2006 to provide emergency rent and mortgage assistance to help people maintain stable housing and prevent homelessness (as part of preventing homelessness, they also provide utility assistance to residents of public housing, without which the residents might be evicted).

Metropolitan Social Services partners with Rooftop by conducting assessments and determining the eligibility of persons who request financial assistance from the coalition's member churches. The professional screening and tracking system benefits the congregations by helping ensure that their funds

will be distributed in the most effective way. In FY 09-10 the Metropolitan Social Services' Homeless Services Program received 2,865 referrals and prevented homelessness for 561 people through this program, with $167,907 in donations from the Rooftop Foundation. A description of the program and guidelines is on the web at http://www.rooftopnashville.org/.

The Flood of 2010

On May 1-2, 2010, Nashville received torrential rain, with more than 7 inches of rain falling on Saturday and a total of 13.53 inches by Sunday evening.

The Cumberland River crested at 52 feet, 12 feet above flood stage, and residents in the 1000-year flood plain of the river and its tributaries were inundated with flood water. The Emergency Relief response was quick and impressive; 9,888 people volunteered through Hands On Nashville to provide relief efforts, and Disaster Centers were opened in affected neighborhoods which provided food, shelter, information from non-profit and governmental agencies, and help filing for assistance from the Federal Emergency Management Agency (FEMA). Community fund-raising by various groups started which eventually raised millions of dollars. Within two weeks of the disaster, recovery efforts had started, including the naming of a Long-Term Recovery Team by Mayor Karl Dean.

As time passed, the extent of the devastation emerged. The flood damaged at least 10,940 land parcels in Davidson County. Estimates of property damage totaled more than $1.5 billion, not counting public buildings or any building contents. As many as 40,000 people received some level of damage to their homes (about 6% of the county's total residential units). Businesses were affected in 25 different Davidson County zip codes.

As the summer progressed, both FEMA and the Small Business Administration (SBA) began to approve applications for assistance. The SBA approved $139 million in loans, $98 million for homeowners and renters and $41 million for businesses and nonprofit organizations. Volunteers provided 83,017 hours of help.

The Mayor's Office developed a web site as a source for all flood related information (http://www.nashvillerecovery.com/). The Long-Term Recovery Committee established sub-committees to deal specifically with long-term recovery issues around Housing, Case Management, Volunteers, and Unmet Needs.

Long-Term Recovery–Local Programs

We Are Home is a joint recovery program of Nashville's private and public sectors, including The Community Foundation of Middle Tennessee, financial institutions, nonprofit organizations and Metro Government.

The Housing Fund, a local nonprofit organization dedicated to affordable housing and neighborhood revitalization projects, is administering the program with support from the Metropolitan Development and Housing Agency and the Mayor's Flood Recovery Team. As of October 15, 2010, over $6 million in grants and loans had been approved for qualified applicants.

Hands On Nashville and Rebuilding Together Nashville partnered to help residents restore their homes. Homeowners who qualified for aid in the We Are Home program, and who earned 80% or less of the Area Median Income, were helped with construction supplies and volunteers.

As of August 2010 the partnership had allocated $500,000 (up to $10,000 per home), and received supplies and other support from Lowe's, Ford Motor Company, Glidden Professional, Stain Master Carpet, Armor Concepts, Sears, Kmart and LP Building Products.
www.hon.org www.rebuildingtoether.org

MDHA amended its *Consolidated Plan* to divert funds to address identified critical needs and conditions by expediting repair and replacement of damaged housing for low-moderate income households earning 80% or less of the area median income and assisting with the demolition of unsafe structures. $2,963,336 in CDBG funds and $2,937,600 in HOME Investment Partnership funds were reprogrammed for flood-related infrastructure improvements, demolition and clearance, down payment assistance, interim assistance, emergency grant payments, housing repairs, and rental rehabilitation.

Other Metropolitan Governments departments also responded: Metro Codes Department fee waivers for Single Family Residential Flood Repair Permits were provided for flood victims; Metro Water Services, with assistance from the Flood Recovery Team, administered a Hazard Mitigation Home Buyout Program to reduce the number of properties in floodways; and the Davidson County Assessor's office established a process for flood victims to apply for a prorated reduction of assessments on properties damaged by the flood.

Long-Term Recovery – Social/Human Services

There were unmet housing needs before the flood, and afterward there was a level of need most had never anticipated. Many service organizations were already at or near capacity before the flood. All agencies had to consider how the increased demand would affect their ability to serve their existing caseloads as well as the additional people affected by the disaster.

Metro Social Services published a report highlighting the need for long-term recovery efforts and other lessons from other localities, best practices and local observations: *Overview of Long-Term Disaster*

Recovery Issues for Nashville - Social/Human Services. The report is available on the MSS web site: http://www.nashville.gov/sservices/docs/DisasterOverviewMSS0510.pdf

Reports on other disasters in other places note that disaster victims may require a number of services for a long period following a disaster. One of the most important services for short and long-term recovery of residents is Case Management, including client assessment and tracking. Case Managers help individuals create a recovery plan to "bounce back" and again become self-sufficient and be part of the city's recovery, while tracking assistance efforts for accountability and planning. Financial recovery may take years for some affected families and may never be possible for others.

Although Nashville's citizens and their government responded quickly and well, disaster recovery is a long-term process. The Metropolitan Government of Nashville and Davidson County is working with a great number of public and private organizations to address the complex issues of recovery.

Nashville Poverty Initiative

The Nashville Poverty Reduction Initiative Plan identifies the recommended actions for Housing:

1. Identify those in need of housing and what the needs are. Establish a process for updating the need analysis on a regular basis, and develop process and outreach program to link need with housing service providers.
2. Create a repository of information that identifies housing service providers and education options.
3. Create a measurement system that tracks and maps demand, supply and where money goes.
4. Develop a permanent and annually refundable Housing Trust Fund for Davidson County.
5. Research alternative affordable dispersion models such as inclusionary zoning. Develop and implement a pilot program, through organizations including The Housing Fund, Nashville Area Habitat for Humanity and other housing providers.

The Housing Implementation Team is working to achieve the recommended actions, which includes leadership from these organizations:

- Metropolitan Development and Housing Agency
- Metropolitan Homelessness Commission,
- Metropolitan Social Services
- Affordable Housing Resources
- Nashville Area Habitat for Humanity
- The Housing Fund
- New Level Community Development Corporation
- Vanderbilt University-Center for Community Studies

Neighborhood Development

Key Findings

- Strong neighborhoods are important to thriving cities, and many quality of life concerns can be more effectively addressed at the neighborhood level.

- There are a multitude of factors which shape the quality of life in neighborhoods, and there are various ways to measure neighborhood quality.

- The affect on a child of living in a disadvantaged neighborhood can lessen the IQ about four points, or about the same as missing an entire year of school.

- Within Davidson County, there are initiatives that address various issues related to neighborhood strength and vitality.

- Neighborhoods may be viewed as part of the "connective tissue" of our society that needs to be strengthened and which also includes families, congregations, schools, unions, clubs, etc.

Neighborhoods mean many different things to different people and institutions. To begin to address poverty in neighborhoods, many of these meanings will need to be woven together:

- Neighborhoods are often used as convenient shorthand for quality of life issues, including neighborhood condition, crime, public infrastructure or environmental needs.
- Neighborhoods are also used as geographic areas of need, where various problems are clustered together: children in poverty, foreclosures, crime, economic disadvantage, continued racial and economic segregation, etc. Looking at various statistics on a neighborhood-level can help government and private social service agencies to plan responses to these needs.
- Neighborhoods can become sought-after partners by planning agencies, social service agencies, and law enforcement, which look to neighborhoods for assistance in their specific areas of work: land use, zoning, children's services, crime prevention, etc.
- Neighborhoods have strengths and assets that can lead to long-term solutions to problems when residents organize to be proactive. Solutions that begin with neighborhood residents are often more successful than those implemented outside entities.

Disadvantaged Neighborhoods

Disadvantaged neighborhoods are those which generally have a high rate of poverty. There are negative effects for children who live in disadvantaged neighborhoods, such as increased exposure to violence and reduced access to safe public places for play. The longer-term impact can also limit the type of social interactions, resulting in a lasting detrimental effect on verbal development.

In severely disadvantaged neighborhoods, children are less likely to repeatedly hear spoken academic English. Families in these neighborhoods are less likely to have social interchanges in which there is exposure to varied communication skills and social exchanges that are often rewarded in American society. Researchers noted that the youngest children are the most profoundly affected, suggesting a developmental process.

Verbal ability affects long-term academic performance and later success, and the detrimental effect of living in a disadvantaged neighborhood continued after the child moved out of the disadvantaged neighborhood.

In the development of neighborhood improvement and education policy, the long-lasting effect of disadvantaged neighborhoods is an important factor.

A 2007 study published by the National Academy of Sciences of the United States of America noted that the sole factor of neighborhood poverty is too narrow, "because poverty is strongly associated with other ecological characteristics, such as percentage of single-parent families, percentage of family members on welfare and unemployed, and racial segregation."

The study, *Durable effects of concentrated disadvantage on verbal ability among African-American children*, focused on children who lived in a specific urban area in Chicago and used six social factors in the lives of the children: welfare receipt, poverty, unemployment, female-headed households, segregation, and the number of children per household.

Building Healthy Communities

Increasing scientific evidence suggests that community design elements – land use, design character, transportation systems, sustainability, and density – can have an impact on a community's health, environment and quality of life. The CDC's *New Urbanism: Rx for Healthy Place* (2009) describes how the built environment influences a person's level of physical activity. For example, inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits. These habits lead to poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer. The built environment includes all physical parts of where we live and work, such as homes, buildings, streets, open spaces, and infrastructure.

Davidson County Neighborhoods Initiatives

There are a number of initiatives within the Metropolitan Government of Nashville and Davidson County which address issues to the central core of neighborhood functionality and vitality.

These include the Metropolitan Planning Commission, Nashville Area Metropolitan Planning Organization, Metropolitan Nashville Police Department, Metropolitan Codes Department, Metropolitan Nashville Public Health Department, Metropolitan Public Works' Beautification and Environmental Commission and others.

There are also various nonprofit organizations that are working to improve various aspects of quality of living in neighborhoods.

Mayor's Office of Neighborhoods

The Mayor's Office of Neighborhoods works to improve the quality of life in Nashville's neighborhoods through a more informed, active and involved citizenry and enhanced governmental response to community needs. Their web site has information about neighborhood initiatives, and there is an online map which shows Neighborhood Associations, Neighborhood Watches, Community Business Groups, and other community resources.
http://www.nashville.gov/neighborhoods/index.asp

Impact Nashville

In September 2009, Mayor Karl Dean signed the Declaration of Services of the Edward M. Kennedy Serve America Act. This includes creating a comprehensive strategic plan using local resources with strategic volunteerism. The initiative will focus on two high priority areas of public education and the environment.

With measurable outcomes in each of these areas and with Impact Nashville promoting service as a core community responsibility, the standards of volunteerism across the public and private sectors will be enhanced.

Nashville's 2010 flood brought devastation to Davidson County's residents, businesses, and the environment. Part of the disaster recovery process includes finding ways to mitigate potential damage from future floods. Impact Nashville will work closely with a variety of local nonprofits, community groups, businesses, and advocates to help shape, promote, implement, and champion the objectives of Impact Nashville.
http://impactnashville.net/

Livable Communities Task Force

Mayor Karl Dean and Vice Mayor Diane Neighbors created a Task Force to research anticipated demographic changes and identify emerging needs that will result. The Council on Aging of Greater Nashville and AARP provided resources to the task force and a broad perspective on approaches other communities were taking to address the demographic changes.

Their report focuses on the issues of Housing Health & Wellness, Workforce & Civic Engagement, Safety & Support Services and Transportation & Mobility. It provides recommendations in each of these issues to create a livable community for people of all ages."

The initiative used a broad approach, incorporating businesses and workforce, homes in neighborhoods and the health and fitness of Davidson County residents.

http://www.nashville.gov/neighborhoods/docs/livablecommunitiesreport.pdf

Nashville Civic Design Center

One organization that addresses many aspects of the quality of life in neighborhoods is the Nashville Civic Design Center (NCDC). They recognize the importance of involving the residents of Davidson County in the process of planning and developing enhancements. NCDC uses public forums and other methods to gather public input, such as for the Music City Convention Center, Riverfront Development, Fairgrounds site re-use, and master planning for a baseball stadium. NCDC is a nonprofit agency that works with the Metropolitan Development and Housing Agency on planning and capacity building to help determine the best use of federal funds.

NCDC focuses on improving the quality of neighborhoods, particularly to elevate the quality of the built environment, and to promote public participation in the creation of a more beautiful and functional city for all. They continue to provide education and outreach on various topics related to urban and city design, and the importance of design in the development and revitalization of neighborhoods. Each month on the second Tuesday, NCDC hosts a free and open monthly lecture series entitled CityTHINK. The public is invited to attend these presentations about urban affairs in Nashville and across the country.

NCDC is involved in the broad range of issues initiatives to improve Davidson County in many areas. These include long term flood recovery, regional and local transportation, transit oriented development, infill housing, food security, urban gardens, schools, historical and design issues, open spaces, public art, sustainability, etc. These and other neighborhood amenities can have a positive impact on all of Nashville's neighborhoods.

NCDC has been involved with case studies on issues which affect neighborhoods, including workforce, affordable housing, options for public art and local governmental policies. In 2011 the NCDC will partner with the University of Tennessee College of Architecture + Design to host the second annual lecture series on the interface between Health and the Built Environment. They note the importance of attractive communities, safe streets, vital shopping areas and healthy environments for all of Nashville, and support collaboration among government agencies, community groups, and other nonprofits organizations to foster the creation of beautiful and functional spaces throughout the city.

Family Resource Centers

In order to provide services to disadvantaged neighborhoods, United Way of Metropolitan Nashville has located Family Resource Centers in high-poverty neighborhoods. In these neighborhoods, the poverty rate is usually about twice that of the general public in Davidson County, and the rate of public assistance utilization is significantly higher than in other parts of the county.
http://www.unitedwaynashville.org/community-work/neighborhood-resource-centers/

Neighborhoods Resource Center

Neighborhoods Resource Center (NCR) is a nonprofit organization that assists residents in the formation and development of ongoing neighborhood organizations that take action to improve the quality of life in their community. With a primary focus on low and moderate income neighborhoods, NRC helps residents and other stakeholders create ongoing neighborhood organizations that shape the future of their communities.

Since the 1970's there has been a dramatic growth in the number of neighborhood organizations in Nashville, with more than 600 now in existence. NRC assists residents and their neighborhoods by providing information, leadership training, consulting and support services, and by forming collaborative relationships with, and providing support to institutions that serve neighborhoods.

NRC assists neighborhood groups in a variety of ways, such as building membership, identifying common goals, and developing strategies, facilitating meetings and establishing organizational structure. It provides intensive assistance to Nashville neighborhoods that are located predominantly in the urban core and consulting to others throughout Davidson County.

Recognizing that community residents are experts on assets and challenges of their neighborhoods, NCR facilitates the engagement of residents who identify priorities and strategies for change. NRC organizers help neighborhood leaders identify their common issues and then take action on the problems that they face, including crime and public safety problems, neighborhood condition issues, zoning and development problems, and the need for specific social services. NRC also assists neighborhood groups in building partnerships with congregations, small businesses, city agencies, and other active stakeholders in low and moderate income neighborhoods.

NRC's work in neighborhoods includes:

1. Providing residents with new skills and knowledge through formal leadership training events and informal hands-on training, and information regarding mapping of census data, crime statistics, and neighborhood assets, as well as property, zoning, and land use information.
2. Supporting residents as they take leadership in their neighborhood groups or other organizations that directly benefit their neighborhoods.
3. Enhancing partnerships between neighborhood groups and other stakeholders, such as government entities, local businesses, social service providers, educational institutions, congregations and grassroots organizations.
4. Assist neighborhood organizations with physical community improvements, including park or street cleanups, graffiti removal, bulk-item pickups, identification and improvement of blighted properties, etc.

Background of Theory and Practice

As described by the Neighborhoods Resource Center, "social capital" theory states that relationships and networks can produce change in neighborhoods (Putnam, 2000). "Collective efficacy" sees neighbors' willingness to act as the most important factor in influencing a neighborhood's crime rate, poverty and neighborhood disorder (Sampson and Raudenbush, 1999). Since 1997, NRC has been building relationships between residents and other stakeholders. NRC organizers also build the trust and shared expectations necessary for collective efficacy, helping residents agree on common interests and priorities. NRC has incorporated these practices in their work to improve the quality of Nashville's neighborhoods.

NRC uses practical community organizing methods like those of the major U.S. organizing networks: Industrial Areas Foundation, Gamaliel Foundation, DART, and PICO. Key points include:

- One-on-ones: Meetings with individuals that build relationships, develop trust, and locate each person's key "self-interests," always looking for common interests with others;
- Small group meetings: Gatherings of individuals to find common interests and develop trust and relationships; planning groups that encourage and train potential leaders; research meetings on issues;
- Large group meetings: Assemblies to build the organization, develop relationships with key stakeholders, and focus the group's expectations and action. (Sander and Lowney, 2006)

“Community organizers also try to identify and nourish organic leadership in the community. They help to build key connections in the community and create a network of support. Good community organizers do not bring in their own agenda and impose it on the community. Rather, they teach residents self-sufficiency skills so they can do the work themselves" (Leung, 2005).

The “broken windows” theory (Wilson and Kelling, 2007) says that taking care of small problems prevents greater problems. NRC encourages groups to focus on small attainable problems, both to prevent larger ones and to use small successes to build the ability to tackle larger problems.

Alexis de Tocqueville visited the US in 1831 and saw that citizens formed associations to solve their own problems. These groups had the power to identify the problems and how to solve the problems. He saw these groups as the foundation of American communities (McKnight, 1995). It is this very power to decide and to act that is the basis of NRC’s work.

Academic research has shown that building social capital (relationships among neighbors) and collective efficacy (willingness of neighbors to act) decreases homicides (Morenoff et al 2001), burglary, robbery and victimization (Sampson and Raudenbush 1999).

Studies show that relationships built through formal or informal gatherings bring people together to create long-lasting networks of cooperation and collective response (Chaskin 2001; Green and Haines 2002; Naparstek and Dooley 1997). “Creating networks of cooperation and collective response” is the essence of prevention of crime and violence, as well as of drug and alcohol abuse.

The Annie E. Casey Foundation's research on indicators of child well-being revealed that 50% of negative outcomes experienced by children in the U.S. can be linked to less than 700 neighborhoods across the country (Nelson 2001a). “In New York state, for example, a study showed that 80 percent of the state's incarcerated young adult male population had grown up in only seven of the state's zip codes” (Nelson 2001b).

Collective efficacy is the willingness of neighbors to intervene, which depends on conditions of mutual trust and shared expectations among residents. Several studies have shown that increasing collective efficacy has reduced criminal behavior, including homicides (Morenoff et al 2001), burglary, robbery, and victimization (Sampson and Raudenbush 1999).

The average prison inmate cost the state of Tennessee $18,026 in 2001 (Stephen, 2004). Additionally, The Tennessee Department of Corrections reports that 45% of the prisoners that were released in 1996 returned to prison within a 36 month period (Wilson et al., 2001). Therefore, even small successes in reducing crime and recidivism will yield a large return on investment.

National Neighborhood Initiatives

The White House Neighborhood Revitalization Initiative: President Barack Obama declared in his Inaugural Address that the time has come to reaffirm the promise that in the United States of America: "all are equal, all are free, and all deserve a chance to pursue their full measure of happiness." Unfortunately in many areas with concentrated poverty across the country, that promise is unfulfilled.

As described in the U. S. OMB's *Developing Effective Place-Based Policies for the FY 2011 Budget*, in high-poverty neighborhoods, high unemployment rates, rampant crime, health disparities, inadequate early care and education, and struggling schools contribute to intensify the negative outcomes associated with living in poverty. Neighborhood poverty can be a determining factor in children whose adult incomes are less than their parents. A federal evaluation of reading and mathematics outcomes of elementary students found that there is a significant negative association between school-level poverty and student achievement, even when controlling for individual student poverty.

Many high-poverty neighborhoods lack the capacity to leverage assets to provide a basis for economic growth and improvement. To improve these impoverished communities, it is important for them to develop good working relationships with business and institutional leaders in these centers in their areas. Through these partnerships, relationships can be strengthened and local resources leveraged more fully to improve education, program services and job opportunities.
http://www.whitehouse.gov/sites/default/files/omb/assets/memoranda_fy2009/m09-28.pdf

National Association of Neighborhoods (NAN) works to improve factors that affect the quality of life for neighborhoods, including economic, social, environmental, health, and safety conditions. Their membership organization focuses on a number of neighborhood issues, including personal and neighborhood wealth, energy issues (clean, affordable, sustainable), anti-smoking, neighborhood disaster preparedness, cell phone crime alerts, cost of prescription medication and disparity of cost. Some of these address neighborhoods in specific localities (New York, Washington, DC) and others have a broader geographical focus. www.nanworld.org/

NeighborWorks Association works on various issues, including community stabilization, foreclosure solutions, community leadership, home ownership, community building organizational assessment, and others. www.nw.org/network/index.asp

There are multiple factors which can be considered in determining the quality of a neighborhood. One example is the process developed by the Neighborhood Reinvestment Corporation (d/b/a NeighborWorks America). Their Success Measures Data System has 44 indicators and is an outcome-based evaluation module to evaluate programs to improve neighborhoods and communities. They use and analyze surveys, interviews, observational protocols, focus groups and administrative data or public records and data sources.

Measuring Neighborhood Quality

While a full assessment of the factors used in the Success Measures Data System would be cost-prohibitive and time consuming, selected priority factors could be used to assess neighborhoods and other issues. Some of the indicators fall within one of other issue areas, including Housing, Health, and Economic & Workforce Opportunity.

While a significant amount of data is available from the U. S. Census Bureau each year through its American Community Survey, it is broken down only to the county level. However, the decennial census, conducted in 2010, will have data available by small census tract areas that would allow data to be analyzed in smaller geographic areas. This would allow the comparison of selected priority factors over time.

The Success Measures Data System uses indicators are in the broad areas of Affordable Housing, Economic Development and Community Building:

- Measuring Benefits to Residents of New and Rehabilitated Housing – Quality, Cost and Affordability, Homeownership, Environmentally Sustainable, Stability

- Measuring Benefits to Community – Sense of Community, Visual Attractiveness, Use of Public Space, Security, Property Values

- Measuring Benefits to Municipality and Society – Local Economic Impact, Duration of Residency and Resident Stability, Diversity of Incomes and of Housing Values and Types

- Measuring Benefits of Neighborhood-Based Business Support Programs – Business Size, Type and Profitability, Job Creation and Preservation, Benefits of Job Training Programs, Employment and Income from Job Training, Trainee Evaluation of Job Training and Placement, Skills Acquisition – Basic Job Readiness

- Measuring Contributions to Community – Attractiveness of Business District, Extent to Which Basic Community Needs Are Met By Local Businesses, Local Business Support of and Participation in Community

- Community and Organizational Capacity – Awareness of Community and Organization's Effort, Participation in Community Organizations, Organizational Capacity for Developing Community Leaders, Community Building Initiatives and Resources Committed, Accountability, Awareness and Understanding of Community Issues, Capacity for Collective Action, Collaboration Achieving Economies of Scale and Scope

- Social Relationships and Networks – Resident Satisfaction, Sense of Social Cohesion, Personal and Social Networks, Links Across Race and Ethnicity, Constructive Working Relationships among Individuals/Organizations in Community Building, Collaboration Promoting Shared Values

- Community Economic and Political Influence – Evidence of Community Power, Voting Rates, Leadership, External Perception of Neighborhood, Public Services, Private Investment, Healthy Environment, Racial Equity

http://www.successmeasures.org/smds/Markup/Anonymous/AboutSmds.aspx

Nashville Poverty Reduction Initiative Plan

The Poverty Reduction Plan identifies these recommended actions for Neighborhood Development:

1. Empower residents as decision makers and actors:
    - Through a coordinated effort to develop youth and adult leadership; and
    - By building coalitions to respond to issues beyond one neighborhood

2. Increase neighborhood economic vitality including commercial services needed, diversity of housing options, etc., by
    - Identifying a framework of general categories to work from and
    - Creating a development plan for communities.

3. Improve neighborhood infrastructure, including public works, transportation and public safety with:
    - A first step being to increase access to transportation for isolated populations.
    - Walkability to promote neighborhood interconnectivity.

4. Improve the ability of Metro agencies to work with residents and neighborhood groups:
    - By listening carefully so that planning processes are neighborhood-led
    - Reflecting the voices of residents
    - Develop cooperative relationships of trust and accountability in meeting neighborhood needs

5. Increase focus on repairing/demolition of damaged homes.
6. Connect with existing neighborhood groups so they can help provide information and solve problems.
7. Develop system for consistent, accurate answers for residents, especially regarding Codes requirements.

8. Neighborhood involvement needed in planning for use of property bought by flood acquisition program.

A Neighborhood Development Implementation Team is working to achieve the recommended actions, which includes leadership from the following organizations:

- Mayor's Office of Neighborhoods
- Metropolitan Planning Commission
- Metropolitan Department of Codes and Building Safety
- Neighborhoods Resource Center
- Civic Design Center
- Congressman Jim Cooper's Office
- Belmont University-Center for Social Entrepreneurship and Service Learning
- United Way of Metropolitan Nashville

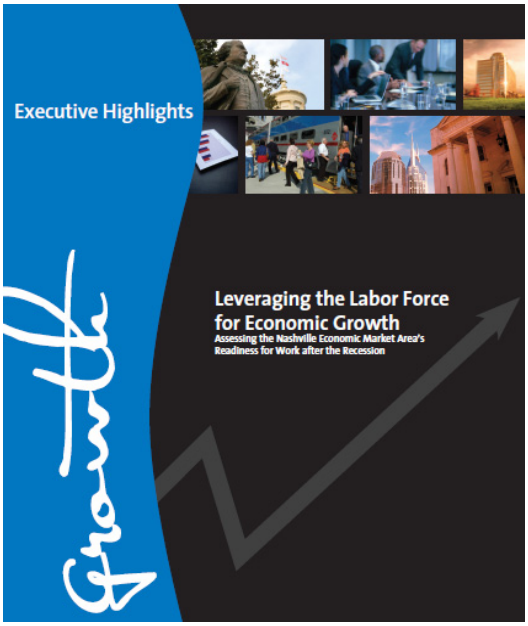
Workforce Development & Economic Opportunity

Key Findings

- Economic history shows that when economic growth slows and businesses reduce their workforce, those with limited skills are the first to lose their jobs. This report reflects that the recent recession followed a typical historical pattern of decreased employment in the manufacturing sector and light assembly jobs, which in the past provided job opportunities for the low-skilled, low-income population.
- As our local economy continues to move toward global competitiveness and modes of production with advanced technology, it is more challenging for workers who have limited skills to compete in the knowledge economy. The knowledge economy requires employees to have skills in reading, writing, and basic math, as well as the ability to use computers.
- Many who live in poverty do not have access to opportunities that would help them acquire these skills, so they remain unprepared for many of the job opportunities that become available.
- Those in physically demanding jobs such as manufacturing and construction were also hit harder by the economic downturn than those in professional jobs.
- Younger workers of all races as well as minorities of all ages disproportionally experience sustained unemployed.
- To better understand how to increase employment opportunities for the poor, it is important to identify the industries that are experiencing growth in which livable wages are available. This is the first step in creating programs to help potential employees gain needed work skills.
- For those with lower incomes, it is important that they be able to use their financial resources in ways that most effectively benefit their financial stability. Financial literacy can help these families avoid exploitive financial alternatives and choose more affordable and appropriate banking services. Better utilization of limited resources is an important step toward financial stability and the opportunity to build assets.
- The current recession has resulted in disappearing job opportunities for low-income, low-skilled workers. The labor market is closing for those who lack skill sets for occupations that require post-secondary education and adaptation to changing technology.

- Many low-income individuals and families in Davidson County face barriers to gainful employment that would allow them to support themselves and their families, especially during the recessionary period that began in 2007.

Economic Growth



The Nashville Chamber of Commerce, the Tennessee Department of Labor and Workforce Development, and the Nashville Career Advancement Center released a report entitled Leveraging the Labor Force for Economic Growth in August 2010.

The report was prepared by the Center for Regional Economic Competitiveness, and it reported that the Nashville region continues to be an area of consistent growth in population, and favorable employment and economic opportunity.

The report indicated that favorable employment and economic growth is due in large part to the area's economic diversity, despite the setbacks of the last two years. Davidson County's unemployment rate had been low and stable until the recent global financial crisis.
www.nashvillechamber.com/workforcestudy

Unemployment rates are related to educational attainment.

Data shows that workers with less education have experienced most of the increased unemployment.

The recession had a more pronounced effect on workers who had less education and fewer skills than those with higher levels of education and skills.

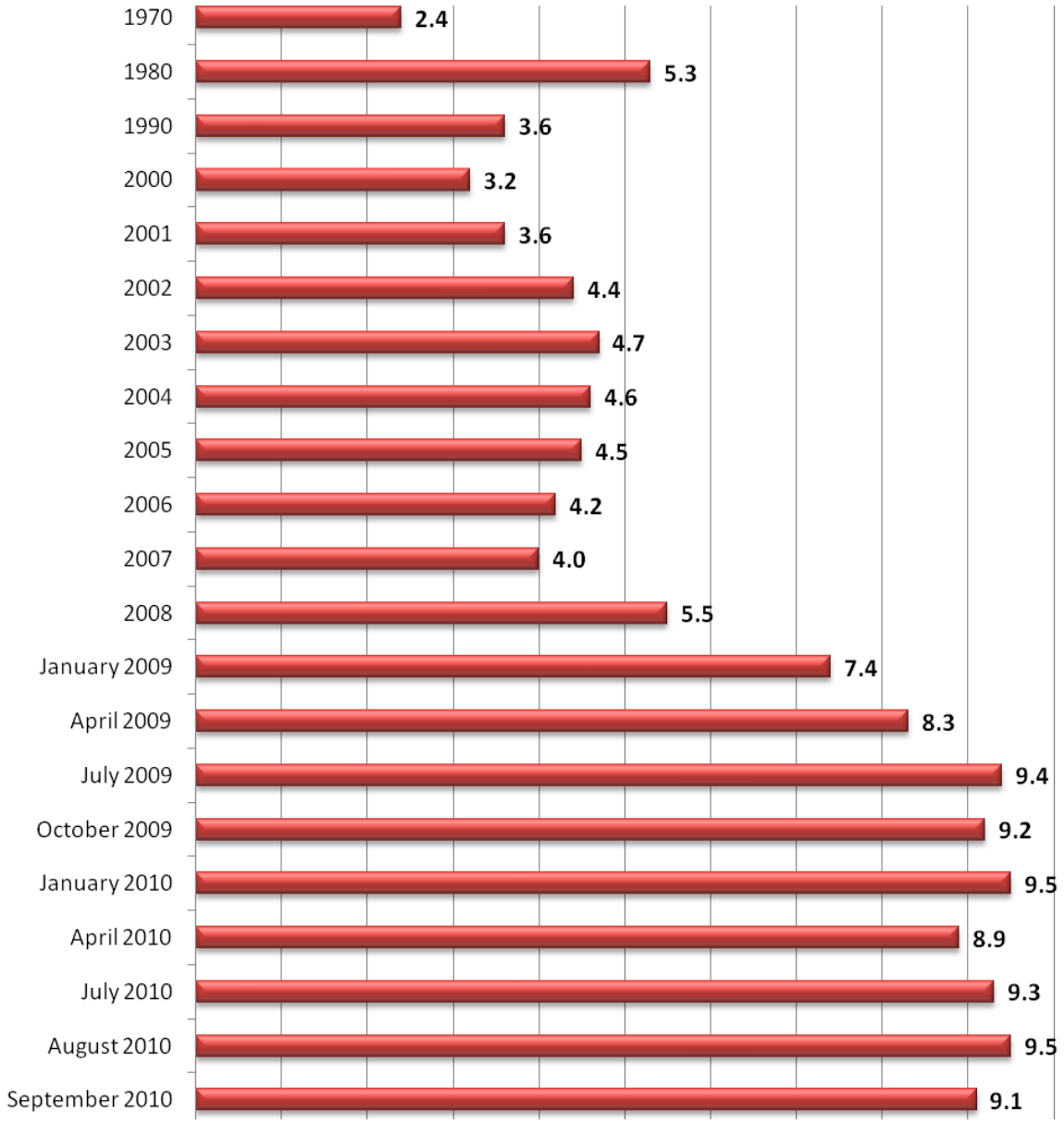
Unemployment

As Chart W-1 shows, the unemployment rate in Nashville has increased dramatically since 2007, and it has more than doubled since that time. The slowing economy and increased unemployment rate has generally been experienced throughout Tennessee and the rest of the nation.

The unemployment rate for the State of Tennessee was 5.5% in August 2005 and 9.6% for August 2010. Based on projections from the University of Tennessee Center for Business and Economic Research, using data from the U. S. Bureau of Labor Statistics and IHS Global Insight, the unemployment rate for Tennessee will decrease to 7.2% in 2014 and to 5.9% in 2019.

Chart W-1 shows the unemployment rate in Davidson County beginning in 1970 through September 2010, with rates highest beginning in April 2009.

Chart W-1: Unemployment Rate
Davidson County, 1970-September 2010



Source: U.S. Bureau of Labor Statistics

Consistent with the demographic patterns of poverty rates, Nashville unemployment rates vary by age, race/ethnicity, and sex. Calculations of the 2006-2008 average unemployment rates for 18 demographic subgroups, distinguished by age, race/ethnicity and gender are shown in Chart W-2.

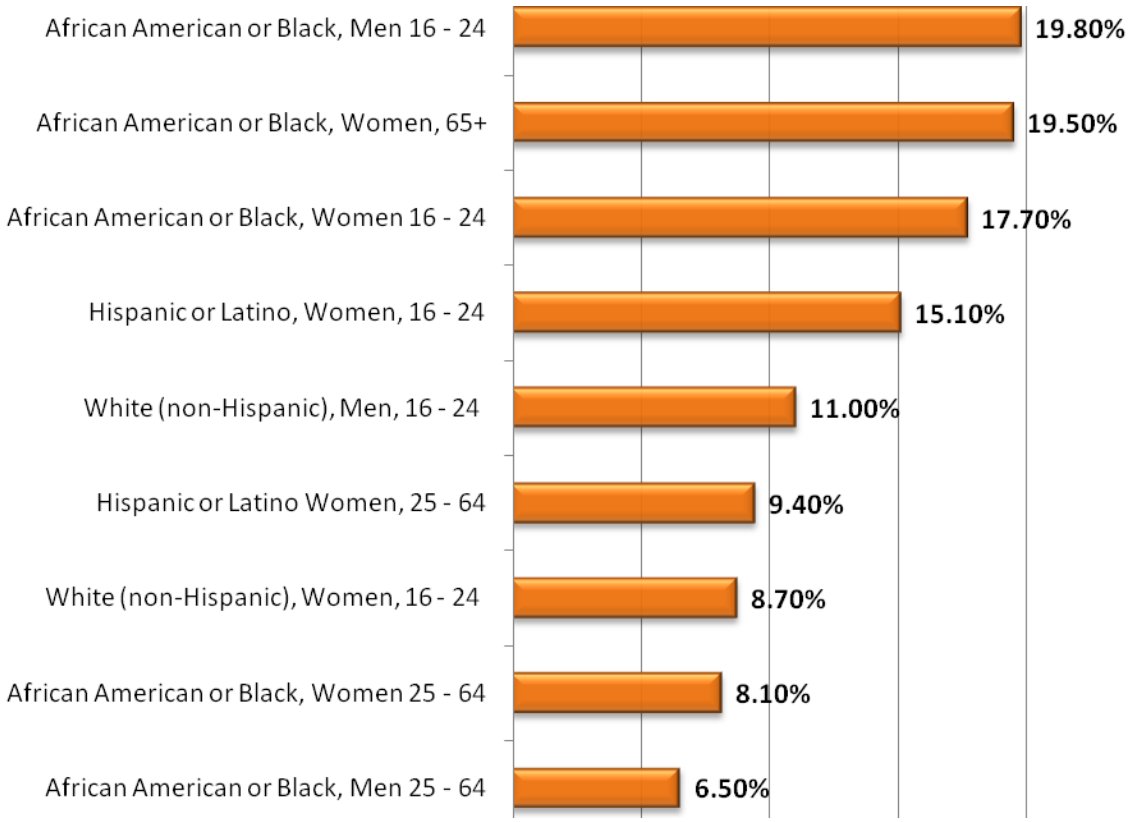
The average 2006-2008 unemployment rate was 5.6%. Nine of the demographic subgroups had above-average unemployment rates, and nine had below-average unemployment rates.

In terms of race/ethnicity, African Americans are at greatest risk of being unemployed.

African Americans of both sexes and all age groups (except men who are 65 years or older) have above-average unemployment rates. Among Hispanics or Latinos, women under age 65 have above-average unemployment rates. Among whites (non-Hispanic), workers age 16-24 of both sexes have above-average unemployment rates.

Unemployment rates vary by age and are highest for persons aged 16-24, the youngest age group in Table W-2. Workers who are 16-24 in age of both sexes and all race/ethnic backgrounds have above-average unemployment rates (except Hispanic or Latino men).

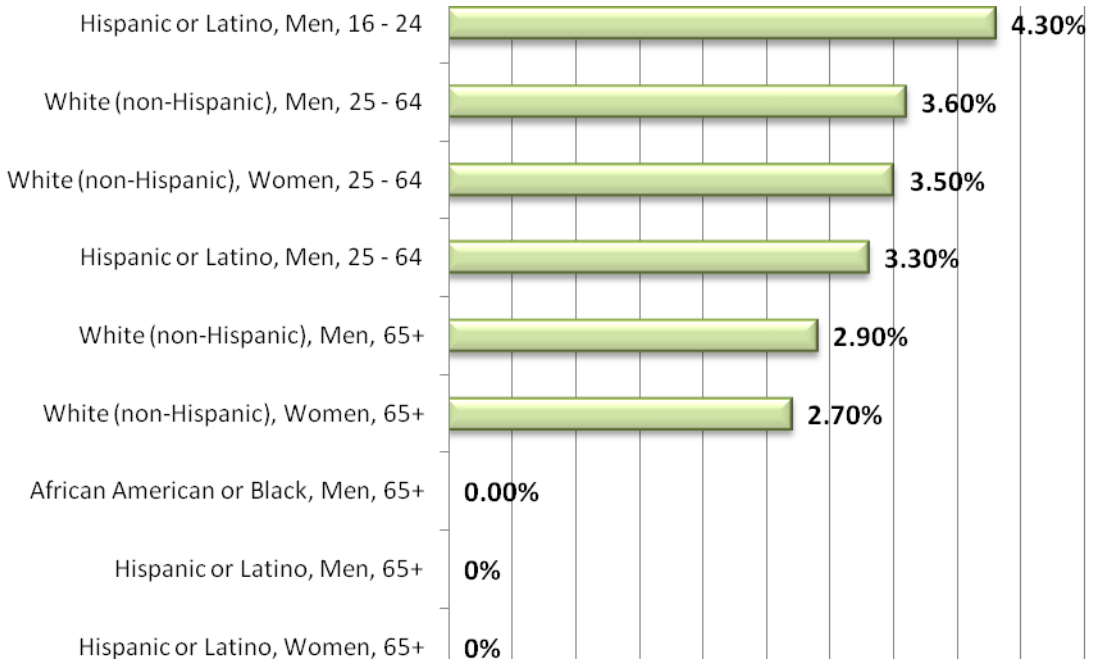
Chart W-2: Above-Average Unemployment Rates, Demographic Subgroups
Davidson County, 2006-2008



Source: U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates

By gender, women of color tend to be at greatest risk of being unemployed. African American women of all ages, Hispanic or Latino women under age 65, and White (non-Hispanic) women age 16-24 have above-average unemployment rates. Table W-3 shows below-average unemployment rates by demographic subgroups.

Table W-3: Below Average Unemployment Rates by Demographic Subgroups,
Davidson County, 2006-2008



Source: U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates

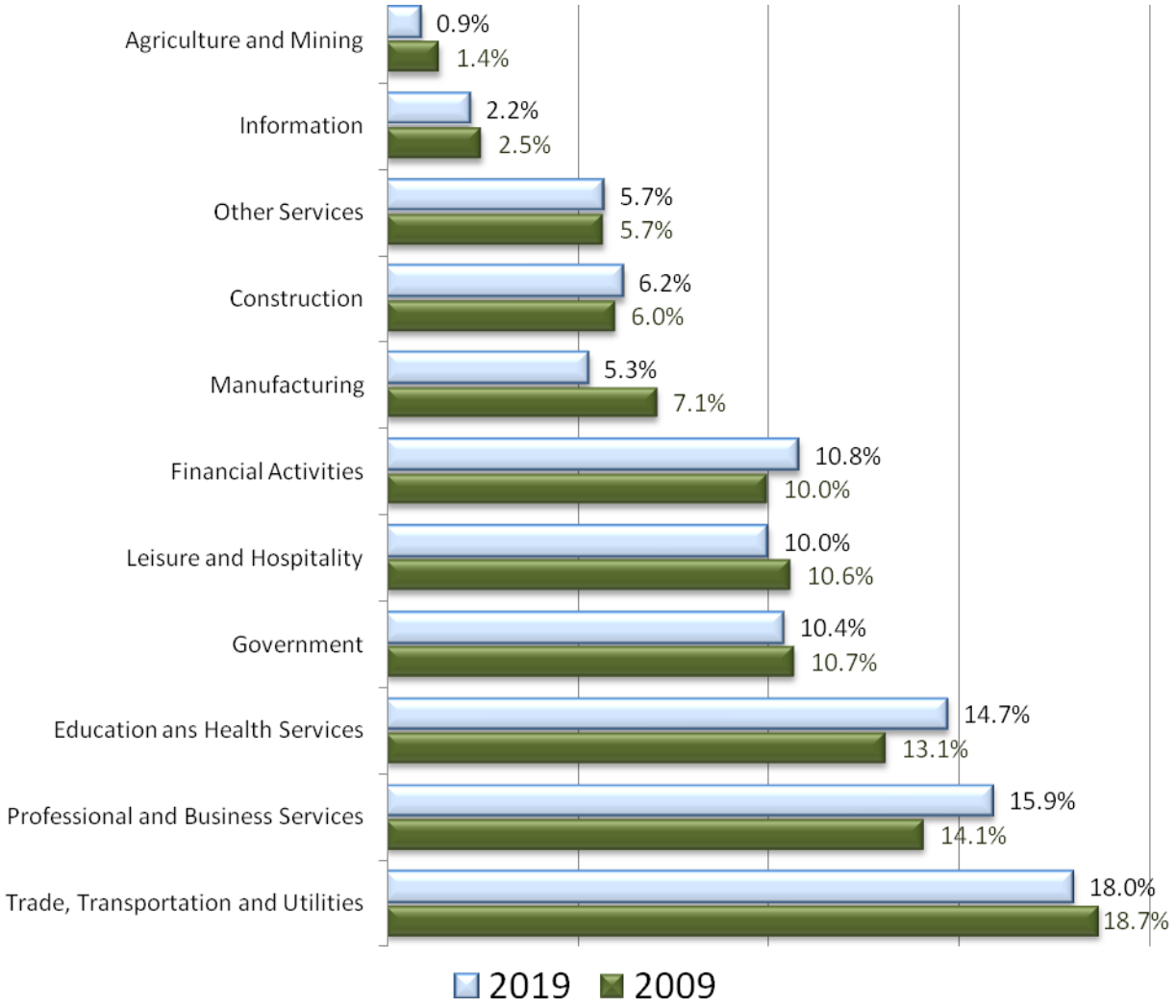
Leading Occupations and Sectors

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

The above-mentioned study (*Leveraging the Labor Force for Economic Growth*) projects that the Nashville area projects an additional 151,000 new jobs between 2009 and 2019. Professional and business services, education and health services, financial activities, and construction are expected to rebound from the recession with steady growth, remaining important segments of the regional economy in 2019.

The trade, transportation and utilities sector is still expected to remain the single largest sources of jobs according to the study as it portrayed in table W-4.

Table W-4: Leading Sectors as Percent of Total Employment
Nashville Region, 2009, 2019 Projection

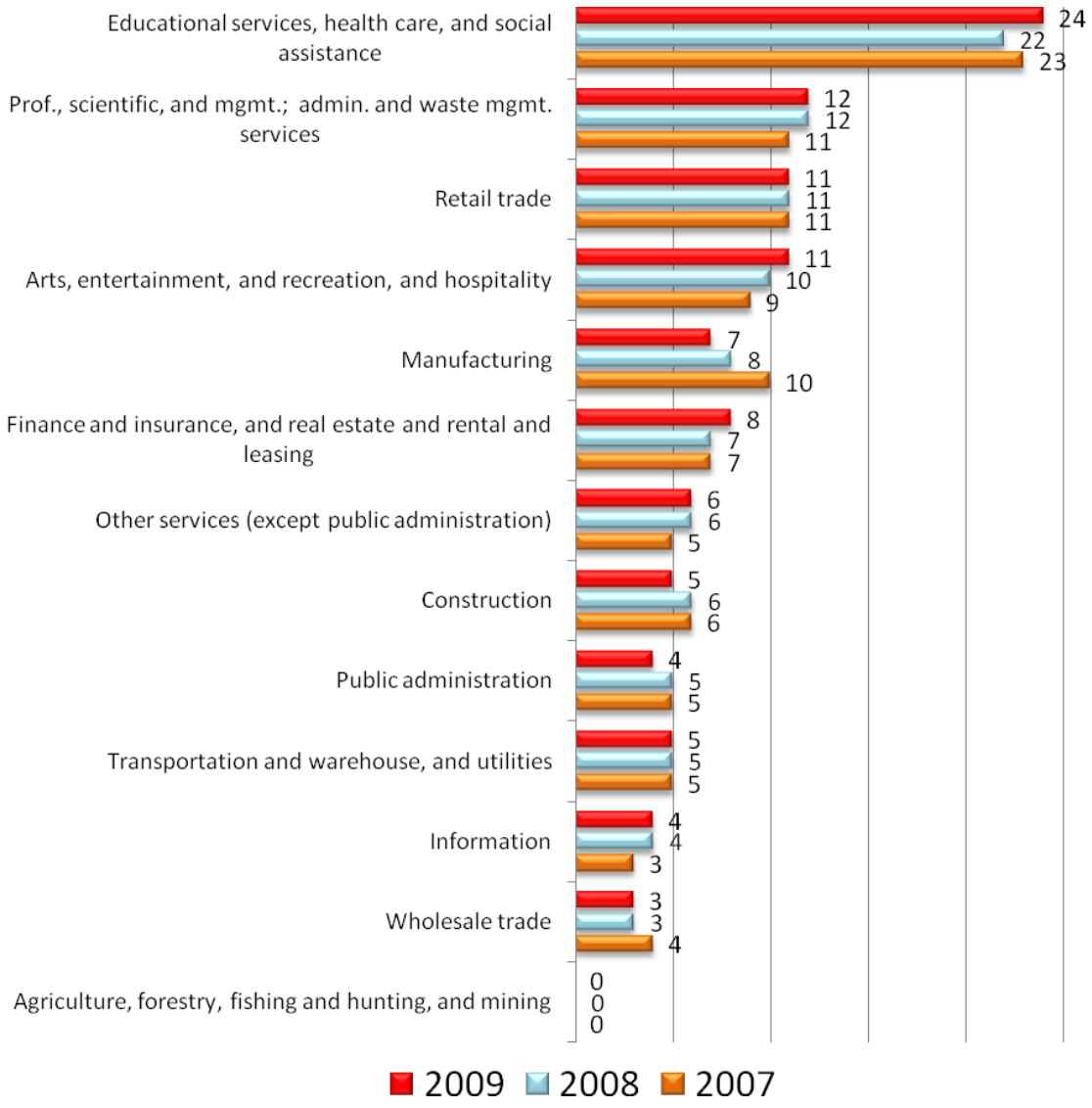


Source: Leveraging the Labor Force for Economic Growth, Center for Regional Economic Competitiveness, August 2010

The study indicates that the Nashville market has a significant portion of new jobs being created in high-demand, high-paying jobs among employers such as colleges, universities, professional schools, physicians' offices, the management of companies and enterprises, insurance-related activities, and accounting and bookkeeping services.

As shown in Table W-5 Davidson County's leading industry category in the last three years was Educational, health, and social assistance services. Following in second place were Retail trade and Professional, scientific, management, administrative, and waste management. Manufacturing sector employment has been continuously declining and resulted in job losses.

Table W-5: Percentage of Employed People 16 Years and Older, by Industry
Davidson County, 2007, 2008, and 2009



Source: U.S. Census Bureau, 2007-2009 American Community Survey

In 2009, according to the American Community Survey, among the most common occupations in the Nashville market were management, professional, and related occupations (39%); sales and office occupations (28%); service occupations (18%); and production, transportation, and material moving (9%). Of all persons employed in Nashville, 80% were private wage and salary workers, 12% were government workers, and 8% were self-employed.

Comparative Rankings

In recent years, the Nashville area and the State of Tennessee have been ranked highly in business-related categories. Our area received high rankings in other areas as well as among top destinations, smart places to live, travel destinations and others.

Site Selection magazine's November 2010 issue ranked the State of Tennessee as the nation's second best state for business climate.
http://www.siteselection.com/portal/

After being ranked fifth in 2009, Tennessee is now second only to North Carolina in terms of attractiveness for corporate investment and job creation. The rankings were based on performance in business expansion and relocation and nationwide survey of corporate real estate executives.

For 2010, the ranking of Nashville's MSA by the Milliken Institute rose from 98th to 84th among the top 200 metropolitan areas.
http://bestcities.milkeninstitute.org/

Additional specific ranking information is available online at:
Nashville Area Chamber of Commerce
http://www.nashvillechamber.com/Homepage/Relocation/RelocateBusiness/RelocationAdvantages/RecentRankings.aspx

Nashville Convention & Visitors Bureau
http://www.visitmusiccity.com/visitors/HighNotesforVisitors

Financial Stability

For many low-income families, the challenge is both related to how much they earn and to how they utilize their money, and whether they would be able to save and build assets to improve their lives.

The Nashville Poverty Reduction Initiative Plan puts emphasis not just on helping low-income individuals and families obtain jobs but also on providing support services that help them manage their resources to build financially sustainable households.

For many low-income families, managing financial resources is overwhelming as they allocate limited resources to the many competing needs they struggle to meet.

There are opportunities for wealth building that should be accessible to those in need. If affording banking services are available to this demographic group, it will have a positive impact on their financial stability. Many non-traditional banking companies may use exploitive alternatives, to the significant financial detriment for those who use them.

One of the most beneficial programs for low-income households is the Earned Income Tax Credit (EITC). According to the Internal Revenue Service (IRS), the EITC is a tax credit for certain people who work and have low wages. A tax credit reduces the amount of tax owed, resulting in a greater refund for income-eligible families.

There is a need in the community for financial literacy resources to help low-income persons choose appropriate personal financial opportunities and avoid predatory lending and exploitation. Another resource that helps families build wealth and is currently underutilized is the Earned Income Tax Credit. The Nashville Alliance for Financial Independence (NAFI) is working with many community partners to increase the number of eligible low-income individuals and families in our community who use this program.

The Nashville Alliance for Financial Independence (NAFI) coordinates Volunteer Income Tax Assistance (VITA) volunteers who provide free income tax preparation assistance to low-income, elderly, disabled, and limited-English-speaking people. There are several sites VITA sites throughout Nashville, which helps working families file for the tax credits they have earned, while also saving them money by avoiding the tax preparation fees and instant refund fees of businesses that often use predatory practices.

Unfortunately, many low-income families who may be eligible for EITC do not claim this tax credit. According to NAFI, many families are unaware that they qualify for this credit. NAFI estimates that each year about $25 million in EITC refunds are not claimed in Davidson County by eligible filers. As part of the Nashville's Poverty Reduction Initiative Plan, efforts are underway to increase outreach activities for many working low-income families to take advantage of the VITA services in the upcoming years.

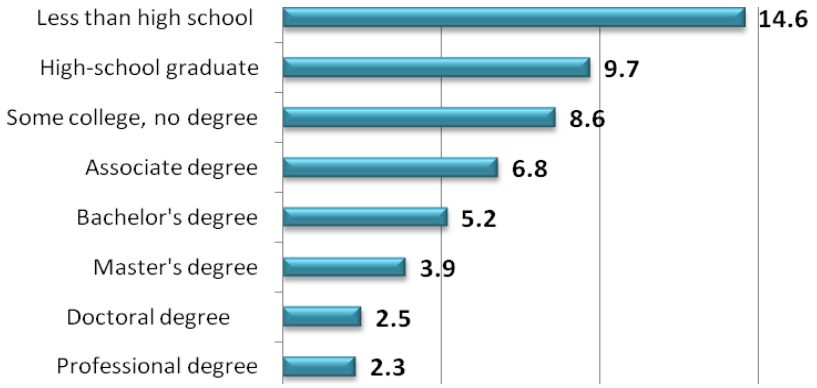
NAFI also provides services through the My Money Plan program. This includes a free, one-on-one, one-hour session with a trained My Money Planner, to provide participants with a realistic budget to help create an action plan and information on additional resources to help you along the way. My Money Planners can meet with participants at a variety of locations in Davidson County, such as nonprofit organizations, banks, and public libraries.

Educational Attainment

One of the most effective ways to increase family income is through higher education of the parents, since data shows a correlation between higher educational attainment and higher earnings.

As shown in Table W-6, the unemployment rate is higher for those with less education. The unemployment rate for those who have not completed high school is significantly higher than for those who have received more education.

Table W-6: Unemployment Rate by Educational Level
Davidson County 2009

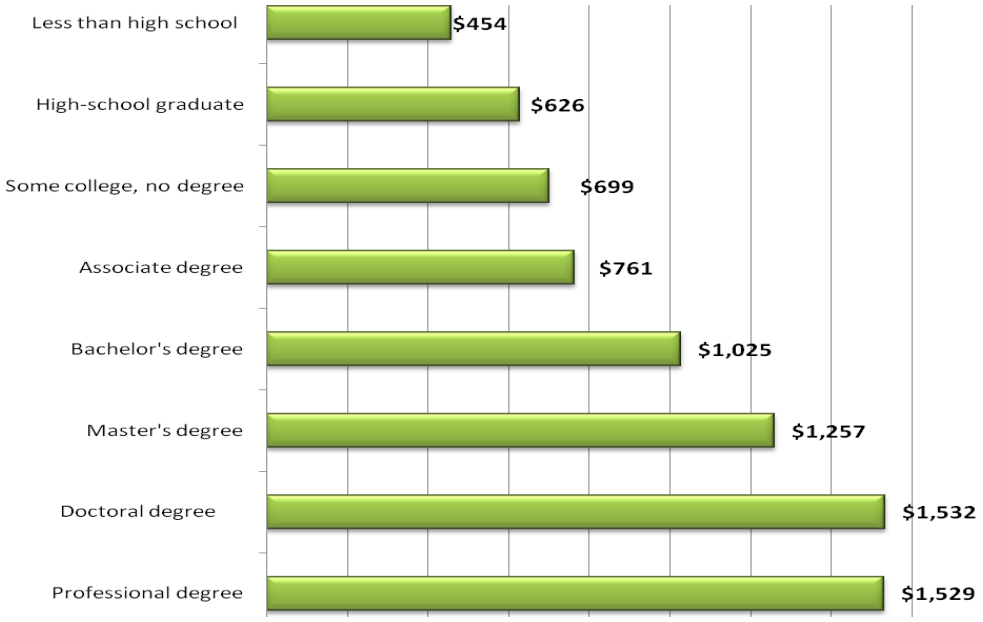


Source: U.S. Bureau of Labor Statistics, U. S. Census Bureau

One reason that some low-income persons do not continue their education during adulthood is the current policy that limits support to those who attend school full-time. Most low-income students need to maintain full-time employment in order to be self-supporting, thus preventing them from attending school on a full-time basis.

Full-time employees may lack the financial resources to pay for the cost of attending additional educational or training programs. Without assistance, full-time workers who have low incomes experience difficulty continuing their education. Table W-7 shows that median income increases with each level of education.

Table W-7: Median Weekly Earnings
Davidson County, 2009

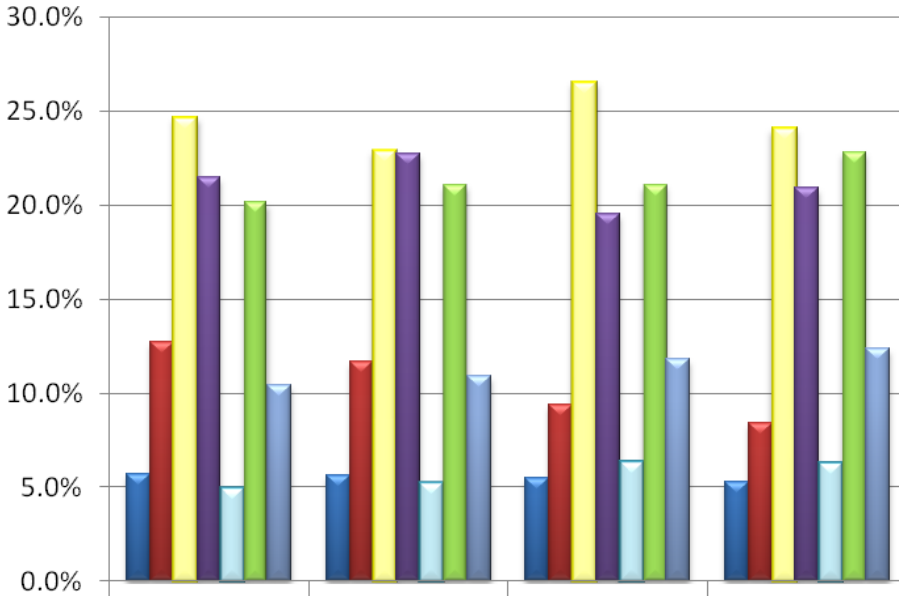


Source: U.S. Bureau of Labor Statistics

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

Table W-8 compares the percentage of people who have achieved specific levels of education by year. The percentage of people in Davidson County with less than a 9th grade education has remianed consistent from 2002-2008 (with a mean of 5.7%). There have been slight fluctuations in the number of people with more than 9th grade education from 2002 - 2008.

Table W-8: Educational Attainment
Davidson County, 2000, 2003, 2006, 2009

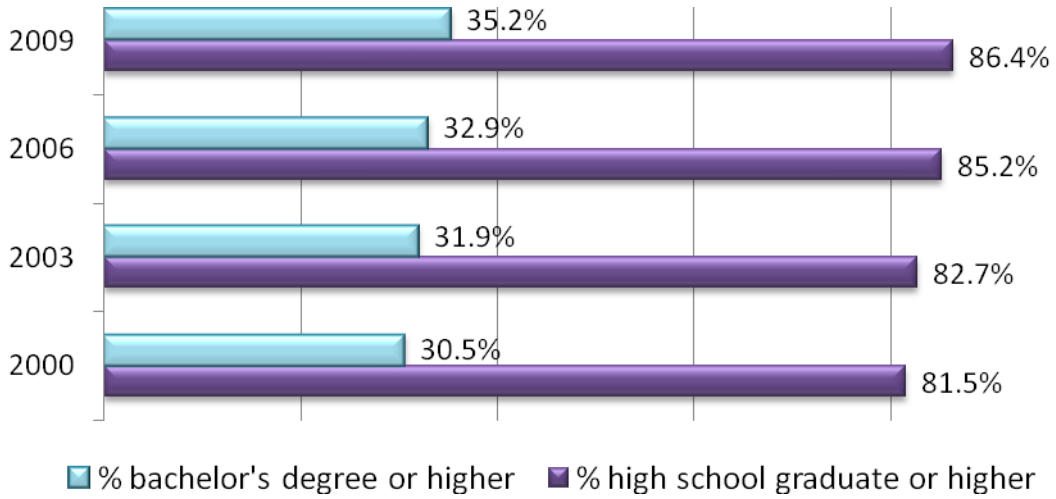


	2000	2003	2006	2009
Less than 9th grade	5.7%	5.6%	5.5%	5.3%
9th to 12th grade, no diploma	12.7%	11.6%	9.4%	8.4%
High school diploma or equiv.	24.6%	22.8%	26.5%	24.0%
Some college, no degree	21.5%	22.7%	19.5%	20.9%
Associate's degree	4.9%	5.2%	6.3%	6.2%
Bachelor's degree	20.1%	21.1%	21.1%	22.8%
Graduate or professional degree	10.4%	10.9%	11.8%	12.4%

Source: U.S. Census Bureau (2002-2008 American Community Surveys)

Table W-9 groups the educational levels together to better demonstrate the changes in each category during the seven-year period.

Table W-9: Educational Attainment
Davidson County, 2000, 2003, 2006, 2009



Source: U.S. Census Bureau (2000 Census; 2002-2008 American Community Surveys)

Nashville Poverty Reduction Initiative Plan

The Poverty Reduction Plan identifies these recommended actions for Workforce Development:

1. Provide a customer-friendly data base of employment and training opportunities.

2. Ask the Mayor to lead efforts to create pathways to better jobs, including such things as increased wages, benefits and stable jobs, as well as extended opportunities to access training and supportive services.

3. Develop a catalog of resources with respect to job navigation skills, education, and job readiness.

4. Provide recommendations of best practices of training and education for job readiness.

5. Provide quarterly workshops for business on related topics in order to lower barriers and increase cultural sensitivity in the employment process.

A Workforce Implementation Team is working to achieve the recommended actions, which includes leadership from the following organizations:

- Metropolitan Social Services,
- Nashville Career Advancement Center,
- Goodwill industries of Middle Tennessee,

- Metropolitan Homelessness Coalition
- Urban League of Middle Tennessee

The Poverty Reduction Plan identifies these recommended actions for Economic Opportunity:

1. Identify existing financial education resources and connect the resources to people who need them.
2. Join and recruit others to support the expansion of the Coalition for Responsible Lending in Tennessee on local policy issues related to predatory lending.
3. Develop the "Bank on Nashville" initiative to increase access to affordable, mainstream financial services for low-income citizens of Davidson County.
4. Use the new Nashville Convention Center Project as a pilot; create a career development model that exposes low-income workers to sustainable employment opportunities while leveraging the availability of social services that mitigate career barriers created by generational poverty.

An Economic Opportunity Implementation Team is working to achieve the recommended actions, which includes leadership from these organizations:

- Metropolitan Agriculture Extension Service
- Metropolitan Social Services
- Nashville Alliance for Financial Independence
- Jewish Federation of Nashville and Middle Tennessee
- Federal Reserve Bank of Atlanta
- Belmont University – Students in Free Enterprises
- Fifth Third Bank

Home & Community Based Services

Home and Community Based Services

Home and Community-Based Services (HCBS) for Adults/Seniors are designed to help older persons and adults with disabilities remain at home. They include a variety of supportive services delivered in community settings or in the homes of those who receive services. Examples of HCBS include homemaker, personal care, caregiver respite, adult daycare, case management, transportation to medical appointments, and home-delivered meals.

Key Findings

- There is an increasing need for HCBS for people who are elderly and/or disabled, due to the aging of our population, the expressed desire of people to age at home, and the lower cost of home-based services compared to institution-based services.
- The cost of nursing home care continues to rise.
- Low Income elderly persons spend a higher share of their income on healthcare.
- By 2030, it is projected that about 25% of Davidson County residents will be age 60 or above, which is likely to result in a greater demand for HCBS than ever before.
- Additional transportation alternatives for seniors and persons with a disability are needed.
- The TennCare Choices Act provides for the expansion of home and community based services and offers more kinds of home care options to serve more people using existing Long-Term Care Funds.

Need for Home and Community Based Services

For persons who are affected by age-related frailty or by a disability, home and community based services offer an affordable and more desirable long-term care alternative to nursing home placement. Not all elderly persons will need in-home services, and some who need them may qualify for government supported services. As age increases, so does the likelihood of frailty and health conditions which make people more likely to need help with activities of daily living. This will result in greater demand for in-home services for people who are unable to pay for the services they receive.

Home and Community Based Services are generally less costly than facility-based care, and it allows persons to age with dignity in their own home and community, which is usually preferred by the consumers. The availability of home and community based services encourages family participation in care giving, and it provides a continuum of care model for services as their medical condition changes. Ongoing attention is needed to create additional Home & Community Based Care services, due to the additional demand for trained caregivers, ongoing modification of funding, and determining the impact

of new health care legislation on the senior population. There will continue to be a need for programs that promote healthy lifestyles for seniors such as nutrition, exercise and wellness.

Increasing Needs

The incidence of disabilities increases with age. As a result, as the population ages, the number of people who need Home & Community Based Services grows. There are various types of home and community based services designed to help frail elderly or disabled persons remain living independently at home. For eligible persons, these services are available through the Options Program, TennCare Choices Program as well as through funding from the Older Americans Act-Title III.

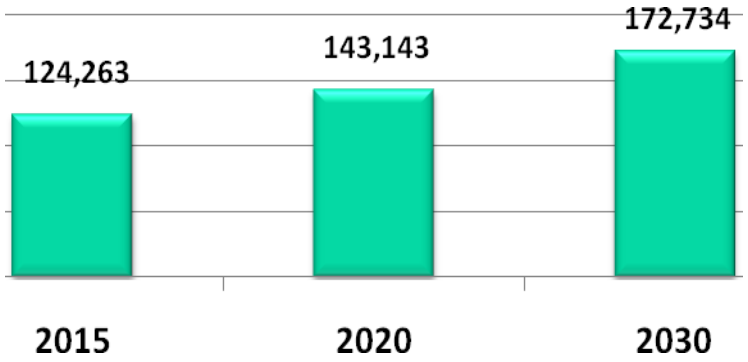
People who need long-term home and community based care are persons who have difficulties with Activities for Daily Living (ADLs) and those who have trouble with Independent Activity for Daily Living (IADLs). A medical assessment is used to determine eligibility for nursing home and/or home and community based services.

- ADL activities include bathing, grooming, and personal hygiene.
- IADL activities include sweeping, mopping, grocery shopping, laundry and household chores.

The 2009 U. S. Census Bureau reports that in Davidson County there were 70,810 persons over five years of age with a disability. According to the Centers for Disease Control, the life expectancy for Tennesseans is currently 77.9 years. As life expectancy continues to increase, the period of time during which frail elderly or disabled persons will need home and community based services will probably lengthen.

By 2015 it is projected that the Davidson County population age 60 and over will be 124,263 climbing to 143,143 by 2020. For the year 2030 it is expected that the numbers for this age group will rise to 172,734. As shown in Chart HC-1, it is projected there will be a significant increase in the number of people age 60 and over, compared to the current level of 70,810.

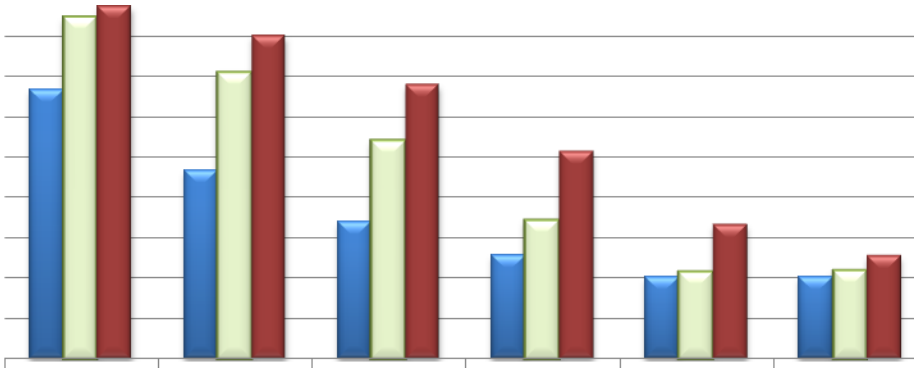
Chart HC-1: Population Projections, Persons Age 60 and Above
Davidson County, 2015, 2020, 2030



Source: Tennessee Advisory Commission on Intergovernmental Relations and University of Tennessee Center for Business and Economic Research

Chart HC-2 shows additional details by age categories, and indicates that the projection for every category is higher in 2030 than in previous years.

Chart HC-2: Projected Population by Age Category
Davidson County, 2010, 2020, 2030



	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85 years+
2010	33,296	23,356	16,896	12,818	10,165	10,164
2020	42,143	35,403	26,884	17,179	10,706	10,828
2030	43,655	40,025	33,939	25,701	16,652	12,762

Source: Tennessee Advisory Commission on Intergovernmental Relations and University of Tennessee Center for Business and Economic Research

Eligibility Requirements

To be eligible for the TennCare Choices, consumers will need to meet both medical and financial guidelines. The medical guidelines are determined by a TennCare pre-admission evaluation and the financial guidelines are determined by the Tennessee Department of Human Services. Eligibility for the Options for Community Living is determined by a home assessment of functional abilities conducted by a Service Coordinator/Case Manager of an Area Agency on Aging and Disability. Options funding is directed to persons who have the most functional and financial need.

According to the Tennessee Commission on Aging and Disability, there is no specific income eligibility requirement for the Options program but here is a sliding fee scale based on income. For Older American Act- Title III funds some services have income eligibility requirements, while others (such as Senior Nutrition) are available to anyone over age 60 regardless of income.

Most of the services described below are provided in the consumer's home. The services are based on the specific needs of each person, as identified by their physician and care manager.
Examples of Supportive services provided through these funding sources include:

- Personal Care Services - help with activities of daily living such as bathing, dressing, preparing and eating meals, toileting or transfers.
- Personal Care Attendant - help with activities of daily living for longer periods of time or accompany customer to medical or other appointments.
- Homemaker – help with household chores or errands such as laundry, sweeping or grocery shopping.
- Home Delivered Meals - One healthy meal per day, delivered to the customer's home.
- Congregate meals - provide nutritious meals and social interaction at churches, senior centers and other sites.
- Adult Day Care - a place where persons may go during the day to spend time with others (when it might be unsafe or unwise to leave the person alone at home all the time).
- In-Home Respite – a service provider stays with the customer for a short time so that the caregiver can rest or take care of other responsibilities.
- Case Management – at least monthly case manager visits to ensure that the customer is receiving needed services.

Another community-based alternative to nursing home care are Assisted Care Living Facilities that provide and/or arrange for daily meals, personal, homemaker and other supportive services, or health care including medication oversight (to the extent permitted under State law), in a home-like environment for persons who need assistance with activities of daily living. http://www.state.tn.us/tenncare/forms/operationalprotocol.pdf

Cost Benefits of Home and Community Based Services

Rates for nursing home care vary based on factors such as type and amount of care needed, provider fees, geographic location, private or semi-private accommodations and types of program offered. According to the Greater Nashville Regional Council's Area Agency on Aging & disability (AAAD), the current average nursing home cost is $52,000 annually. In the event that the cost of Home & Community Based Services in the area were to exceed this amount, then nursing home placement would be considered more appropriate. Even with the population aging in greater numbers, Americans are often unprepared for the costs of nursing home care and assisted living.

For many services, home care is less expensive than other forms of care such as Assisted Living and Skilled Nursing Facility. According to the National Clearinghouse for Long-Term Care Information, in 2009 home health aide services cost an average of $21 per hour. If home health aides are needed only part-time to help someone remain in their home, the cost would be less than a nursing home. In 2009 the average cost for a semiprivate room in a nursing home was $198 per day, with private rooms costing more.
http://www.ehow.com/facts_6374273_cost-vs_-cost-nursing-home.html#ixzz14iObgUc6
http://www.insure.com/articles/longtermcare/nursing-home-costs.html

Many senior citizens who need health care the most can least afford it. Elderly Americans spend 19% of income on health care, most of it on prescription drugs and dental care. They also face the greatest burden for medical care out-of-pocket expenses (*Journal of Gerontology,* Stephen Crystal, Chairman of the Division on Aging of the Institute for Health, Health Care Policy and Aging Research at Rutgers University).

Out-of-pocket expenses include health insurance premiums, medical co-payments, and prescriptions. As nursing home costs continue to rise some families can expect higher out of pocket expenses related to their care which will impact their financial assets. For families that have financial resources that are above the eligibility threshold, many have limited resources that are soon depleted.

According to the study, the most vulnerable groups are:

- Low-income persons who spend more than 32% of their income on health care compared to high income persons who reported spending 9% of their income on health care
- Persons who report their health status as poor have higher out of pocket medical expenses
- Persons age 85 years and older spend a higher percentage of their income than those between 65-74 years of age
- Persons who do not complete high school spend a higher percentage of their income on health care than college graduates

TennCare enrollees covered by the federal government's Medicare plan are automatically enrolled in Part D pharmacy coverage. Medicare provides for enrollee pharmacy coverage instead of TennCare and offers low-income subsidy programs with zero premium and deductible options. In Tennessee, the TennCare Program Part D will not cover outpatient drug cost associated with weight loss/gain, fertility drugs, drugs used for cosmetic purposes and some nonprescription over the counter drugs.
http://www.tennessee.gov/tenncare/forms/301105.pdf
https://www.cms.gov/States/Downloads/TennesseeEDC.pdf

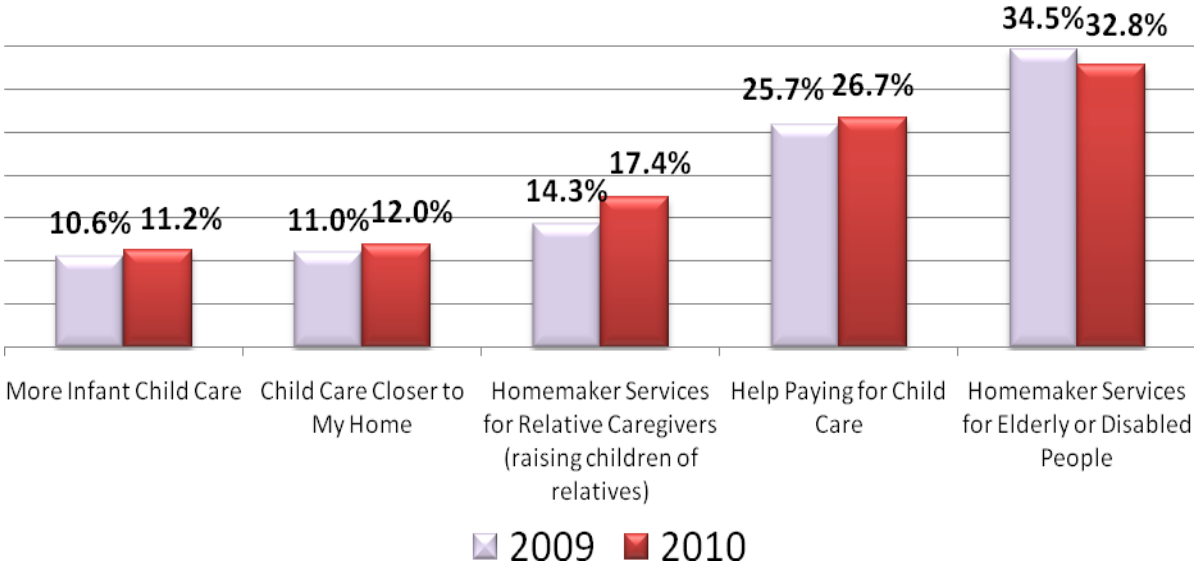
Grassroots Community Survey

The 2009 and 2010 Grassroots Survey asked participants to identify the greatest unmet need in Davidson County, and 11.6% of respondents in 2009 and 14.60% in 2010 identified Home & Community Based Services.

When asked to choose among a variety of Home & Community Based Services (ranging from in-home senior services to child care), in both years the greatest identified need was Homemaker Services for Elderly or Disabled People.

Chart HC-3 shows that 34.5% and 32.8% of respondents identified these needs in 2009 and 2010 respectively.

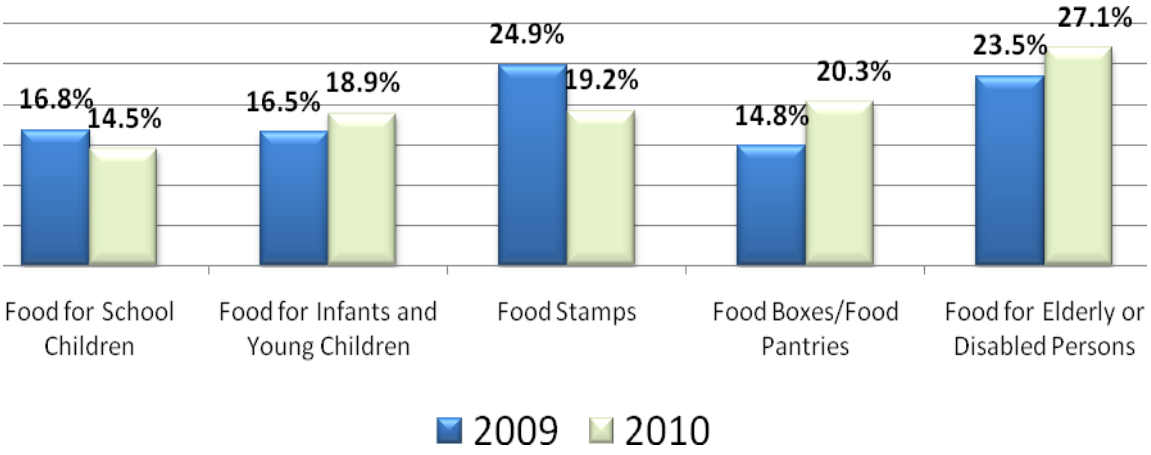
Chart HC-3: Greatest Need Home & Community Based Services
Grassroots Community Survey 2009-2010



Source: 2009, 2010 MSS Grassroots Community Surveys

When asked to choose the greatest need in Food & Nutrition, 27.1% identified Food for Elderly or Disabled Persons, higher than any other category, as shown in Chart HC-4. While Food Stamps and Food Boxes/Food Pantries did not specifically mention age or disability status, it is likely that the need for Food Boxes/Food Pantries (20.3%) and Food Stamps (19.2%) would include elderly and/or disabled persons.

Chart HC-4: Greatest Need Food & Nutrition
Grassroots Community Survey 2009-2010



Source: 2009, 2010 MSS Grassroots Community Surveys

Options for Community Living Program

The Options for Community Living Program is state-funded and provides a range of services to enable seniors and persons with disabilities to remain in their homes and community and avoid unnecessary institutionalization. The Options Program is administered by the Area Agency on Aging and Disability.

State Options funds may be used for persons aged 18 and over who have a disability, while Older Americans funding is used only for people age 60 and older who are unable to perform at least one activity for daily living. Options funding is directed to persons who have the most functional and financial need.

Eligibility for the Options for Community Living is determined by a home assessment of functional abilities conducted by a Service Coordinator/Case Manager. If a consumer is determined to be eligible, services may be provided in addition to service coordination and case management. These additional services may include other in-home services, nutrition, and other supportive services as determined by the consumer's needs through the home assessment.

The 2010 reimbursement rate for all Options vendors, including MSS, through the Options program is:

- Homemaker - $20.48 per hour
- Personal Care -$20.52 per hour
- Home Delivered Meals - $7.41 per meal

Options Eligibility Requirements include:

- Reside in Tennessee, be at least 18 years of age
- Must meet Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) limitation requirements. (Services are for adults with physical and/or cognitive disabilities, excluding individuals with mental retardation).
- Completion of an in-home Social Assessment
- Live in a safe and healthy living environment in which in-home services can be provided

According to the Greater Nashville Regional Council AAAD, as of September 2010 there were 324 Option consumers receiving services with a waiting list of 1,300 applicants.

TennCare Choices Act

In 2008 Tennessee enacted the TennCare Long-Term Care Community Choices Act. Commonly referred to as Choices, the goal of the Act was to combine TennCare nursing facility services with Home and Community Based Services (HCBS) for the elderly and adults with physical disabilities into the existing managed care system. Before 2003 there were no statewide HCBS alternatives to nursing home facilities available to disabled Tennesseans. Another goal of Choices was a more balanced long-term care funding system depending on the needs and preferences of the people receiving long term care. By rebalancing existing long-term care funds, more consumers can receive services through the program. In March 2010, the TennCare Oversight Committee had indicated that 7,500 would be enrolled in Choices, with anticipated increases.

The Choices program was implemented in Middle Tennessee beginning March 1, 2010. 8,624 enrollees were transitioned to the new program. This includes 7,145 nursing facility residents and 1,479 HCBS participants. Approximately 450 new Tennesseans have enrolled since Choices was implemented in Middle Tennessee during March-April 2010, and statewide in August 2010. Continuity of care provisions helped ensure the transition was as seamless as possible. Under the Choices program, the Area Agency on Aging and Disability (AAAD) serves as the Single Point of Entry for individuals not currently enrolled in TennCare who are applying for long-term care services under the TennCare program. Designated Managed Care Organizations provide case management for Choices participants. Under the Choices program, provider rates for HCBS are established by TennCare. In some rural areas HCBS may be limited due to a lack of providers. Reimbursement rates have been identified as a cause of this provider shortage. In urban areas there are an adequate number of providers.

Older Americans Act, Title III

The Greater Nashville Area Agency on Aging and Disability administers funding available through Title III of the Older Americans Act to provide services in Davidson County and the 13 counties surrounding it. These funds can only be used to provide services for persons age 60 and over. However, some service providers (such as Metro Social Services) use other funding sources to provide similar services to persons under 60 who are unable to perform at least one activity for daily living.

Some programs have income eligibility requirements (such as Homemaker), while others (such as Senior Nutrition) are available to anyone over age 60 regardless of income. The services provided with the Older Americans funding include not only in-home services (homemaker, home delivered meals, chore service, etc.) but also services such as legal assistance, senior centers, elder rights program, health promotion and others.

Transportation

Transportation is an essential part of a community's infrastructure. Transportation continues to be a major concern of older residents. Increasing age and deteriorating medical/physical condition may prevent people from driving. Additional transportation alternatives are needed for those who can no longer drive and others who may not have access to a vehicle.

In the 2009 Grassroots survey conducted by MSS, the greatest need in transportation was lower cost bus tickets (36.7%) followed by more/different bus routes (35.4%) and special transportation for disabled people (23.9%).

In a 2005 Survey conducted by the Council on Aging Transportation Subcommittee suggested that many seniors lack the ability to go where they want and need to go, which may cause isolation. The survey found that:

- 48.6% of respondents do not drive themselves anywhere
- 63.4% do not have a family member to drive them anywhere
- 75.5% do not have friends that drive them anywhere

- 82.4% said they do not use the bus
- 13.7% said they do not visit people
- 19.6% do not go anywhere for recreation

Over 90% of respondents said the most important elements of transportation services were: having services at times needed, ease in scheduling trips and being picked up/dropped off on time.

The survey identified gaps in the current transportation system for older Davidson County residents:

- All areas of Davidson County do not have access to the same level of transportation services,
- Private and Community Transportation services are limited in their availability,
- Personal Care attendants are necessary for some older adults to use the current paratransit system,
- It is difficult for faith congregations to provide more transportation due to liability issues and training needs for volunteers

In 2005 the Safe, Accountable, Flexible, Efficiency Transportation Equity Act: A Legacy for Users (SAFETEA-LU) legislation was signed into law that required local transportation to develop coordinated public transit-human services transportation plan focusing on persons with disabilities, older adults and low-income persons. The 2010 Regional Transportation Authority (RTA) Coordinated Human Services Transportation and Program Management Plan describe how the funding from the Job Access and Reverse Commute and New Freedom Formula Grant programs will improve transportation. The Metropolitan Transit Authority and the Regional Transportation Authority worked together to address unique transportation challenges faced by welfare recipients and other low-income persons as they get and keep jobs. Funds will also be used to expand transportation mobility options for persons with disabilities and the elderly. Since the program's inception, 16 projects have been funded.

Metropolitan Transit Authority - AccessRide

The Metropolitan Transit Authority's AccessRide program is paratransit service, which operates specialized van services for persons with disabilities who are unable to use regular fixed-route buses because of temporary or permanent disabilities. Paratransit is an alternative mode of flexible passenger transportation that does not follow fixed routes or schedules. To determine eligibility for paratransit

service, individuals must complete an application for paratransit service and demonstrate that because of their disability they are unable to use MTA's fixed-route bus service for one (or more) of the following three reasons: Unable to independently ride a bus, unable to get on and off a bus and unable to get to and from a bus stop. Access Ride provides door-to-door paratransit service within Davidson County to a geographic area up to 1.5 miles from a regular bus route, excluding commuter or express service.

The downturn in the economy and increases in fuel expenses required MTA to reduce service and increase fares in FY 2008. Metro Government remains the largest source of operating support for MTA service. In order to further expand service, additional funding will be required. AccessRide reported an increase in ridership of 147% between 2003 and 2008 while regular bus service grew by 35%. http://www.nashville.gov/MTA/docs/StrategicTransitMasterPlan/05Ch3TransitTrends.PDF

Alternative Transportation

As the baby boomers age, there will be a greater need for transportation including alternatives to existing services to meet the growing demand. In 2005 the White House Conference on Aging ranked transportation third highest on a list of resolutions.

Alternatives to meet future senior transportation needs will include programs that offer:

- Paratransit Options – Demand-Response rides and dial-a-ride programs that are accessible, available, affordable, adaptable and acceptable to seniors.
- Specialized Transit – destination transportation to community activities, nutrition programs, adult day care services, social outings, shopping and recreational activities.
- Faith based transportation programs operated by volunteers or paid staff who are available to members and other selected individuals and groups.
- Volunteer Service Transportation Programs organized by nationally recognized groups such as the Red Cross, American Cancer Society and the American Heart Association.

http://seniortransportation.easterseals.com/site/DocServer/Transportation_Options_and_Older_Adults_BF_1_v1.2.pdf?docID=61803

Many frail elderly persons do not have their own transportation. While some of them may be able to use the AccessRide paratransit service, others have greater needs due to mobility issues. Door-through-Door transportation offers personal hands-on assistance for persons who have difficulties in getting in and out of vehicles and buildings. Door through Door assistance may include physical support with maintaining balance and climbing steps, activity support with grocery shopping or understanding medical instructions and personal support such as helping get consumer dressed and advocating for consumer travel needs. Persons with such needs often could not make that trip without personal, intensive support because their physical or mental limitations make them unable to access or use other public or specialized transportation services.
http://www.stpexchange.org/HowToGuide_DoorThroughDoorTransportation.pdf

According to the Administration on Aging, by the year 2030 there will be 4-5 times as many drivers over age 85 than there are today. Because some skills and abilities associated with driving tend to diminish with age, viable alternate forms of transportation for the elderly will continue to be an important issue for years to come.

There are three general types of transportation alternatives for the elderly – door-to-door, fixed route, and ridesharing. Door-to-door, or demand-response, is a system where advance reservations are made to take an elderly individual from one place to another. Normally these services provide comfort and flexibility, and charge a small fee. Fixed route or scheduled services transport elderly individuals between fixed stops on a route. For this reason, reservations are not required, although a small fee is charged for each ride. Ridesharing programs coordinate rides for elderly persons with someone who has automobile space, or provides vans for groups of riders. Ridesharing is scheduled and involves a specific destination such as medical appointments, nutrition sites, places of employment, or senior centers.
http://www.caregiverslibrary.org/Default.aspx?tabid=418

Health Care Reform

The *Health Insurance Reform: A Guide for Seniors* describes how the recent Affordable Care Act could affect seniors. The reform is intended to provide better primary care and free preventive care, lower drug costs, protect Medicare and provide tighter fiscal oversight.
http://docs.house.gov/energycommerce/SENIORS.pdf

The Affordable Care Act is designed to extend the life of the Medicare Trust fund, reduce payment errors, provide discounts on name brand drugs, provide better coordination of care with doctors, and implement incentives for hospitals to improve patient quality of care with additional protections for Medicare Advantage Plan members. Beginning in 2011 the law will provide certain free preventive services, such as annual wellness visits and personalized prevention plans for persons on Medicare. The Community Care Transitions Program will help high-risk Medicare beneficiaries who are hospitalized to avoid unnecessary readmissions by coordinating care and connecting patients to services in their communities. Beginning in October 2011, the Community First Choice Option will allow states to offer home and community based services to disabled individuals through Medicaid without a Waiver, rather than institutional care in nursing homes.
http://www.healthcare.gov/law/provisions/rebate/index.html

Nashville Poverty Reduction Initiative
Implementation Team Organizational Members

Special thanks to the Implementation Teams.

Child Care
Metropolitan Action Commission
McNeilly Center for Children
Catholic Charities of Tennessee
United Way of Metropolitan Nashville

Economic Opportunity
Metropolitan Social Services
Metro Agriculture Extension Service
Nashville Alliance for Financial Independence
Jewish Federation of Nashville and Middle Tennessee
Belmont University/Students in Free Enterprise
Federal Reserve Bank
Fifth Third Bank

Food
Metropolitan Nashville Department of Public Health
Metropolitan Social Services
Second Harvest Food Bank of Nashville & Mid. Tenn.
Community Food Advocates
United Way of Metropolitan Nashville

Health
Metro Public Health Department
Nashville General Hospital
United Neighborhood Health Services
Health Assist Tennessee
Vanderbilt Center for Health Services
Dispensary of Hope
Tennessee Disability Coalition
United Way of Metropolitan Nashville
Tennessee Health Care Campaign

Housing
Metropolitan Development and Housing Agency
Nashville Area Habitat for Humanity
New Level Community Development Corporation
Metropolitan Social Services
Metro Homelessness Commission-Key Alliance
Affordable Housing Resources
The Housing Fund
Barnes Fund for Affordable Housing
Catholic Charities of Middle Tennessee
Family & Children's Service
Vanderbilt University

Neighborhood Development
Neighborhoods Resource Center
Mayor's Office of Neighborhoods
Metropolitan Planning Commission
Metropolitan Dept. of Codes and Building Safety
Civic Design Center
Congressman Jim Cooper's Office
Belmont Univ.-Center for Social Entrepreneurship and Service Learning
United Way of Metropolitan Nashville
Vanderbilt University
Council on Aging
Nashville Human Association

Workforce Development
Nashville Career Advancement Center
Metropolitan Social Services
Goodwill Industries of Middle Tennessee
Urban League of Middle Tennessee
Opportunities Industrialization Center
Metro Homelessness Commission-Key Alliance

Nashville's Poverty Reduction Initiative's Implementation Teams will release the first Semi-Annual Progress Report in February 2011.

At some time before they reach age 65, 51.4% of the U.S. population will experience poverty.

The number of people in poverty in the United States for 2009 (43.6 million) is the largest number in the 51 years for which poverty estimates have been published.

Metropolitan Social Services

MSS Executive Director

Renee Pratt

Planning & Coordination Staff

Dinah Gregory, P&C Director
Abdelghani Barre, Planning Analyst
Lee Stewart, Planning Analyst
Julius Witherspoon, Planning Analyst
Joyce Hillman, Community Coordinator
Gloria Nance, Office Support

Board of Commissioners

Howard Gentry, Chair
Dr. Frank Boehm
Gwendolyn K. Harris
Mary Kate Mouser
Bishop George Price
William Sinclair

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