

# **Metropolitan Action Commission**

## **Head Start Program**



**2009 - 2010**

## **Community Assessment**

**Metropolitan Action Commission  
1624 Fifth Avenue North  
Nashville, Tennessee 37208**

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# **METROPOLITAN ACTION COMMISSION**

## **HEAD START**

### **COMMUNITY ASSESSMENT**

**2009 - 2010**

#### **Introduction**

##### **History of the Metropolitan Action Commission**

The Metropolitan Action Commission (MAC) was created through an ordinance of the Metropolitan Government Council on August 12, 1964 as part of the Great Society programs under President Lyndon B. Johnson's War on Poverty. As the designated community action agency for Davidson County, MAC has responsibility for fulfillment of the purposes of the Economic Opportunity Act, including "to stimulate a better focusing of all available local, state and federal resources upon the goal of enabling low-income families and low-income individuals of all ages, in rural and urban areas, to attain the skills, knowledge, and motivations and secure the opportunities needed for them to become self-sufficient." Self-sufficiency has always been and remains the ultimate goal underlying community programs devoted to education, job training, housing services, and assistance for the elderly. Further, understanding that demonstrated effectiveness comes not only through direct services but in changes in the community's attitudes toward and treatment of low-income residents, MAC is committed to serving as a catalyst to bring about changes in the broader society,

mobilizing community-wide public and private resources in the crusade against poverty.

The Metropolitan Action Commission operates one of the longest running Head Start programs in the country, operational since 1965. It is estimated that the MAC Head Start program has served over 40,000 children in the forty-five years since its inception.

The Metropolitan Action Commission receives its funding through federal sources, local government sources, and in-kind contributions, with intermittent supplemental resources from grants, partnerships, and other sources. Operating as a department of the Metropolitan Government of Nashville and Davidson County, the Metropolitan Action Commission is governed by a tripartite Board of Commissioners that includes representation from both public and private sectors. Board members include representatives from local business and educational institutions, city government, and economically disadvantaged persons from the community. Further, the Board and Policy Council reflect the recent addition of Early Head Start, now in the initial start-up phase of implementation. The Board of Directors oversees the agency's programs and financial operations. Services offered by the Metropolitan Action Commission include the Low Income Home Energy Assistance Program (LIHEAP), the Community Services Block Grant (CSBG), and the Head Start program. Head Start is the largest provider of pre-school education in Davidson County, with funding to serve 1,485 children and families. The addition of the Early Head Start program will bring this number to 1,558, including 53 infants and toddlers and 20 pregnant mothers.

In an attempt to serve as many families as possible, we have offered transportation, extended day, extended year services, and before and after care for working parents. Finally, in a field where the average teacher salary in 2009 was \$26,000 (Wikipedia, retrieved December 27, 2009), the Metropolitan Action Commission strives to offer teachers a more competitive salary and benefits package. All incoming teachers must have bachelor's degrees, and first-year teacher salaries approach the entry level of the public schools. However, retention of qualified teachers is difficult, as MNPS teachers are fiscally rewarded for experience at a level that outpaces what MAC can provide.

Both the Nashville community and the U.S. economy are undergoing rapid change. As the needs, opportunities and economic realities of our community evolve, we will continually monitor our programs in order to carefully evaluate the use of all resources to make prescient decisions regarding future directions of service.

The most recent census data available, the U.S. Census Bureau 2008 American Community Survey 1-year Estimates, indicate that Nashville, the capital city of Tennessee, is home to 626,144 residents (U.S. Census Bureau, American Fact Finder 2008). Operating under one comprehensive government, Nashville and Davidson County provide excellent opportunities for business, education, and recreation. In addition to its designation as "Music City USA," Nashville is an economic leader in national and international business and a recognized leader in the fields of Health Care Management, Publishing and Printing, Transportation, Telecommunications, Tourism, Entertainment,

and Higher Education. The economic base is diverse and expanding, enjoying heavy outside investment and consistent job growth.

Three major interstate highways converge in Nashville, making it an ideal location for business activity. A shipping port, railway facilities and an international airport contribute to Nashville's accessibility for both tourists and business travelers. Additionally, Nashville is located in an area with an abundance of natural beauty and recreational resources. In addition to seven public municipal golf courses, the Metropolitan Nashville Parks and Recreation Department currently supports 113 properties spanning over 10,570 acres (Metropolitan Nashville Parks and Recreation website). In 2007, the Parks and Recreation Department completed a ten year master plan for expansion and upgrade that increased the scope and quality of facilities serving a wide variety of outdoor interests. In September, 2006, Nashville was nominated for the National League of Cities Award for Municipal Excellence, honoring "outstanding programs that have significantly contributed to the quality of life in their city." A relatively low cost of living with no state income tax, a wide variety of sports and cultural activities, several nationally acclaimed universities, and recognition as one of the friendliest cities in the country make Nashville a prime location for business start-ups or relocation. Still, the current economic challenges faced across our nation have repercussions in Nashville which are particularly difficult for low-income families to overcome.

The Metropolitan Action Commission Head Start program exists to offset the negative impact of economic disadvantage through a comprehensive program offering nutritional, health, educational, and social services to Nashville's children in poverty. The

MAC Head Start program offers full day, expanded year services to children ages three to five, with Early Head Start services for 73 infants, toddlers and pregnant mothers currently in the start up phase. As the population in Davidson County becomes more culturally diverse, the population served by Head Start also becomes more diverse, and the program is changing to meet emergent needs. As a comprehensive, community-based program, concerned with the health, education and welfare of its participants, MAC Head Start provides medical, dental, nutritional, educational, and social services, as well as comprehensive services to children with disabilities. The program actively involves parents, family members, community individuals and businesses in its operation.

### **Community Assessment Statement of Purpose**

The purpose of the Community Assessment is to gather information, to pinpoint relevant economic, social, and logistical problems and to identify community resources that may be helpful in meeting community needs. Further, information provided by the Community Assessment enables the Metropolitan Action Commission to refine its philosophy and goals, set short and long term program objectives, strategically plan for the location of future centers, and respond to the changing needs of our children and families within the context of the broader community. The goal of the Metropolitan Action Commission Head Start program is to conceive, formulate, and implement an optimally designed program, with centers strategically located across the metropolitan area, which promotes school readiness in children who bear the burden of economic adversity. Further, the implementation of an Early Head Start program in 2010 allows us to reach pregnant mothers, infants, and toddlers, thereby positively impacting children in their earliest stages of life.

The Metropolitan Action Commission recognizes the importance of developing relationships with other social agencies in order to collaborate on strategies to alleviate poverty across the community. The Metropolitan Action Commission relies on these relationships to share information and referrals in order to close the gaps that exist in community services. By working in unison with designated partners we collectively address community needs beyond the scope of a single agency.

### **Data Collection and Sources**

The 2010 Community Assessment presents information relating to the state of children and families in Davidson County, particularly those in areas served by the Metropolitan Action Commission. The information is compiled based on the results of surveys, interviews with parents, child assessment data, staff knowledge of community needs, collaborative data collection in cooperation with other agencies, and demographic data from other sources including The United Way and the Tennessee Commission on Children and Youth. Population data is taken from the U.S. Census Bureau's American Fact Finder 2008 1-year Estimates Data Profile for Davidson County, Tennessee. Contextual and background information is taken from prior year's census reports, including the Population and Housing Narrative Profile utilizing results of the 2004-2008 American Community Surveys. Information on Fatherhood was taken from the Department of Health and Human Services Fatherhood Initiative. Other data sources include the Annie E. Casey Foundation Kids Count Key Indicators of Child Well-Being Reports from the years 2004 through 2009, data from Metro Nashville Social Services, compilation of assessed community needs through previous reports on client surveys and the aggregation of data reporting past services provided to clients in the Davidson County

area. Additional information was taken from local and national media sources. The Community Assessment focuses on children and families whose income level falls below the federally established poverty line. Although the information contained in the Community Assessment may be perceived as negative, it showcases the critical need for services provided through Head Start and the Community Services Block Grant in the Nashville community.

### **Service Area**

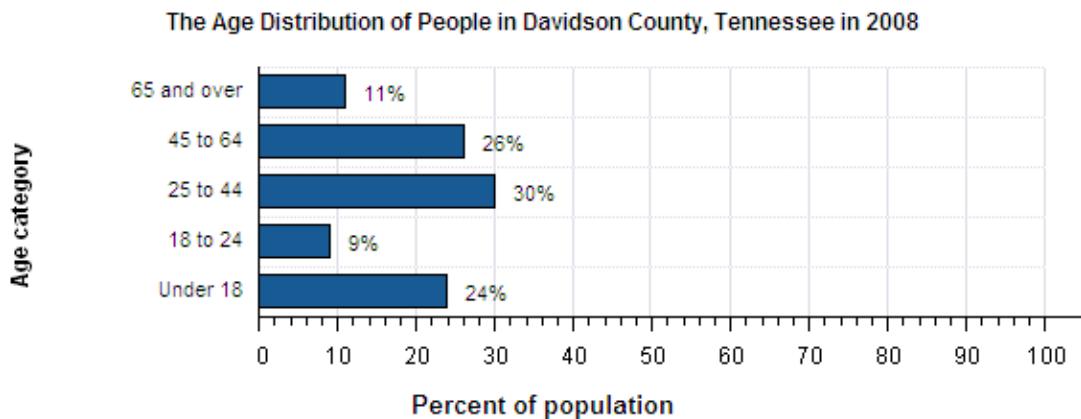
The Metropolitan Government of Nashville and Davidson County, a 502 square mile area, comprises the service area for the Metropolitan Action Commission Head Start program. The program continually seeks to be in the forefront of innovative methodology in service to our community, a rapidly growing, increasingly diverse population with a unique set of circumstances and needs. In response to a community whose public schools serve students speaking over 80 languages (Metropolitan Nashville Public Schools website, 2009), we have added multi-lingual staff members to meet the needs of our children and families. Further, in an attempt to maximize resources, two of our sites, located in multi-national communities, are designated as “international sites,” with an array of services specifically designed to meet the needs of international residents.

### **Population Data**

Nashville is the second largest city in the state of Tennessee in terms of its population. However, 2008 Census Bureau information regarding the Nashville Metropolitan Statistical area, a thirteen county region, listed the population as 1,550,733, making the Nashville area the largest metropolitan area in the state (U.S. Census, 2008).

According to the U.S. Census Bureau American Community Survey Demographics and Housing Estimates, the total population of Nashville/Davidson County is 626,144. Of this number, approximately 24%, or 149,232, are younger than eighteen years of age. The gender distribution is 51% female and 49% male, with a median age of 36.8 years. The age distribution of Davidson County Residents is shown in the chart below, taken from the U.S. Census Bureau 2008 American Community Survey Data.

**Table 1. Age Distribution of People in Davidson County 2008**



For many years, the Nashville population has been much more diverse than was indicated by Census data. The newly expanded ethnic designations category gives individuals participating in the Census greater opportunity to identify themselves as members of a particular ethnic group, allowing greater insight into Nashville’s ethnic diversity.

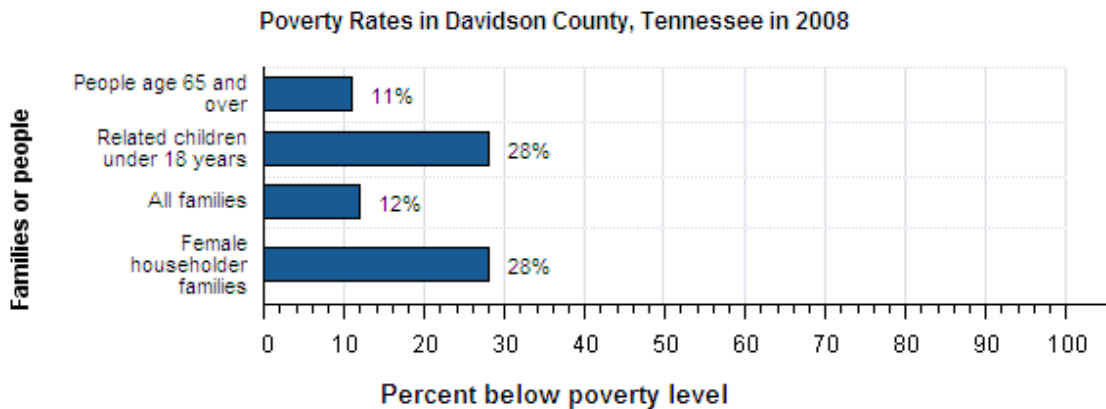
While the categories of White and Black/African American remain the largest Census-reported ethnic groups in Nashville, the percentage of those belonging to these groups is shrinking over time. Nashville’s diversity is rapidly expanding, with significant changes in just two years. The White population, listed as 65.5% of the total in the 2006

U.S. Census Bureau American Fact Finder Fact Sheet, is now listed at 60.4% of the total, a decline of over five percent in just two years. Although the raw numbers for the Black/African American population have slightly increased, the percentage, listed as 27.7% of the total in 2006, is listed as 26.8% of the total in 2008. The White population is estimated at 378,396, and the Black/African American population is estimated at 168,046. Nashville's Hispanic population has increased by almost a full percentage point in only two years, from 7.1 to 7.9 percent of the population, with figures increasing from 41,216 to 49,441. While more than one percent of Nashville's residents categorize themselves as a member of two or more races, other dominant ethnic groups in Nashville include an American Indian/Alaska Native population of 1,941 and an Asian population of 19,150 (3% of the total).

### **Poverty**

The 2008 Census Bureau Davidson County, Tennessee Housing and Narrative Profile indicates that 17% of Nashville residents had 2008 incomes below the poverty line. Further, 28% of children under eighteen and 11% of those sixty-five and older were below the poverty level. Twelve percent of all Nashville families and 28% of families with a female householder and no husband present were living below poverty level. The median income of Davidson County households in 2008 (ACS, 2009) was 46,153, with eighty-three percent of households reporting earnings and 15% reporting retirement income other than social security. Twenty-four percent of households reported receiving Social Security with average Social Security income estimated at \$14,176.

**Table 2. Poverty Rates in Davidson County 2008**



Source: American Community Survey, 2008

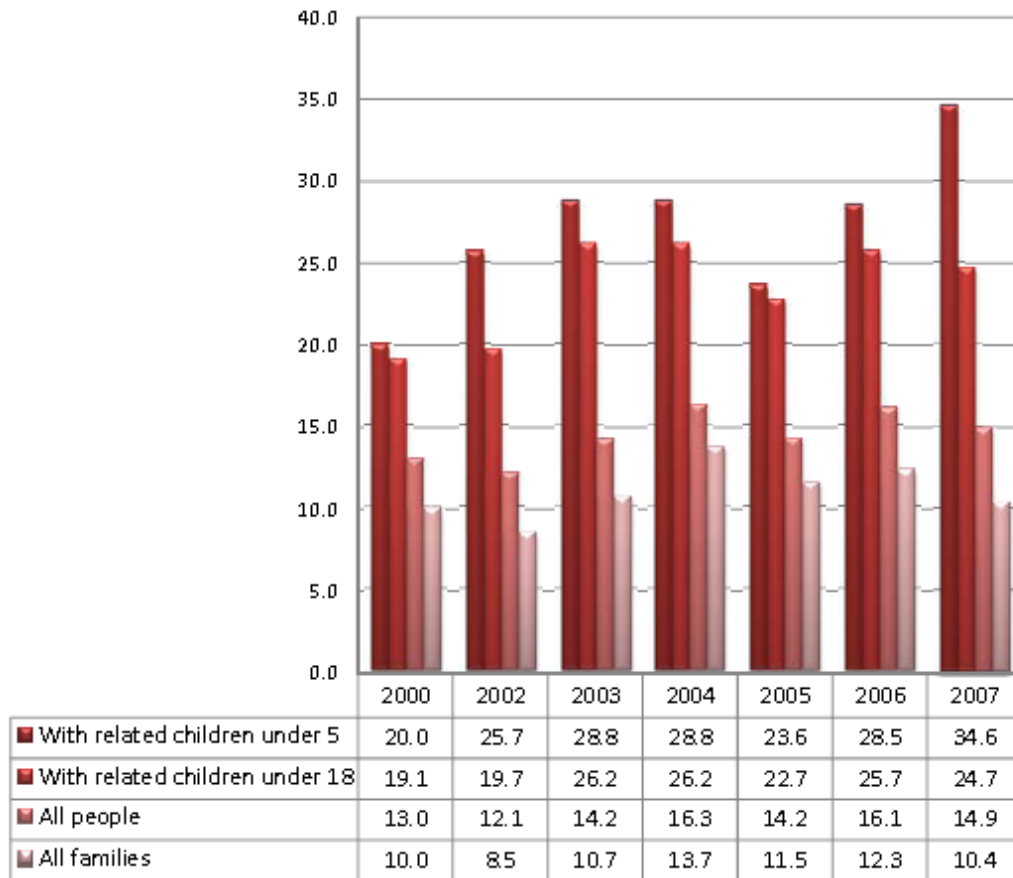
The economic crisis has been deeply felt in Tennessee, already one of the poorest states in the nation. The Community Foundation of Middle Tennessee’s Giving Matters website ([www.givingmatters.org](http://www.givingmatters.org)) reported that calls to United Way for assistance rose sharply between January 2008 and January 2009. Compared to a year earlier, January 2009 calls for utility assistance were up 63%, calls for assistance with food were up 49%, and requests for assistance with employment were up 45%.

This increase in need among Nashville’s residents is evidenced through the increased number of residents seeking assistance through the Metropolitan Action Commission. During the 2008-2009 fiscal year, the Metropolitan Action Commission Community Programs Division served 31,444 persons, an astonishing increase of over fifty percent above the 2007-2008 figure of 21,961 persons served (Metropolitan Action Commission Community Programs Data, FY 08, and FY09). Of this 31,444, 7,884 (roughly 25%), were between the ages of 24 and 44. Not surprisingly, this group represents a high concentration of parents. Among persons served, 5,185 were children 0

to 5 years, 5,304 were children 6 to 11 years, and 4,532 were children 12 to 17 years. A total of 11,989 family units were served. Data on family type indicates that 5,280 of our customers were female single parents. Another 3,931 were single individuals. A particularly striking and disturbing statistic comes from family income data, which indicates that 5,289 of our customers had incomes at or below 50% of the poverty level. This is significantly lower than the accepted level of 125% of the federal poverty guidelines for CSBG services. In fact, of the 11,989 families served by the Metropolitan Action Commission, 10,222 had incomes below 100% of the poverty level. One thousand, six hundred twelve families served reported no income at all. MAC also served 280 families who were homeless during the 2008-2009 program year.

Chronic levels of extreme poverty have a cumulative effect, leading to needs that become more critical over time. Families with young children often experience the highest levels of poverty. This has been the case in Nashville, where the poverty rate for families with children under five typically exceeds both the rate for all families and the rate for families with children under eighteen. Indeed, according to the Metro Social Services (2009), the poverty rate for families with children under five is between two and three times greater than the poverty rate for all families. The chart below, prepared by Metro Social Services using Census data, shows the percentage of families below poverty level, by age of children, from 2000 to 2007.

**Table 3. Families in Poverty by Age of Children 2000-2007**



Source: U.S. Census Bureau (2000 Census; 2002-2007 American Community Surveys)

**Demographic Data Regarding Eligible Families**

While the preceding chart shows poverty rates from 2000 to 2007, Census Data from 2008 (U. S. Census Bureau, Fact Finder, Davidson County Selected Economic Characteristics) indicates that over 12% of all Nashville families have incomes below the poverty level, a figure that is significantly higher than the national rate of 9.6% (U.S. Census Bureau, Fact Sheet). However, the figure for families with children is significantly higher. Over 20% of families with children less than eighteen years of age have incomes below the poverty level. Families with children under five years only

(meaning they have no children between the ages of five and eighteen) have a poverty rate of 16.4%. When the family is headed by a female with no husband present, the poverty rate of families with children five and under is 36.7%. When the figure includes all children under eighteen, it rises to 38.7%. Comprehensive data estimate that, of Nashville's children less than eighteen years of age, 27.7%, almost one in three, are in poverty (U.S. Census Bureau, Fact Finder, 2008 Davidson County Selected Economic Characteristics).

### **Estimated Number of Eligible Children**

A review of data provided in the Annie E. Casey Foundation Kids Count Data Book for 2009 reveals that approximately 14,180 children in Nashville, roughly 10.5% of the city's total, receive Families First Grants. Over thirty-two percent of Nashville's children, approximately 42,098, are on food stamps. The percent of young children receiving WIC benefits is at 19.6%, translating to a raw number of 10,235. Given these figures, it is clear that the need for Head Start services far exceeds the capacity of the MAC Head Start program.

The Annie E. Casey Foundation Kids Count Data Center, in the 2009 edition of the Kids Count Data book, ranks Tennessee 46<sup>th</sup> nationally in its indicators of child well-being. Factors contributing to this dubious distinction include low birth-weight, infant mortality, and child death rates, along with teen birth, death, and dropout rates coupled with poverty indicators.

Kids Count data (2009) show that four indicators, including percent of low birth-weight babies, percent of children living in families where no parent has year-round, full-time employment, percent of children in poverty, and percent of

children in single parent families, have worsened on both the state and national levels in the time period spanning 200-2006. However, in three of the four areas Tennessee has significantly outpaced the nation in decline. Further, in the area of teen death rate, the nation reduced its teen death rate, while Tennessee's teen death rate increased (Annie E. Casey, Kids Count Data Book 2009).

Casey Foundation data also indicate that in the year 2006, 32.3% of Davidson County's children received food stamps and, in 2007, 19.6% of young children received WIC benefits (Annie E. Casey Foundation, Kids Count Data Book 2009). According to the U.S. Census Bureau (Davidson County, Tennessee Selected Economic Characteristics 2008), 11.2% of Nashville's residents have received food stamp benefits in the past twelve months.

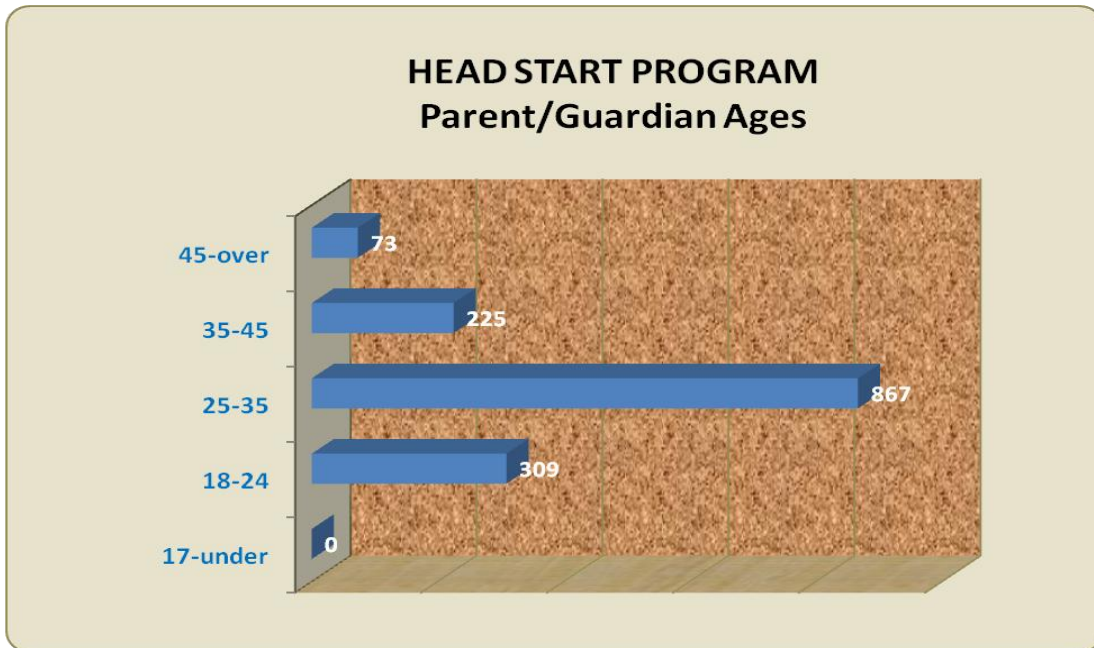
### **Description and Expressed Needs of Current Enrollment**

With eighty classrooms and 270 staff members, the Metropolitan Action Commission Head Start program served 1,735 children during the 2008-2009 academic year. This total included sixty homeless families. Six hundred thirty eight children were transported to school on buses each day. Following initial screens, 340 children required follow-up medical treatment and 158 required dental care. Seven hundred forty seven children participated in before and after care services. One thousand six hundred and ten children lived in single parent families. Among Head Start parents, over one thousand were employed and 343 were in job training or school. We are grateful that 869 volunteers participated in the Head Start program during the 2008-2009 academic year (Metropolitan Action Commission Head Start Annual Report, 2009).

**Family structures of current enrollment**

Community Assessment data collected in January 2010 reveals that during the 2009-2010 program year there are 1,196 single parents with primary custody in the Metropolitan Action Commission Head Start program. Of this number, 56 are fathers with custody. An additional 30 children are being raised by grandparents. Caregivers range in age, with the largest group being between 25 and 35. The following chart shows the age ranges of parents in the program.

**Table 4. Age Ranges of Parents and Guardians**

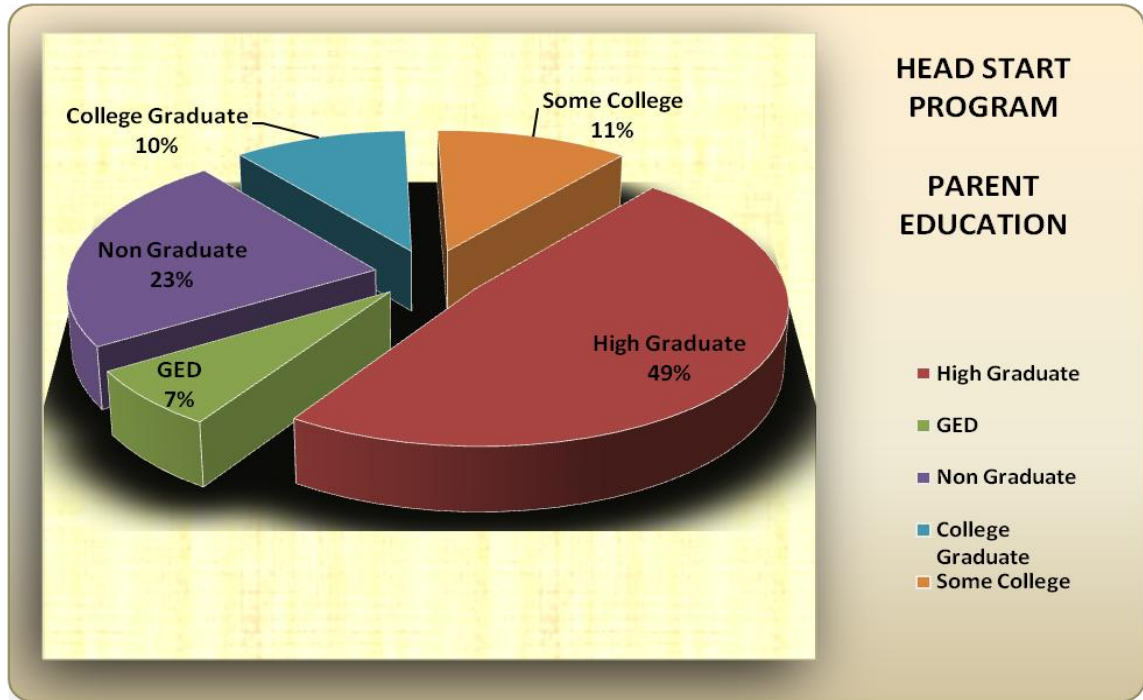


**Parental education levels of current enrollment**

Ten percent of the parents in the Metropolitan Action Commission Head Start program are college graduates, and an additional eleven percent have some college credit. Of the remaining parents, 718 are high school graduates and 103 obtained their high school diploma via GED. Three hundred forty-six of the

parents of children in the MAC Head Start program indicated that they had not completed high school.

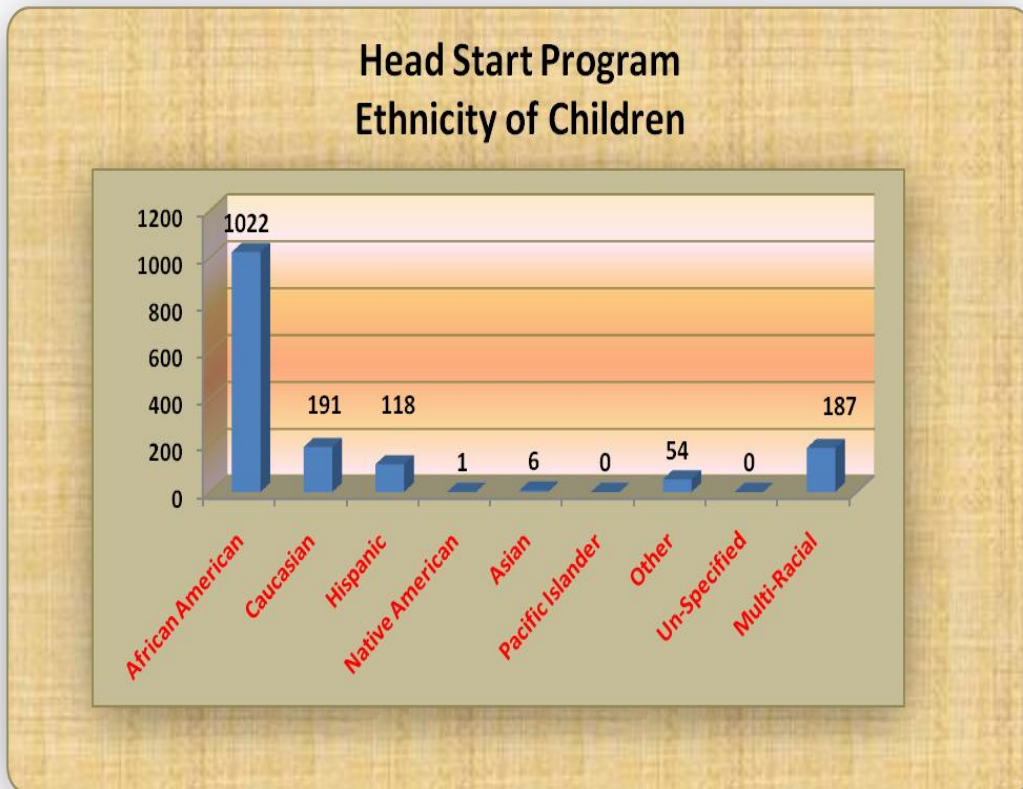
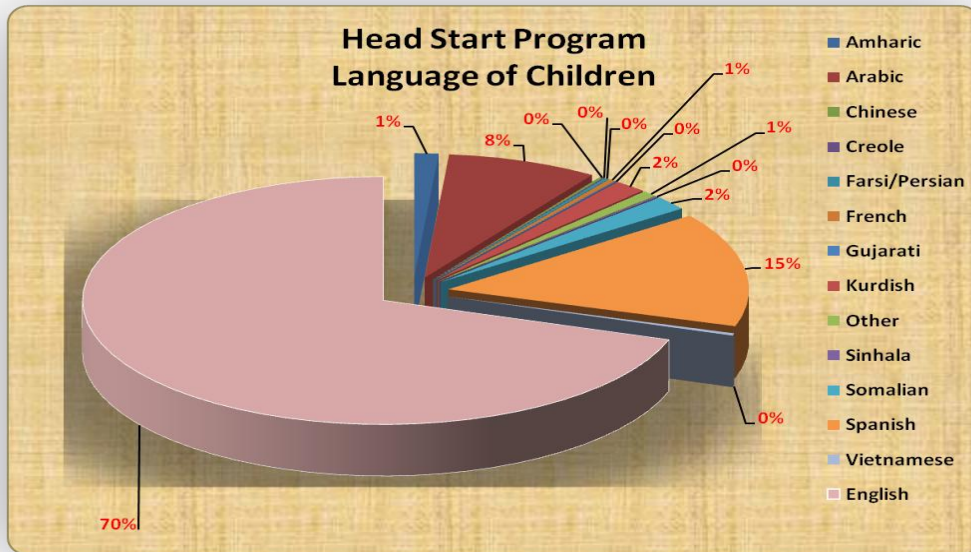
**Table 5. Parent and Guardian Education Levels**



**Current Enrollment Program Diversity**

Language barriers faced by families in the Metropolitan Action Commission Head Start program are on the increase. Social service organizations and businesses lack the multi-lingual capacity to meet the needs of rising numbers of non-English speaking residents. The charts on the following page illustrate the language diversity and ethnic distribution of families participating in the MAC Head Start program during the 2009-2010 program year.

**Tables 6 & 7. Language Diversity and Program Ethnicity**



### **Synopsis of Expressed Needs**

Program-wide, parents indicated that their greatest areas of need were employment, education, and child care. Per-site averages for these needs were 61, 37, and 33 respectively. Following the three greatest expressed areas of need were housing with an average of 22 per site, budget/financial management, at 21 per site, and health, at 19.5 per site. English as a second language was also indicated as a significant area of need, particularly at Berry and Susan Gray, the two international sites. Forty-two respondents at Berry cited English language instruction as a significant need, and 67 respondents at Susan Gray said it was a significant need. A complete listing of expressed needs by site can be found in the appendix to the community assessment.

### **Geographic Locations of Eligible Children**

Approximately eight years ago, leadership in the Metropolitan Action Commission began to notice that the poor and immigrant populations in Nashville are being dispersed toward the outer edges of the county. The gentrification of several urban areas has resulted in an upward spiral in housing costs. This, combined with the redistribution of low-cost housing in the Nashville area, has created unique challenges for the Metropolitan Action Commission Head Start program. Children who were once concentrated in the inner city regions have been moved to the outskirts of the city and dispersed across a more widespread geographic area. In response to these trends, MAC has constructed new buildings in areas with long waiting lists and has taken steps to increase access to Head Start services for children and families. While tremendous efforts in recent years have focused on increasing availability of Head Start to those

residents in the outskirts of the community, many of the Head Start facilities remain near the center of the county, making it difficult to transport eligible children within the allotted time frame. Both transportation logistics and limited capacity impact the program's ability to reach many the eligible children. As a result, many children who may be eligible for services are not being served, a problem that is being addressed as much as possible within the context of the Metropolitan Action Commission Head Start Program Long Range Strategic Plan.

### **Nashville's Foreign-Born Residents**

As mentioned earlier, Nashville has experienced exponential growth in the number of foreign-born residents. Nashville's foreign-born population grew more than 200% from 1990 to 2000, a rate of almost four times the national average. According to the U.S. Census Bureau American Community Survey Data for 2008, approximately eleven percent of Davidson County residents are foreign-born, and fifteen percent speak a language other than English at home, a figure that has risen three percent in just two years. Of those speaking another language at home, just under half speak Spanish, with the other fifty-three percent speaking a variety of languages. This represents another shift from 2006 data, with expanding numbers in languages other than Spanish. When asked to rate their English proficiency, almost 55% reported that they did not speak English very well (U.S. Census Bureau American Fact Finder 2008).

The Brookings Institute (2009) estimates that over one-third of Tennessee's foreign born residents have arrived since 1999. The chart below shows the U.S. cities with the highest rates of international population growth over the past ten years.

**Table 8. Cities Ranked by Growth of Foreign-Born Residents, 2000-2007**

*Ranked by Growth in the Foreign-Born, 2000-2007*

	<b>Metro area*</b>	<b>Foreign-born population, 2000</b>	<b>Foreign-born population, 2007</b>	<b>Change</b>
1	Greenville, SC	22,675	40,145	77.0%
2	Lakeland, FL	33,519	58,625	74.9%
3	Nashville, TN	58,539	101,932	74.1%
4	Little Rock AR	14,285	24,863	74.0%
5	Knoxville, TN	13,345	22,897	71.6%
6	Indianapolis, IN	53,296	90,994	70.7%
7	Las Vegas, NV	247,751	408,796	65.0%
8	Birmingham AL	22,224	36,631	64.8%
9	Orlando, FL	197,119	323,101	63.9%
10	Columbia, SC	21,195	34,739	63.9%

*\*Metro area names are shortened.*

*Source: Brookings analysis of 2007 American Community Survey data*

The United States has more foreign-born residents than any country in the world, with an estimated 20% of residents living outside their country of birth (13% of the total U.S. population). Comparatively, less than 3% of the world's population lives outside their country of birth (Brookings Institution, 2009). Nashville's change rate of 74.1% ranks it third in the nation in growth of foreign-born residents, up from sixth in the nation in 2005.

Many of the new residents are immigrants of Latino, Asian, Middle Eastern, or Eastern European origin. Nashville is also home to the largest Kurdish population in the United States, numbering over 11,000. Of the 60,000 Bhutanese refugees being admitted to the United States, an as-yet unspecified number will settle in Nashville (Wikipedia, 2009).

The Metropolitan Nashville Public Schools educate children from 84 countries speaking roughly 80 different languages. Of the district's 75,000 students, approximately 8,270 (roughly eleven percent) receive ELL instruction (MNPS FACTS, 2007-2008),

making it the largest ELL program in the state. The instructional needs of a language-diverse population strain the resources of MNPS, the 49<sup>th</sup> largest district in the country, where 71.6% of the student population is characterized as economically disadvantaged (MNPS FACTS, 2007-2008), and 48% of the children participate in the free and reduced lunch program (Annie E. Casey Foundation, KIDS Count Data Book, 2009).

As Nashville's immigrant population rises, the city is faced with the need to explore the political, social, educational, and economic ramifications of such extensive demographic shifts. One of the primary barriers to assimilation into the Nashville community is language, and the lack of availability of translated information and interpretative services. In addition to the language and socioeconomic barriers faced by immigrants, they face the critical concern of documentation for legal status. While legal status is not required for Head Start enrollment, the logistical challenges posed by illegal status result in parents having difficulty with transportation, living expenses, etc. Many are utilizing false social security cards and driver's licenses. In addition to the obvious legal problems this presents, the falsification of records poses problems with validity of documents used to certify income eligibility and other important verification records required for enrollment in Head Start or the public schools. The influx of foreign born residents creates service gaps due to lack of multi-lingual service providers and presents unique assimilation difficulties due to problems securing valid United States professional credentials and subsequent employment in an immigrant's field of expertise.

### **Community Resources Available to Head Start Eligible Children and Families**

Nashville's position as a leader in the healthcare and education industries offers opportunity for parents and caregivers to access a number of related services for children

in need. The Department of Special Education in Vanderbilt University's Peabody College of Education, ranked first in the nation in 2009 (U.S. News and World Report, 2009), is the professional home for many internationally recognized leaders in early childhood education including Mary Louise Hemmeter, a founder of the Center for Social and Emotional Foundations of Early Learning. The Kennedy Center, also affiliated with Vanderbilt University, maintains progressive research initiatives in such areas as Autistic Spectrum Disorders and other neurological and/or psychiatric disorders. Community support services and institutions such as The Susan Gray School, the Bill Wilkerson Center, the Tennessee Disability Coalition, and the Vanderbilt University Medical Center's Center for Child Development offer significant levels of support for parents as well as for the early childhood community at large. Tennessee State University, the Davidson County Child Care Resource and Referral Group, the Tennessee Early Childhood Training Alliance, Tennessee Voices for Children, the Tennessee Early Intervention System and others offer valuable resources to the Head Start Program. Nashville's position as the state capital offers access to key offices such as the Tennessee Association for the Education of Young Children branch of the National Association for the Education of Young Children and the Tennessee Commission on Children and Youth office of the state government.

The Metropolitan Action Commission Head Start program is committed to the development and renewal of partnerships with other community agencies and service providers. We will increase our involvement in the broader community and cultivate relationships in order to maximize use of available funds. Further, we will expand our bilingual staff in order to better meet the needs of children and families in our rapidly

expanding international community. We will continually seek methods to expand both the breadth and the scope of our services, with an emphasis on efficiency. We are committed to offering children and families the highest quality education and care, remaining committed to the agency's promise: **Community Action changes lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.**

The following sections of the Community Assessment are designed to provide information regarding the education, health, and social service needs of children in the metropolitan Nashville/Davidson County Area. Imbedded in this portion of the document are summaries of information on children with disabilities and additional child development programs in the county.



## **Education, Health, and Social Service Needs of Children and Families**

### **Education Data**

#### **Availability of Early Childhood Education**

In 2008, the Annie Casey Kids Count Data Book indicated that there were approximately 36,524 regulated child care spaces in Davidson County. In the 2009 Kids Count Data Book, the figure has fallen by approximately 600 spaces, to 35,931. The Tennessee Department of Human Resources lists 468 licensed child care providers in Davidson County, a drastic decrease from the 529 listed in 2008 and the 592 reported just a few years earlier. Additionally, of those listed, only 267 providers indicate that they are willing to accept childcare subsidies.

While the number of regulated spaces provided by licensed providers is decreasing, there may be a concurrent increase in the number of unregulated spaces, leading to questionable quality of care. The cost of high-quality early childhood education is clearly beyond the reach of many families in Nashville. In its 2009 Needs Evaluation Report, Metro Social Services (2009) provided results of surveys conducted with both community members and agencies regarding the greatest needs of the metropolitan Nashville community. Participants in the grassroots survey indicated that “Help Paying for Child Care” (25.7%) was the second greatest area of need related to home and community based services. Similarly, respondents in the Professional/Agency survey indicated that the need for child care subsidies was not adequately met (38.3%), and that the availability of convenient child care locations was insufficient (35.1%). Further, almost forty percent of the professional/agency respondents said they did not know whether the need for infant care was being met, indicating a gap in available data regarding community needs.

According to the Tennessee State Child Care Resource and Referral agency, the average annual cost of infant care in Tennessee is \$6,252. A significant point of comparison is that the cost of infant care in the state is approximately one and half times the cost of college tuition at a state university. Child care costs drop only slightly as children get older. The average cost for a four year old is \$4,732 and, once a child starts school, the average cost of after school care is approximately \$3,912 per year. These costs are particularly problematic for families in poverty, which include over 16% of Nashville’s total population. When those families are headed by a female, the situation is even more critical. In 2006, 36% of the female-headed households in Davidson

County with children younger than eighteen were in poverty, and 54% of female-headed households with children under five were in poverty (American Community Survey Fact Finder, U.S. Census Bureau). When the female head of the household has less than a high school diploma, the figure rose to 58.2% (ACS, 2006).

Research indicates that children who participate in child care environments characterized by high quality classroom practices enter elementary school with better language and math skills (Tennessee Commission on Children and Youth, 2006). According to the United Way (2009), children who have not developed some basic literacy skills by the time they enter school are three to four times as likely to drop out in later years. Additionally, children who have developed strong student-teacher relationships in child care environments have better social and critical thinking skills, language ability, and conceptual understanding of mathematics. These benefits were still evident in second grade, with children showing better cognitive skills, social skills, and more positive peer relationships than their counterparts without the benefit of a high quality preschool experience. These significant differences are most marked for children of less educated mothers.

The lack of community awareness and support surrounding the need for affordable child care and the lack of knowledge among low income families regarding the availability of resources contributes to less than optimal conditions for those families seeking care. While the 2008 Kids Count Data Book indicates that 13.4% percent of Davidson County's children live in families receiving Families First Grants, Success by Six data indicate that only 18% of children who are eligible for federal child care

assistance receive child care aid. These figures highlight the need for resource coordination and community awareness.

While the institution of a state lottery has provided expanded educational programs throughout Tennessee, practical implementation of lottery funds for Pre-K programs has been problematic. During the 2005-2006 academic year, the Metropolitan Nashville Public School System operated 23 Pre-K classrooms. During the 2006-2007 academic year, eleven additional Pre-K classrooms were added, bringing the total number of Pre-K classrooms operated by MNPS to 34. During the 2007-2008 academic year, Metro Nashville Public Schools operated 52 Pre-K classrooms. The MNPS website (2009) in its FACTS section indicates that the system served 1,696 children in Pre-K classrooms during the 2007-2008 year.

While Davidson County represents a high need area, decisions regarding location of Pre-K classrooms are often made based on space availability in buildings, rather than based on geographic areas of greatest need. Thus, many Pre-K classrooms have been opened in areas that are already being served by the Metropolitan Action Commission Head Start program, resulting in an overlapping of catchment areas. Metro Nashville Public Schools does not transport Pre-K children, therefore the expansion of a public school Pre-K program is not of tangible benefit to most low-income families in the Nashville area.

The Metropolitan Action Commission Head Start program recognizes the need for services for residents who are at the fringes of the county. However, the 45 minute bus rule imposed by the Tennessee Department of Human Services results in difficulty transporting children from outlying areas to existing Head Start sites, which are typically

located within the central city area. A primary goal of the MAC Head Start program in the upcoming years, as evidenced in part by the Head Start Facilities Plan, is the construction of additional sites in areas of need radiating from the center of the city.

### **Services for Children with Disabilities**

Nashville is a national leader in the provision of services for children with disabilities. The city's prominence in both the healthcare and education industries offers a unique environment with opportunities for extensive early intervention, healthcare, and therapeutic services for young children with disabilities and their families. The Tennessee Disability Pathfinder lists 288 disability service agencies serving Davidson County alone, including healthcare, education, adaptive services, and community support systems.

Vanderbilt University, a comprehensive research and medical facility which includes, among others, the Bill Wilkerson Speech and Hearing Center, the Vanderbilt Kennedy Center, and the Monroe Carell, Jr. Children's Hospital, provides comprehensive services to thousands of children with a wide range of disabilities. The Department of Special Education in Vanderbilt University's Peabody College of Education is consistently ranked among the finest in the nation. The Kennedy Center maintains progressive research initiatives in such areas as Autistic Spectrum Disorders and other neurological and/or psychiatric disorders. Departments housed within these organizations, such as The Susan Gray School and the Vanderbilt University Medical Center's Center for Child Development, offer significant levels of support for parents as well as for the early childhood community at large. These programs often offer parents, free of charge, the opportunity for their children to participate in cutting-edge research studies, conducted by experts in their respective fields, whereby children receive

intensive therapy and support. Often, participation in clinical trials or other studies provides parents with remuneration as well as the remission of any fees, transportation expenses, or other costs.

So great is the offering of support through private institutions that parents may not opt for public programs. The state of Tennessee has offered some support to families of children with disabilities through the Tennessee Early Intervention System, established in 1992. The system was designed to detect disabilities in children ages two and under and has resulted in improved access to services for the very young. Tennessee Early Intervention Services (TEIS) is an early intervention program offering free assessment and service coordination for eligible children age two and younger who have developmental delays. A developmentally delayed child is one who is functioning significantly below his or her chronological age in the areas of communication, cognition, physical development, social/emotional development, or adaptive skills. Most recent data indicate that only 691 children are receiving services through TEIS in a six county area surrounding Nashville, including Davidson, Cheatham, Dickson, Montgomery, Robertson, and Wilson counties (TEIS, 2009).

The introduction of TEIS offers many children who had previously been overlooked the opportunity to receive services early in life, at a time when intervention is especially effective. However, the annual report of the Tennessee Department of Education Advisory Council for the Education of Students with Disabilities (June 2005) indicates that identification and monitoring of young children with disabilities remains a difficult process, and that the collection of accurate data regarding the prevalence of pre-school aged children with disabilities is problematic. Local school systems are required

to locate, identify and evaluate all children in their jurisdictions between the ages of three and twenty-one who may be in need of special education and related services. The estimated number of three and four year olds in Davidson County who have disabilities is around 400. These children are located in several different environments, including community based centers staffed by special education teachers, preschool language centers housed in local schools, programs affiliated with Vanderbilt University, and Head Start. One or more of the following services may be provided to these children and their families: comprehensive assessment, including physical and developmental screening, physical therapy, occupational therapy, social services, speech and language therapy, transportation, family support services, vision services, family training, and special education teacher consultations.

Because the provision of high-quality services through private practitioners is so prevalent, Governor Phil Bredesen announced, in a letter dated March 9, 2007, a “reform” of the TEIS system. The letter tacitly acknowledges that the excellent care provided by community resources often exceeds what the state is able to provide, and the reform is aimed at guiding parents toward those excellent community services.

The Metropolitan Action Commission seeks to serve children with disabilities and strives to meet and maintain a minimum ten percent enrollment of children with documental disabilities or developmental delays. However, it is our goal for children to be served at the highest level, and we are fortunate to have within our community service providers who are international leaders. Serving with integrity may involve serving as a liaison between families and community programs even when that liaison results in a child moving into a different preschool program. Head Start currently serves children

with disabilities in the following areas: orthopedic impairments, hearing impairments, visual impairments, speech/language impairments, physical impairments including Spina Bifida, and mental disabilities, such as Down syndrome. The Metropolitan Action Commission works in conjunction with the Local Education Agency, the Metropolitan Nashville Public Schools, to provide the highest quality experience in the least restrictive environment for Nashville's preschoolers with disabilities. An increase in the type and complexities of disabilities requires increased partnerships with agencies that can provide support and training for Head Start staff and parents. The Head Start program is currently engaged in the Center for Social and Emotional Foundations for Early Learning to increase understanding and support of children who manifest behavioral or mental health issues in the classroom.

### **Metropolitan Nashville Public Schools- the Local Education Agency**

In addition to the economic barriers faced by Nashville's students, they face significant educational challenges. The MNPS School District is currently in "Restructuring 1" status, as twenty-nine of its 136 schools failed to meet Adequate Yearly Progress goals under No Child Left Behind. (MNPS Accountability Results, 2008). Just over half (52%) of Nashville's 3<sup>rd</sup> to 8<sup>th</sup> grade students are proficient in math as judged by the state sponsored standardized test. Further, only four out of ten high school students are proficient in math, and only three of ten are proficient in reading (Nashville Teaching Fellows.org). Although the Children's Defense Fund cites the statistics a bit differently, they are equally bleak. The CDF website (2009) under "Education in Tennessee," maintains that 73% of public school fourth graders are reading below grade level and 71% are below grade level in math. Failure to provide children

with basic skills is debilitating to their future success. United Way data (2009) indicate that ninety percent of those on welfare are high-school dropouts, and eighty-five percent of juveniles who come through the juvenile court system are functionally illiterate.

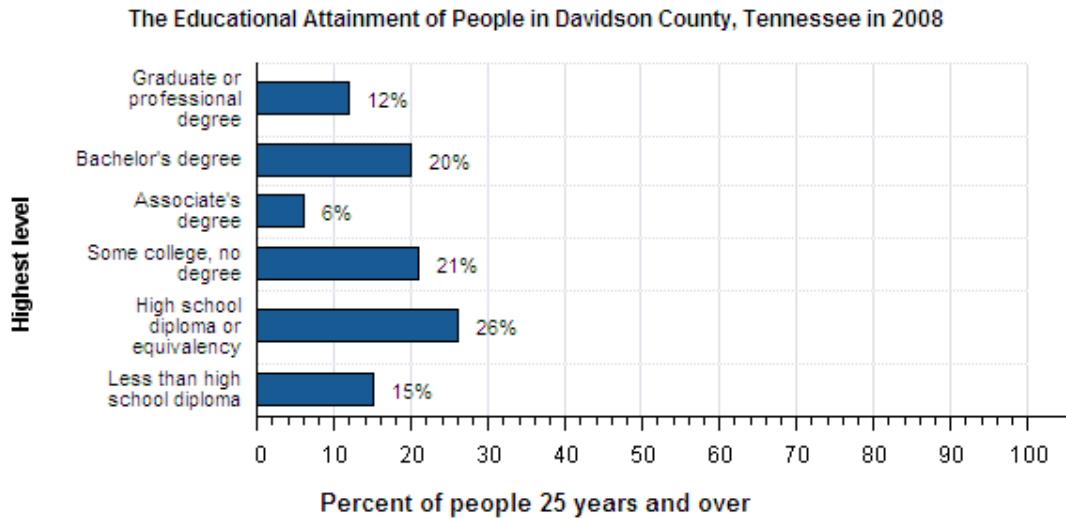
### **Education Spending in Tennessee**

The National Center for Education Statistics 2008 Digest of Education Statistics ranks Tennessee last of the fifty states in per capita spending. For 2005-2006, the latest comparative data available, the average per capita spending in the United States was \$7,087. In contrast, Tennessee's per capita spending was \$5,694. Only nine other states spent less than \$6,000 per capita. They were: Arizona (\$5,797), Arkansas (\$5,900), Georgia (\$5,789), Idaho (\$5,746), Missouri (\$5,911), South Dakota (\$5,820), Oklahoma (\$5,967), and Texas (\$5,881).

### **Education Levels of Davidson County Adults**

Income level and poverty have been strongly correlated with educational attainment, as indicated by past studies by the U.S. Census Bureau (July 2002). American Community Survey data (U.S. Census Bureau, 2008) indicate that, among those Nashville residents age 25 and older, 15.3% do not have a high school diploma. In 2006, 36% of the female-headed households in Davidson County with children under eighteen years of age were in poverty (American Community Survey Fact Finder, U.S. Census Bureau). When the female head of the household has less than a high school diploma, the figure rises as high as 58.2% (ACS, 2006).

**Table 9. Educational Attainment of Davidson County Residents 2008**



Source: American Community Survey, 2008

An increase in educational attainment of its residents is of critical importance to the future of the Nashville community. High School graduation rates below the National Average continue to be a problem in Davidson County (MNPS Accountability Results 2008).

A July 1, 2008 report by Nashville Public Radio indicated that fewer than half of Tennessee residents who enrolled in a four year degree program in the year 2000 had completed the degree within six years. Thus, support for students in higher education is a critical need for those students whose academic challenges are compounded by life circumstances or an insufficient academic background prior to their college enrollment (NPR, 2008). The charts below, taken from Economic Marketing Specialists, Incorporated, and first reported in the Nashville Chamber of Commerce Workforce study prepared by the Center for Regional Economic Competitiveness, shows the correlation

between education and earnings, as well as a comparison between Nashville and the national averages.

**Table 10. Correlation between Education and Earnings**

NASHVILLE

Educational Band	Emp 2007	Net New Jobs (07-17)	Average Earnings 2007	% Total Emp (2007)	% New Jobs (07-17)
Advanced Degree	37,641	6,527	\$68,399	3.3%	5.3%
4-year College Degree	188,596	26,789	\$54,901	16.5%	21.8%
Tech-Some Post	107,666	17,652	\$37,273	9.4%	14.4%
GED Some Experience	179,721	19,935	\$36,416	15.7%	16.2%
GED/Entry	254,937	17,595	\$30,918	22.3%	14.3%
Below GED	376,317	34,264	\$20,331	32.9%	27.9%

NATIONAL

Educational Band	Emp 2007	Net New Jobs (07-17)	Average Earnings 2007	% Total Emp (2007)	% New Jobs (07-17)
Advanced Degree	6,841,490	966,690	\$73,736	3.8%	5.4%
4-year College Degree	31,218,522	4,310,787	\$62,415	17.4%	24.1%
Tech-Some Post	16,586,635	2,620,076	\$38,219	9.2%	14.7%
GED Some Experience	27,727,675	2,583,378	\$41,165	15.5%	14.5%
GED/Entry	34,633,541	2,008,158	\$31,846	19.3%	11.2%
Below GED	62,402,522	5,366,315	\$21,017	34.8%	30.1%

Source: EMSI



## **Health Data**

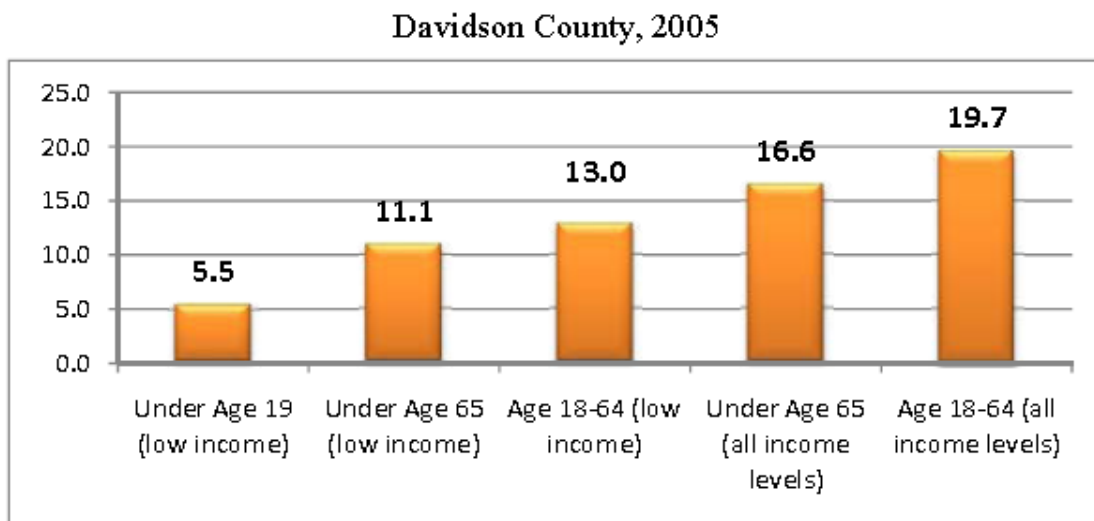
### **Lack of Adequate Insurance Coverage**

The Children's Defense Fund, in data posted November 2008, estimates that approximately 132,000 children, 8.5% of the state's total, are uninsured (CDF data retrieved January 2010). Sweeping changes in TennCare, the state's health care program for low-income residents, have resulted in many of Nashville's children and families being left without adequate insurance or access to quality health care. A TennCare report released on January 7, 2009, illustrates the deepening crisis in Tennessee's Health Care

System. The report states, ‘Facing mounting revenue shortfalls, the State of Tennessee today provided updated information to the U.S. District Court in Nashville concerning potential budget cuts that TennCare faces as a result of the deepening economic recession...Tennessee faces a revenue shortfall this year and next, and TennCare will have to share the burden in reducing state expenditures,’ TennCare Director Darin J. Gordon is quoted as saying. “We’re asking for this relief so we can use these funds to minimize some of the planned cuts that are needed to balance our budget.”’

U.S. Census data from 2005-2007 estimates that 13.9% of Tennessee’s residents are uninsured (ACS 3-year estimates, 2005-2007). The number for Davidson County is even higher, with an estimated 16.6% of its residents estimated as uninsured, according to 2005 Census Data. This figure of 16.6% translates to 82,327 uninsured individuals in the Nashville area. The following chart, provided by Metro Social Services (2009), shows the 2005 percentage of uninsured individuals by income category and age.

**Table 11. Percentage of Uninsured, Davidson County 2005**



U.S. Census Bureau, Small Area Health Insurance Estimates

Governor Phil Bredesen's website, under the heading, "Phil's Priorities," once contained the following quote, "Governor Bredesen believes the unchecked growth of TennCare, the most expansive public health insurance program in the country, is the clear and present danger to the state's fiscal stability" (first retrieved April, 2007). The governor's position has resulted in a drastic reduction in TennCare, with limited benefits more difficult to obtain than the more generous coverage available in the past. Currently, TennCare places limits on the number of doctor's visits patients can have per year, the number of lab tests, the number of inpatient days, and a number of other severe limitations. Additionally, those patients characterized as "uninsurable" have seen a movement toward limitations of their ability to obtain treatment for long-term and chronic illnesses (such as asthma and AIDS).

The crisis in Tennessee's health care system is particularly devastating in context of the reality that poor and uninsured persons living in Davidson County are disproportionately African American children, females, and the elderly. Those most likely to lack health coverage are young adults between the ages of 18 and 24, people with lower levels of education, and people in households with annual incomes of less than \$25,000.

Among the measures being considered by TennCare is an across-the-board 7% decrease in the rates paid to TennCare health providers, accompanied by a new co-pay for members. While this would reduce state spending by \$113.21 million, this move would have the dual negative effect of decreasing the number of providers willing to accept TennCare patients while simultaneously reducing the number of patients who could afford to utilize TennCare due to their inability to pay a co-pay.

While the TennCare crisis is perhaps the most visible indication of Tennessee's health care woes, it is by no means the only one. In a city known as a hub of the health care industry, Nashville faces rapidly escalating uninsured health care costs. A November 14, 2008 Nashville Business Journal report indicates, "In the past five years, uncompensated medical care at Nashville's 10 major hospitals has ballooned nearly 140 percent." The Tennessee Department of Health estimates the cost of uncompensated care in 2008 at 470 million dollars.

Chris Taylor, CFO of HCA TriStar Health System, believes those figures will continue to rise, estimating that TriStar's costs may have increased as much as sixty million dollars in 2009. Taylor is quoted as saying, "The current economy shows what we are dealing with. Unemployment is higher, and people are waiting much longer (when they're sick) and ending up in emergency rooms." This sentiment is echoed by Dr. Robert Cranfield, a physician at Tennessee Urgent Care. In an interview posted on WKRN.com, he is quoted, "A lot of people are just holding back on coming for routine healthcare. They're going to try and wait it out and see if things will get better, or for better economic times."

While affluent private hospitals such as Vanderbilt University Medical Center have historically contributed gratis care to underinsured individuals, the economic crisis has precipitated a fiscal crisis among wealthy medical centers, as their endowments have decreased, in many cases, by as much as half. The prevalence of economic difficulty among institutions who have been benefactors in the past presages an era in which quality care will be even more difficult for underinsured individuals to attain. Additionally, as community hospitals such as Metro General, already operating with stringent budgets,

face escalating revenue losses, both the access to and the quality of care is at risk as hospital personnel become increasingly burdened. Finally, as individuals postpone or eliminate routine healthcare, the likelihood of costly illness increases. It is imperative that community agencies band together to coordinate health care services in a manner that is efficient and accessible for uninsured individuals in the Nashville area.

### **Prenatal Care**

The Tennessee Department of Health website (data retrieved January 7, 2010) reports that, in 2004, 23 percent of live births were babies who had received no prenatal care. Black mothers were two times (19.5%) more likely to receive no or inadequate prenatal care than White mothers (8.9%). Contributing factors to the lack of prenatal care include: inadequate insurance coverage, lack of convenient access to care, a delay in seeking care, lack of adequate family or community support, and teen pregnancy. The website states, “Access to early and regular prenatal care has a direct effect on the health outcomes of both mothers and infants. Babies born to mothers who have not had prenatal care have more health problems (e.g., preterm delivery, low birth weight babies) than babies born to mothers receiving adequate and regular prenatal care. Mothers who have not had regular prenatal care also have more health problems during and after delivery. Providing adequate and regular care to expecting mothers can save both mother and child’s lives.”

Provision of adequate prenatal care is dependent upon the exploration and understanding of the maternal, paternal and social factors contributing to the acquisition of adequate prenatal care. Prenatal care usage determinants are varied, ranging from the

subtle to the obvious. The obvious factors are financial solvency, geographic location, and support. The more subtle factors include cultural and attitudinal characteristics requiring knowledge of cultural norms. A woman's social group and family have a lot to do with negative or positive attitudes toward pregnancy. Depression and denial, especially found in adolescents, have been associated with poor use of prenatal care. Women whose pregnancies are unwanted or untimely typically have negative attitudes about being pregnant and are more likely to delay prenatal care or to continually miss appointments (Alexander, Korenkrot, 1995).

The Metropolitan Action Commission is currently in the start-up phase of an Early Head Start program that will include services for twenty expectant mothers. It is our hope that the institution of this program will offer avenues for assistance that will create positive momentum throughout the community in the awareness of the importance of prenatal care.

### **Low Birth Weight**

Low birth weight is a major cause of infant mortality, and often results in health and developmental problems for surviving infants. The care for low birth weight babies is extremely expensive, and lifetime costs for health issues resulting from low birth weight can be devastating. The 2009 Kids Count Data Book estimates the rate of low-birth weight babies born in Davidson County in 2007 at 9.3%. The rate for babies born to White mothers was 8.9%, and the rate for babies born to African American mothers was 14.8%.

## **Infant Mortality**

According to the Tennessee Department of Health (2010), low birth weight babies (less than five pounds, eight ounces) are 19 times as likely to die in the first year as normal birth weight infants. Low birth weight may result from inadequate prenatal care, teen pregnancy, poverty, or the mother's use of tobacco, alcohol, or drugs. Improved and expanded family planning services would reduce unwanted and untimely pregnancies among teens, thereby lowering infant mortality rates.

The Annie E. Casey Foundation 2009 Kids Count Data Book ranks Tennessee 47<sup>th</sup> in infant mortality, its worst ranking on any indicator. The Tennessee Department of Health website (2010), reports that, in 2006, the state infant mortality rate was 8.7 per thousand live births, over 31% higher than the national rate of 6.6. Leading factors that influence infant mortality are a lack of adequate prenatal care and low birth weight. According to the Tennessee Commission on Children and Youth (2006) the infant mortality rate for Davidson County that year was 6.6 per thousand live births. However, the Annie E. Casey Foundation reported a rate of 9.3 for 2006 and 8.0 for 2007. Both these figures are higher than either the state or national rates. The Tennessee Department of Health has reported exceptionally high infant mortality rates in East and North Nashville. An article on the WPLN website reported that there were 93 infant deaths in Nashville in 2006, the second highest number in the state (WPLN website, June 2, 2009). The Metropolitan Nashville Department of Health website records 78 deaths of children less than one year of age in Nashville in 2007 (Metro Health Department Website, 2010). Of those, 32 children survived less than one day. So great is the problem of infant mortality in Nashville that the city has received a grant of \$745,000 per year over the

next five years to address the problem of infant mortality, particularly in the areas of Edgehill and other parts of north and east Nashville (WPLN website, 2010).

Research on African American infant mortality, conducted by the Harvard Medical School, found that African American women have higher rates of infection, bleeding, and pregnancy-induced hypertension compared to women of other races. African American infants are almost twice as likely to die prior to their first birthday as white infants. The researchers concluded that there is probably no single cause for the higher complications in African American births, though the high incidence of teen pregnancy is a factor.

In addition to low birth weight, other factors contributing to an increased infant mortality risk include preterm births, lack of adequate prenatal care, births to mothers with less than a high school education, use of tobacco during pregnancy, and sudden infant death syndrome. In Tennessee, the number of white mothers who reported smoking during pregnancy in 2006 was greater than twice the number of black mothers who smoked while they were pregnant. (Tennessee Department of Health, 2010).

### **Teen Pregnancy**

Kids Count 2009 data indicate that the teen pregnancy rate for Davidson County in 2006 was 48.6 per 1,000 teen females. Teenage women gave birth in 2007 at a rate of 42.9 per 1,000. Teen pregnancy presents a significant challenge for Davidson County. A young woman who gives birth prior to high school graduation is less likely to complete high school than a woman without a child. As a state, Tennessee ranked 42 in both the teen birth rate and the percent of children in poverty, and 43<sup>rd</sup> in the percent of children in

single parent families. In Davidson County in 2007, 46.4% of births were to unmarried mothers (Kids Count Data Book, 2009).

### **Behavioral and Environmental Risk Factors**

An August 29, 2006 *Trust for America's Health* report ranks Tennessee as the 6<sup>th</sup> heaviest state in the country, with adult obesity rates of 26.6 %. Obesity is a major contributing factor in heart disease, diabetes, and some forms of cancer. Heart disease is the most common cause of death in Davidson County, cancer is ranked second, and diabetes related illnesses are ranked eighth. Overweight is most common in adults between the ages of 45-64 and among African Americans, who are three times more likely to be overweight than the rest of the population. Approximately two-thirds of the children served in the Metropolitan Action Commission Head Start program are African American. The greater propensity of African Americans to be overweight underscores the critical importance of providing children in the MAC Head Start program with adequate and appropriate nutrition, frequent opportunities for physical activity, and extensive health education. The I am Moving I am Learning program has been instituted in Head Start classrooms, and children participate in at least sixty minutes of physical activity each day.

Smoking is a critical behavioral risk factor. The Centers for Disease Control and Prevention estimates that one in five deaths in the United States is somehow related to smoking. More men than women smoke, and smoking is greater among Whites than African Americans. Approximately 40% of Nashville residents with less than a high school education smoke, compared to only 17% of college graduates.

## **Mental Health**

There are a number of mental health service providers in Nashville, but the inability to pay compromises patient access to many of these agencies. In times of economic hardship, mental health concerns increase. While mental illness is a biological condition, severe stress and anxiety may trigger episodes of mental illness. The mental health issues of parents have an impact on their children. Conversely, childhood mental health is an emergent field, with rapidly changing protocols and diagnoses, making it difficult to define an individual child's mental health condition and even more difficult to establish an effective treatment program. The rise in childhood mental illness is a matter of critical importance.

There are a number of mental health agencies serving the Nashville community which may benefit Head Start children and their families. Centerstone is a long-standing community resource for quality mental health care, and has a strong relationship with the Metropolitan Action Commission. The Mental Health Association of Middle Tennessee is a mental health advocacy group that offers information and resources to those impacted by mental illness.

## **Hunger**

It has been well documented that children who suffer routine severe hunger have higher levels of illness and that their ability to pay attention in school in order to learn is diminished. Further, these children have increased levels of anxiety, depression, and problem behavior as compared to children who are not hungry. The USDA reports that on any given day, between 0.5 and 0.8 percent of people in the United States are hungry.

Hunger in the Nashville area is on the increase. United Way 211 data from January 2009 show a 49% increase in calls requesting help with food when compared to the same period in 2008. A summary of 2008 211 data shows that sixteen percent of all 211 calls in Davidson County were from individuals in need of food, a total of 19,545 food related calls.

The Hunger Task Force describes food insecurity as "a condition in which people lack basic food intake to provide them with the energy and nutrients for fully productive lives." According to WHY, an organization dedicated to fighting hunger and poverty, on any given day roughly eleven percent of families in the United States are hungry or at risk for hunger. This translates to a figure of 35.5 million individuals, including over 12.5 million children.

In the article "Emergency Assistance," by Jeanne Naujeck (2006), posted on The Community Foundation Giving Matters Research website, it is reported that roughly 12% of households in Tennessee will experience "food insecurity" within the course of a year. Food insecurity was defined as resulting when a family cannot anticipate the source of their next meal. Approximately forty percent of households are hungry at some point. They skip meals or eat very little, often fasting for an entire day. Many families have lower quality diets or are forced to request emergency assistance because they cannot afford fresh, nutritious food.

The Hunger and Homelessness Survey, completed in December 2007 and sponsored by the Council of Mayors and Sodexo, quotes The Homeless Power Project, a Nashville homeless advocacy group, as saying "There are not enough places for 3 meals a day, 7 days a week; 365 days a year ... There is never enough food with food stamps

for the month, even if you eat beans and cornbread.” Rising unemployment, combined with the sporadic work opportunities available to seasonal and migrant workers, result in inadequate resources for food and shelter. Second Harvest reports an increase in food requests from grandparents who are raising grandchildren due to family substance abuse issues. Second Harvest offers a number of different programs assisting a variety of groups. Another community agency, Nashville’s Table, distributes around 90,000 pounds of perishable food each month.

The Metropolitan Nashville Public Schools, the 49<sup>th</sup> largest district in the country, is the local educational agency for the Nashville community. As mentioned earlier, 71.69% of MNPS students are categorized as economically disadvantaged (MNPS FACTS 2007-2008). While almost three fourths of the Nashville student population qualifies for free and reduced lunches, only 48% participate, meaning that many of Nashville’s students are going to school hungry each day. Although the number who qualify is substantially higher than the number who participate, the 48% participation rate is a full ten percentage points above the Tennessee state average.

Bread, an organization dedicated to fighting hunger, estimates that approximately 13% of families in Tennessee are characterized as “food insecure.” An additional 4% are food insecure with chronic hunger. Clearly, a critical need exists for coordination of existing resources and food service providers, as well as training, resources and equipment that will allow individuals to learn to grow and harvest their own food in order to enable them to become less dependent on outside food sources.

## **Nutrition and Nutrition Resources**

There are several nutrition initiatives which offer support for residents of Davidson County. They include efforts to train local farmers to accept payment in the form of WIC vouchers or EBT cards. While there are currently very few farmers participating, the Farmer's Market Nutrition Program offers a method that allows a limited number of low-income families, particularly women and children, to access fresh produce. Another important program, called Healthy in a Hurry, is administered by the local health departments and the YMCA. This program provides nutrition education and access to fresh produce to children in middle schools. Additionally, the Senior Farmer's Market Nutrition Program is a federal program which offers low-income senior citizens coupons to purchase fresh produce at smaller establishments such as roadside stands, farmer's markets, and community produce programs. A key form of assistance in Nashville is the Veggie Project, a collaborative effort between the Boys and Girls Clubs and Monroe Carell hospital at Vanderbilt University. The Veggie Project provides vouchers for the purchase of fruit and vegetables in an attempt to increase consumption of healthy foods among children and families who are nutritionally at risk. These and other similar programs offer resources for healthy nutrition.

The Metropolitan Action Commission provides nutrition assistance through a variety of methods. For elderly residents the agency may provide support for nutritional supplements such as ENSURE. Further, the MAC Community Services Division offers immediate relief through the Summer Food Services Program. During the summer of 2009, the program operated at over one hundred sites, serving meals to school children who qualify for free or reduced lunch during the school year. Members up to the age of

twenty-five who met qualifications were also able to receive meals. During the month of June, 132,072 nutritious meals were served, followed by an additional 108,016 meals in July. Altogether, the Summer Food Service Program offered 240,088 meals to individuals who might otherwise have gone hungry.

Temporary Assistance to Needy Families provides financial assistance to low-income families. Metropolitan Social Services provides temporary financial assistance when a family has experienced a recent loss of income and support. An example of this type assistance might be paying rent in order to enable a family to avoid eviction. Women, Infants, and Children (WIC) provides food coupons for pregnant women and nursing mothers. An estimated 19.6% of young children in Davidson County participated in the WIC program in 2007 (Kids Count, 2009). The federal food stamp program provides food subsidies through a debit-based system for low-income persons. In Davidson County, 32.3% of children were in families receiving food stamps in 2006 (Kids Count, 2009). Data provided by Metro Social Services shows that in Davidson County in 2007, 12,934 households below the poverty level and 8,933 families above the poverty level received food stamps. However, approximately 18,818 eligible families below the poverty level were *not* receiving food stamps (Metro Social Services, 2009). Care must be taken to ensure that members of our community who are at greatest risk of food insecurity receive the appropriate guidance and information to procure food stamps for their families.

Child nutrition programs provide federal funds for breakfast and lunch served in the public schools. The income of Head Start families falls in a range that allows children in the program to benefit from the CACFP reimbursement. The Supplementary

Foods program provides agricultural commodities including powdered milk, rice, butter, peanut butter, cereal and flour to the elderly in low income groups.

The Metropolitan Action Commission Head Start program provides healthy meals and snacks that are nutritionally balanced and culturally and religiously sensitive.

Children identified as being at nutritional risk or of having problems relating to nutritional deficiencies are supported through family counseling and referral services.

The full-day extended year Head Start program offered by the Metropolitan Action Commission allows children greater access to nutritious meals than they might receive in other program paradigms. As mentioned earlier, the agency also attempts to provide for the city's nutritional needs through other methods. By offering a summer breakfast and lunch program, the Metropolitan Action Commission seeks to provide food for families during the time when free and reduced-priced school lunches are unavailable.

### **Childhood Obesity**

Childhood obesity rates have tripled since 1980 (National Association of Children's Hospitals and Related Institutions, 2008), often because parents cannot afford to purchase fresh, nutritious foods. The 2008 National Poll on Children's Health found that childhood obesity is considered the number one children's health problem. 2008 marks the first year that obesity has ranked higher than smoking and drug abuse, long considered America's top childhood health concerns (National Poll on Children's Health, 2008). Childhood obesity has become a top priority on governmental, political, and health care agendas. One in five children in the United States is overweight. Current research finds that both private and public sectors appear to be moving beyond a simplistic view of childhood obesity toward an analysis of the underlying genetic and

environmental causes, in order to facilitate a multidisciplinary approach to prevention. This effort should involve schools, communities, health care professionals, preschool programs, child care centers and families who are at increased risk for childhood obesity. Early intervention could result in a substantial reduction of health care costs resulting from childhood obesity.

In Tennessee, 14% of children ages 2-5 are overweight. With the fifth highest adult obesity rate in the United States (27.8%) and the fourth highest obesity rate among youths age 10-17 (20%), maintaining a healthy weight and appropriate attitudes toward food and nutrition are critical concerns for educators in the state of Tennessee (Tennessee Department of Education, Office of School Health, 2008).

The Metropolitan Action Commission Head Start program educates parents by encouraging the consumption of five servings of fruit and vegetables each day. Other program efforts include an emphasis on physical fitness, the provision of nutritious snacks, nutritional analysis for children, referral to WIC and the Supplemental Foods program, counseling, education, and other services as necessary. When a child is determined to be obese, a referral is made to WIC, and the Primary Care Provider is contacted to request additional support. If the Primary Care Provider does not take action, the Head Start program is limited in its ability to assist the family, but will provide support in the form of resource information and education to change family habits. Children who are obese often remain overweight into adulthood, creating a number of weight-related health concerns. Poor eating habits must be changed if children who suffer from childhood obesity are to develop the healthy eating habits and attitudes toward exercise that will foster their development as physically fit teenagers and adults.

## **Child Abuse and Neglect**

According to the Annie E. Casey Foundation (2009), there were 6,101 reported child abuse cases in Davidson County in 2007. It could be argued that no single circumstance is as devastating to a child as the experience of abuse or neglect. Child Abuse and neglect can be categorized as a social, mental health, physical, and educational area of need. Children who are victims of abuse are three times more likely to become depressed, six times more likely to experience post-traumatic stress disorder, thirteen times more likely to abuse alcohol, twenty-six times more likely to abuse drugs and four times more likely to commit suicide than children who have not experienced abuse (Metro Social Services Community Needs Evaluation, 2009). Although the statistic that one of every four girls and one of every six boys will experience sexual abuse prior to age eighteen, it is widely believed that sexual abuse is one of the most under-reported crimes.



## **Social Service Data**

### **Needs of Head Start Eligible Children and Families within the context of Additional Needs Expressed by Members of the Community**

A community's social service needs are often driven by its education, health, and economic needs. This is certainly the case for the children of Nashville. Last fall, the city of Nashville began an initiative to reduce poverty by 50% within the next ten years (MAC website, 2009). For the last three years, the Metropolitan Action Commission has hosted community forums and poverty summits to actively engage the community and other stakeholders in raising awareness of the barriers facing Nashville's low-income residents. In an effort to merge knowledge with resources, the agency collaborated with the Nashville Chamber Public Benefit Board to sponsor "A Community Symposium: Reducing the Poverty in Nashville," held on September 22, 2008. The seven key areas expressed by the community as barriers were topics of the panelists during the

symposium. Those areas include: Housing, Food, Child Care, Workforce Development, Economic Opportunity, Health Care and Neighborhoods.

At the end of the symposium, The Metropolitan Action Commission and the Nashville Chamber Public Benefit Foundation issued a call to action, and many business leaders committed to a working group in one of the seven areas. Seven committees were formed to create a detailed plan to submit to Mayor Karl Dean that would become the plan the city would use as its guide. Partners include: Campus for Human Development, Catholic Charities of Tennessee, Community Relations Committee of the Jewish Federation of Nashville, Mayor's Office of Economic and Community Development, Mayor's Office of Neighborhoods, McDonald Media, Meharry Medical College, Metropolitan Social Services, Nashville Area Chamber of Commerce, Nashville's Agenda, Second Harvest Food Bank, and Vanderbilt Center for Nashville Studies. The resulting community-wide plan was unveiled during a press event hosted by the Metropolitan Action Commission, during which Mayor Karl Dean unveiled the poverty reduction initiative. This cooperative effort demonstrates the role that the Metropolitan Action Commission continues to play in fulfillment of the Economic Opportunity Act goal to "make the entire community responsive to the needs and interests of the poor by mobilizing resources and bringing about greater institutional sensitivity" (EOE Instruction, November 16, 1970). Further, it is fostering change "in the community's attitudes and practices toward the poor and in the allocation and focusing of public and private resources for anti-poverty purposes" (EOE, 1970).

During 2009, a comprehensive Community Needs Evaluation, a coordinated effort between agencies and groups, was conducted across the Nashville community. The evaluation, spearheaded by Metro Social Services, resulted in the creation of a thorough evaluation of the community's needs as seen by both professionals in agencies and "grassroots" members of the community. This diversity of opinions is useful in gaining an understanding of the differences in perceived needs expressed by community service agencies compared to members of the community itself. Over 1,700 members of the community participated in the survey, along with over 600 professional members from social service and community agencies. Finally, focus groups were conducted with a number of community members to gather in-depth information regarding community needs. The survey assessed community needs across a variety of areas.

The combination of these efforts has resulted in aggregation of timely information regarding needs the community considers most critical, from the perspectives of both low-income community members and service providers. Many of those challenges have already been described in this document. The following sections include additional information regarding relevant to the community and the Metropolitan Action Commission Head Start program.

### **Family Support and Fatherhood**

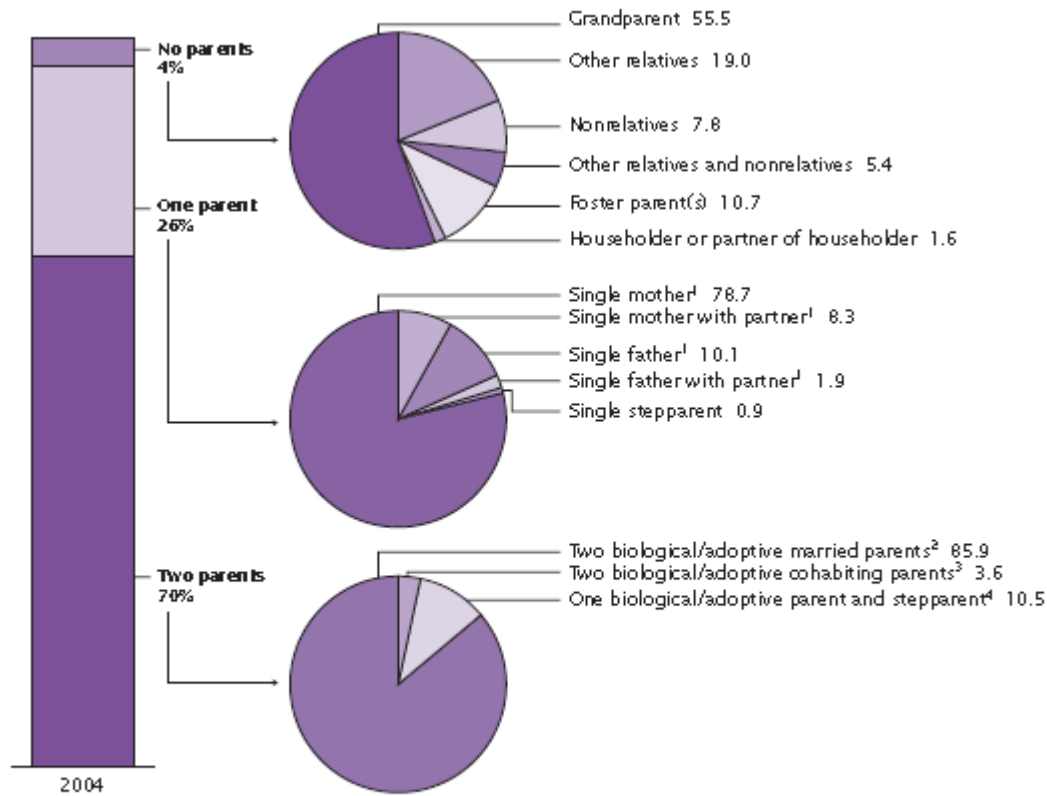
Much information is available regarding the impact of the absence of a father on a child's life. The U.S. Census Bureau reports that over 25 million children (34%) live apart from their biological fathers. In African American homes, the figure rises to 65%. United States Census data report that 6,614 grandparents reported raising their grandchildren in 2008 (ACS 2009). The Census reports that across the nation, nine

percent of all children have a grandparent living with them, and twenty-three percent of those have no parent present.

The last few years demonstrate a noticeable increase in the numbers of single fathers raising their children. In 2004, the U.S. Census Bureau reported two million single fathers raising children, an estimated one in six fathers. The following Census graph, representing 2004 data, indicates that, of those children living with single parents, just over ten percent live with their fathers. Further, 2008 data indicates that the number of families with non-traditional roles is rising, as evidenced by the rising number of stay-at-home dads. In 2008, 5.3 million mothers and 140,000 fathers were stay-at-home parents. Community supports must be created to provide nurture and care for the caretakers of children, particularly when those nurturers are not finding the support that comes from having a community of individuals engaged in the same tasks.

**Table 12. Percentage of Children in Various Living Arrangements 2004**

**Percentage of Children Aged 0-17 Living in Various Family Arrangements: 2004**

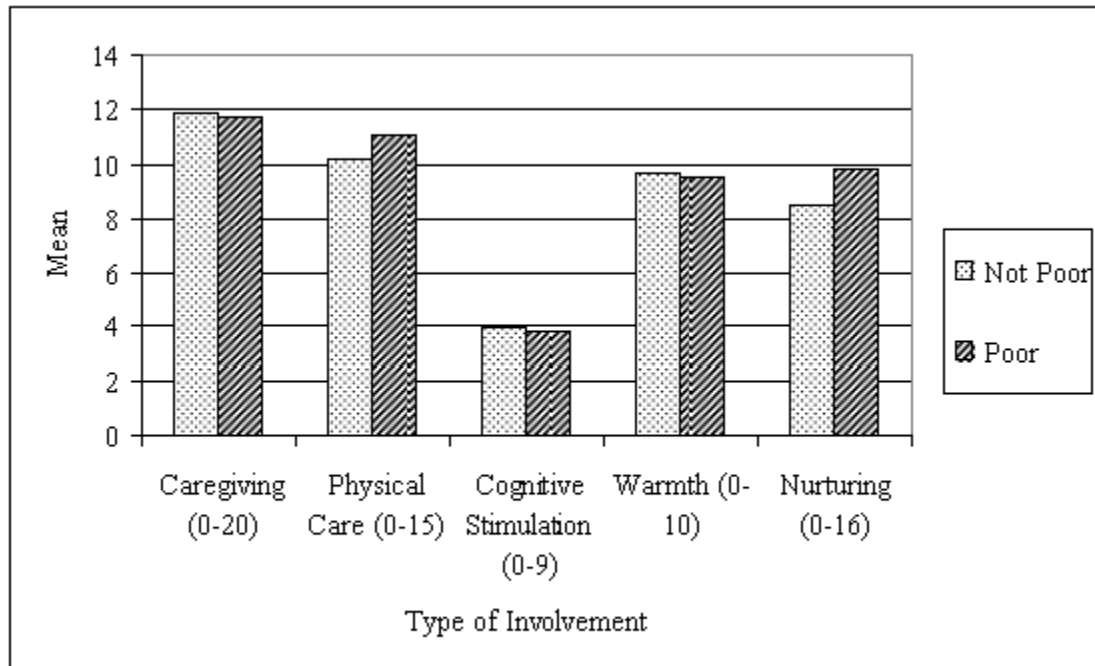


<sup>1</sup> Child points to one parent, biological or adoptive.  
<sup>2</sup> Child points to two parents, who are married to each other—either two biological, two adoptive, or one biological and one adoptive.  
<sup>3</sup> Child points to two parents, who are not married to each other—either two biological, two adoptive, or one biological and one adoptive.  
<sup>4</sup> Child points to two parents, either married or cohabiting—one is a biological or adoptive parent; one is a stepparent; or both are stepparents.

Source: U.S. Census Bureau, Survey of Income and Program Participation, 2004 Panel, Wave 2.

The types of interactions between fathers and their children tend to vary slightly dependent on economic status. The following graph, taken from the U.S. Department of Health and Human Services Responsible Fatherhood Spotlight (November, 2008), illustrates the different types of interaction styles of fathers in poverty and those whose incomes are above the poverty line.

**Table 13. Types of Fatherly Involvement**



Source: Child Trends' analysis of ECLS-B 9-month data

The data show that, when present, low-income fathers tend to be more engaged than higher-level income fathers in the physical care and nurturing of their children. Further, while they were rated slightly lower than fathers above the poverty level in the traits of care giving, cognitive stimulation and warmth, those differences were not as pronounced as their higher scores in the other two areas.

**Workforce and Economic Opportunity for Families**

The Annie E. Casey Foundation Kids Count Data Book (2009) ranks Tennessee 41<sup>st</sup> in the country in the percentage of children living in families where no parent has full-time, year-round employment. Further, this situation is worsening over time, with a 13% increase during the time span from 2000-2007 (Kids Count, 2009). An April 24, 2009, report in the Nashville *Tennessean* stated that the Nashville-Murfreesboro

unemployment rate in March 2009 was 8.8%, a half percentage point higher than the preceding month of February. Most of the job losses were in retail sales, manufacturing, and transportation.

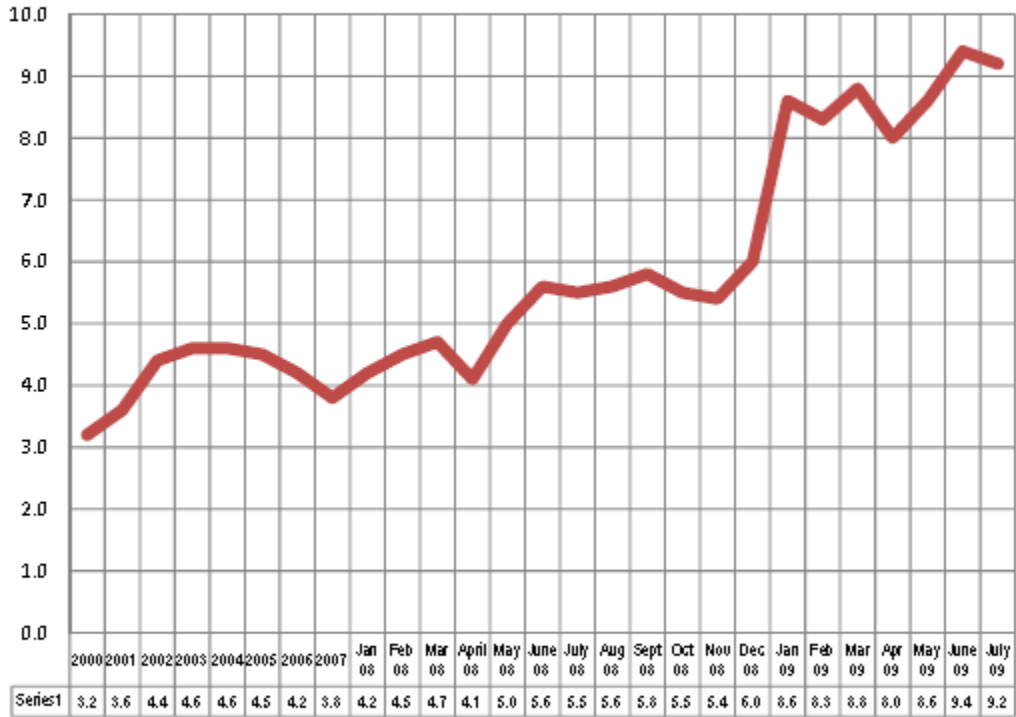
The Davidson County unemployment rate rose from 3.2% in 2000 to 9.4% as of June, 2009 (Metro Social Services, 2009). While final estimates for 2009 have not been released, The *Nashville Business Journal* estimated that Nashville would lose 15,100 jobs between fourth quarter 2008 and fourth quarter 2009, placing it 32<sup>nd</sup> in the country for estimated job loss (Nashville Business Journal, January 19, 2009).

In the Community Needs Evaluation survey, members of the “grassroots community” listed workforce and economic development (34.6%) as the number one need gap in community services. Within that area, they listed the number one concern as help finding a job, followed by the need for job training. (Metropolitan Social Services, 2009). Additionally, survey and focus group participants listed barriers to finding and retaining employment as transportation, child care, medical concerns, and lack of training or education. Also noted were the increased difficulties faced by ex-offenders in securing employment.

The chart below, provided by Metropolitan Nashville Social Services using data from the U.S. Department of Labor, shows Davidson County’s rising unemployment rate from 1999-2009. Unemployment also impacts some demographic groups more than others, as depicted by the second chart showing unemployment levels across demographic groups. Both charts depict data taken from U.S. Census data and compiled by Metro Social Services (2009),

**Table 14. Davidson County Unemployment Rates**

Davidson County, 1999 - June 2009



Source: U.S. Bureau of Labor Statistics

**Table 15. Unemployment by Age and Ethnicity**



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

### **Financial Competence**

When families are unable to manage their finances in the most basic manner, they are unable to prepare for emergencies. Therefore, the financial difficulties associated with unexpected trauma such as job loss, illness, or divorce, which can be devastating to any family, may be debilitating to low-income families. In fact, families in the lowest 20% of the income distribution could see their incomes vary by 50% each year (Johnson, et.al. 2006).

Financial management difficulties are common across all demographic groups. The lack of formalized financial training as part of the middle and high

school curriculum, combined with the lack of availability of financial counseling resources for adults, has created an environment that isolates the person who is having financial difficulty. The coordination of financial training resources and the emphasis on including formal financial training in schools may offer support to those already in debt as well as deter those who have not yet allowed their debt to get out of control. Further, an increase in the number of career development opportunities and training programs will assist persons in seeking and finding employment that offers a livable wage, decreasing their need to go into debt for basic necessities or in times of unexpected expenses.

A survey conducted in April 2007 by the National Foundation for Credit Counseling found that a large number of Americans are unable or unwilling to follow rudimentary financial guidelines. Of those surveyed, less than half had seen their credit report and almost 40% did not pay credit cards in full each billing cycle. Further, less than 40% tracked their expenses, and one in three did not know where to go for financial advice or counseling. Many families also lack the financial literacy to take advantage of all the possible savings afforded them by law, including the Earned Income Tax Credit.

### **Housing**

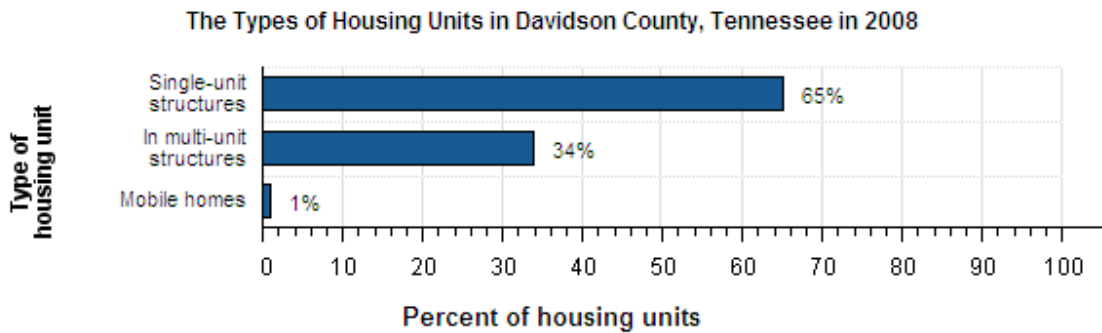
While affordable housing is a chronic problem in metropolitan areas, the economic downturn has exacerbated housing concerns. Metro Social Services data (2009) indicate that between March 2007 and March 2008 the number of foreclosures in Davidson County doubled, and then doubled again between March 2008 and March 2009. The Community Needs Evaluation, professional members of the social services community listed Housing Financial Supports (14.9%) as the community's greatest

unmet need (Metropolitan Social Services, 2009). The 2008 American Community Survey Data indicate that, of the 257,000 housing units in Davidson County, 62% are owner-occupied and 38% are occupied by renters. In a city with very little mass transit, it is significant that approximately seven percent of households do not have access to a private use vehicle. This creates hardship for residents in securing transportation to school, work, or medical appointments. Further, housing costs continue to rise. 2008 American Community Survey Data indicate that median housing costs for mortgage owners were \$1,318. Owners who had no mortgage paid an average of \$440 per month, and renters paid an average of \$753 per month.

A brief review of ACS data over the past several years shows an upward trend in these areas. The American Community Survey 2006 data indicate that median monthly housing costs for residents in the Nashville area were \$1,225 for mortgage holders, \$402 for owners who did not have mortgages, and \$702 for renters. American Community Survey Data for 2004 were: \$1,072 for mortgage owners, \$352 for non-mortgaged owners and \$659 for renters. In 2006, 37% of owners with mortgages, 16% of owners without mortgages, and 50% of renters spent at least 30% of their disposable income on housing. These figures had risen from the following reported in 2004, when twelve percent of owners who no longer had mortgages, 32% of owners with mortgages, and 39% of renters spent at least 30% of their household income on housing. These figures stabilized somewhat in 2008, however; 36% percent of owners with mortgages, 12% of owners without mortgages, and 50% of renters spent at least 30% of their income on housing.

Decreasing availability in affordable housing will impact the way families seek, acquire, and maintain housing in the years to come. Housing maintenance is affected by the percentage of household income that can be applied to rent or mortgage payments. The following graphs depict the housing situation in Nashville and Davidson County, with the first graph showing the variation in type of available housing units.

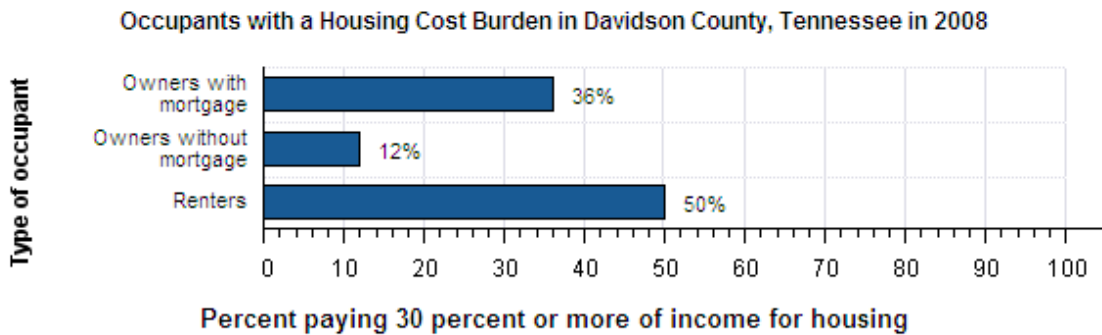
**Table 16. Types of Housing in Davidson County 2008**



Source: American Community Survey, 2008

The second graph depicts those residents with a housing cost burden, meaning they spend at least 30% of their income on housing.

**Table 17. Individuals with a Housing Cost Burden in Davidson County 2008**



Source: American Community Survey, 2008

Renters, who frequently do not have the means to secure mortgaged housing, have borne the brunt of the housing cost burden increase. Between 2004 and 2006, the

percentage of renters with a housing cost burden rose eleven percent, from 39% to 50%., a figure that remained steady through 2008. This is an indication that those who are already struggling to provide for their basic needs face an added burden in the area of housing. Due to the gentrification and rising costs of housing in the inner city, low-income residents are being pushed to the fringes of the county, creating an additional problem of access to transportation. Although approximately nine percent of Nashville's housing units are vacant (ACS 2008), the cost for those units is beyond reach of many Nashville residents.

### **Homelessness**

Homelessness is a reality for many in Davidson County. Service providers at the Metropolitan Action Commission and across Davidson County have noted the following trends in the composition of the homeless population: an increase in the number of women and women with children, an increase in the number of disabled women, and an increase in the number of women with children who have lost Families First benefits and are seeking shelter and child care. The Metropolitan Action Commission Head Start program served sixty homeless children this year.

A March 18, 2009 News Channel 5 report shared an interview with Nashville resident Mycella Moreland, who has become homeless during the past year. "We had been living with my godmother. Then she ended up having to foreclose on her house, so we ended up having nowhere to go." Ms. Moreland was working full-time and getting help from the Nashville organization Safe Haven. While Safe Haven was able to assist hundreds of families in 2009, it was forced turn away more than a thousand families (NewsChannel5.com).

It is important to note that many of Nashville's homeless residents have at least part-time employment, suggesting a critical need for the establishment of livable wages for the Davidson County community. A 2007 article in USA Today reports that almost 40% of working age poor people are employed. However, the Economic Policy Institute reports that the value of the minimum wage has been steadily falling and is roughly 24% lower than its 1979 value. Indeed, the value of the minimum wage is lower than at any time since 1955. Additionally, home ownership is increasingly out of reach of these families, with home prices rising 30% faster than low to middle-income salaries over the past twelve years.

A total of 12 percent of United Way 211 calls in Davidson County in 2008 were requests for assistance with housing. This includes those calls for rent assistance (7%) and other housing/shelter needs (5%). A total of 15,240 211 calls were requests for help with this basic need. The mortgage crisis, combined with the declining value of existing homes, has created a climate of housing insecurity, even for families who have been consistent in their mortgage payments for many years. Further, rising fuel costs result in utility cost burdens for many families. Compared to January 2008, United Way 211 calls for utility assistance in January 2009 had risen 63%. The most recent data available, from April 2009, shows that calls for utility assistance represented the largest volume of 211 calls.

### **Safety and Neighborhood Development**

While Nashville has a reputation as a city that is concerned about its neighborhoods, violent crime has increased in recent years, leading to greater community concern over lack of surveillance and safety in our streets. On April 23, 2009, Forbes

printed its list of America's Most Dangerous Cities (Forbes.com). The list indicated cities with populations larger than 500,000 by incidence of violent crime, including murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. The data was taken from the latest (2008) FBI Uniform Crime Report and Nashville was identified as the ninth most dangerous city in the country. Memphis, Tennessee, our western neighbor, was number two. Another disturbing element of the report is that all ten of the top cities were identified as important transit points for Mexican drug cartels. This and other data highlight the need for increased community involvement in maintaining peace and safety in our neighborhoods

### **Food and Nutrition Needs Expressed by the Community**

Although the need for adequate nutrition and the eradication of hunger was extensively addressed in the children's health section of this document, it is important to note that the Community Needs Evaluation survey ranked the need for food stamps (24.9%) as the greatest Food and Nutrition need expressed by "grassroots" participants. This underscores the reality that food stamps are often not enough to enable a family to eat in a healthy manner.

Professional/Agency participants in the Community Needs Evaluation survey indicated that the need for food for the elderly and disabled (28.9%) was the most critical food and nutrition need faced by the community. Overall, these participants felt that food needs were adequately met. This difference of opinion may signify a needs gap or may simply indicate the need for better communication between service providers and the low-income community regarding available food resources.

## **Transportation**

Although transportation was not cited as among the most critical needs by either professionals or grassroots community members, the lack of transportation was frequently mentioned as a barrier. Both groups of survey participants identified low cost/affordable bus tickets (48.3% among professionals and 36.7% among grassroots community members), sufficient, more or different bus routes (35.9% among professionals and 35.4% among community members) and special transportation for elderly or disabled individuals (28.7% among professionals and 23.9% among grassroots community members) as significant concerns.

### **Summary**

Information presented in the Community Assessment showcases the critical need for Head Start Services in the city of Nashville. Nashville is the largest metropolitan area in Tennessee, the state that ranks last in public education spending (NCES, 2008) and 46<sup>th</sup> in the Annie E. Casey Foundation Indicators of Child Well Being (Kids Count, 2009). Between 28.5% (U.S. Census 2008) and 35% (U.S. Census 2007) of Nashville's estimated 46,831 children under five live in poverty, a raw number ranging from 13,346 to 16,390. The city's economic climate has worsened over the past several years, with unemployment rising from 3.2 to over 9 percent (Metro Social Services, 2009). Nashville's numbers of foreign-born residents have increased at a rate of 74.1%, the third fastest rate in the nation (Brookings Institution, 2009). Further, the MNPS public education system has been through a period of turmoil, and is now in Restructuring I status.

Along with Nashville's economic and educational woes are concurrent crises in health care and housing. Community Service agencies are collaborating in the identification and remediation of community needs, as evidenced by the Poverty Initiative and the Community Needs Evaluation. This collaboration will result in a greater understanding of most critical needs and the maximum use of resources across the community.

### **Use of Community Assessment Data to respond to Head Start Performance**

#### **Standard 1305.3**

The Metropolitan Action Commission continually seeks to improve its program to meet the needs of our changing population. Careful consideration of the information found in this Assessment, combined with careful evaluation of program self-assessments and child outcomes data, contribute to the refinement of the Metropolitan Action Commission Head Start program's philosophy and the strategic planning of short and long term program objectives. Operating a full-day program in an extended academic year, the Metropolitan Action Commission is committed to the provision of Head Start services across the Nashville community. As fuel and heating costs increase, the agency is continually seeking cost efficient methods to provide the maximum amount of service possible. Additionally, as the population becomes more language diverse, the program is actively engaged in ongoing recruitment of multi-lingual staff members. Further, the Metropolitan Action Commission Head Start program has established centers in areas of the county with a high proportion of English language learners in order to serve as many families as possible.

As mandated by the Head Start Act, priority is given to four year olds who will be entering kindergarten the following year. However, the program also serves a number of three year olds, who have demonstrated tremendous gains during their two years in the program. We are eagerly anticipating the implementation of our Early Head Start program, which will enable us to serve an additional 73 individuals, including twenty pregnant mothers.

In these difficult economic times, the Head Start program offers a beacon of hope for children and families of the Nashville area. The provision of quality early childhood with the context of a nurturing environment offers a foundation of both academic skills and emotional security for children. Further, the social service supports offered to families through the program enable them to move toward self-sufficiency as they seek a better set of circumstances for their children.

The Metropolitan Action Commission is honored to operate one of the longest-running Head Start programs in the country. It is our hope that the information provided in the Community Assessment offers a greater understanding of our community, its specific needs, and the unique role the Metropolitan Action Commission Head Start program serves in improving the lives of children and families.

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All scoring will be based on the use of the number (1) in the appropriate square for each category.

2009 - 2010	Sites										
	Berry	Douglass	Dudley	East Y	McNeilly	Ncc	North	Richland	Susan Gray	Tom Joy	Program Average
<b>Services needed in your area?</b>											
Employment	109	94	36	12	29	20	50	112	105	44	61.10
Education	91	58	22	5	19	10	43	48	51	22	36.90
Housing	51	37	13	8	7	6	17	32	29	22	22.20
Health	52	29	5	3	2	9	25	22	37	11	19.50
Child Care	94	36	14	13	7	14	26	49	65	13	33.10
Emergency Services	20	14	4	0	1	2	11	9	13%	8	6.91
ESL Classes	42	9	0	1	0	3	5	12	67	2	14.10
Legal Guidance	5	22	6	1	1	1	5	9	9	6	6.50
Budget/Financial Management	24	45	13	8	5	7	30	40	17	20	20.90
Nutrition	16	28	7	3	0	4	9	18	9	9	10.30
Other	4	3	4	1	0	0	3	9	8	2	3.40
<b>Total # of Services Assessed per Family</b>	608	375	134	55	71	78	234	388	387.13	159	21.36
<b>Willingness to Volunteer?</b>											
Yes	152	114	35	25	50	20	85	73	121	48	72.30
No	31	47	18	4	0	12	45	67	70	30	32.40
Sometimes	0	1	1	0	0	1	0	1	0	0	0.40
<b>Total # of Services Assessed per Family</b>	183	162	54	29	50	33	130	141	191	78	35.03
<b>Head Start Center in your community?</b>											
5 miles or less	63	113	36	18	22	15	74	112	105	46	60.40
5 to 10 miles	19	22	12	7	26	7	30	40	43	19	22.50
10 to 15 miles	78	11	5	7	2	9	20	24	35	6	19.70
15 miles or over	9	2	1	1	0	2	4	3	5	0	2.70
<b>Total # of Services Assessed per Family</b>	169	148	54	33	50	33	128	179	188	71	26.33
<b>Child Development Center in your community?</b>											
5 miles or less	27	96	37	18	26	0	52	19	76	42	39.30
5 to 10 miles	15	20	10	7	23	0	25	26	38	9	17.30
10 to 15 miles	6	11	6	7	1	0	16	4	33	4	8.80
15 miles or over	6	3	1	1	0	0	4	2	5	0	2.20
<b>Total # of Services Assessed per Family</b>	54	130	54	33	50	0	97	51	152	55	16.90

<b>Willingness to Volunteer?</b>	Berry	Douglass	Dudley	East Y	McNeilly	Ncc	North	Richland	Susan Gray	Tom Joy	Program Average
Yes	106	117	36	0	50	14	60	58	77	47	56.50
No	23	47	18	0	0	19	71	123	115	29	44.50
<b>Total # of Services Assessed per Family</b>	<b>123</b>	<b>164</b>	<b>54</b>	<b>0</b>	<b>50</b>	<b>33</b>	<b>131</b>	<b>181</b>	<b>182</b>	<b>76</b>	50.50
<b>Gender/Sex</b>	Berry	Douglass	Dudley	East Y	McNeilly	Ncc	North	Richland	Susan Gray	Tom Joy	Program Average
Male	53	9	3	2	1	4	14	32	35	8	16.10
Female	74	159	53	31	49	29	89	97	157	74	81.20
<b>Total # of Services Assessed per Family</b>	<b>127</b>	<b>168</b>	<b>56</b>	<b>33</b>	<b>50</b>	<b>33</b>	<b>103</b>	<b>129</b>	<b>192</b>	<b>82</b>	48.65
<b>Number of disabled children in household?</b>	Berry	Douglass	Dudley	East Y	McNeilly	Ncc	North	Richland	Susan Gray	Tom Joy	Program Average
None	229	149	51	29	48	32	116	162	168	75	105.90
1 to 2	7	13	2	3	2	1	10	19	23	3	8.30
3 or more	3	3	1	1	0	1	10	5	0	2	2.60
<b>Total # of Services Assessed per Family</b>	<b>233</b>	<b>165</b>	<b>54</b>	<b>33</b>	<b>50</b>	<b>34</b>	<b>136</b>	<b>186</b>	<b>181</b>	<b>80</b>	38.93
<b>Child age categories living in household?</b>	Berry	Douglass	Dudley	East Y	McNeilly	Ncc	North	Richland	Susan Gray	Tom Joy	Program Average
Under 1 year	37	25	7	2	2	1	15	25	23	10	14.70
One Year	25	23	5	3	0	3	11	22	18	14	12.40
Two Years	79	42	9	5	1	3	19	28	25	11	22.20
Three Years	109	103	18	15	28	19	63	98	70	40	56.30
Four Years	141	55	38	17	14	17	63	94	138	47	62.40
Five Years	40	23	13	4	12	6	22	21	29	13	18.30
<b>Total # of Services Assessed per Family</b>	<b>431</b>	<b>271</b>	<b>90</b>	<b>46</b>	<b>57</b>	<b>49</b>	<b>193</b>	<b>288</b>	<b>303</b>	<b>135</b>	31.05
<b>Present Housing Situation</b>	Berry	Douglass	Dudley	East Y	McNeilly	Ncc	North	Richland	Susan Gray	Tom Joy	Program Average
Own	39	14	1	2	4	3	9	11	48	6	13.70
Rent	167	49	14	12	40	18	66	104	119	34	62.30
Section 8	21	34	8	10	5	5	23	23	13	19	16.10
Public Housing	14	44	26	5	0	2	27	28	3	9	15.80
Friends/Relatives	6	16	5	4	0	3	12	20	8	10	8.40
Other	1	6	0	0	0	1	3	2	1	2	1.60
<b>Total # of Services Assessed per Family</b>	<b>348</b>	<b>163</b>	<b>54</b>	<b>33</b>	<b>49</b>	<b>32</b>	<b>140</b>	<b>188</b>	<b>182</b>	<b>80</b>	19.65

<b>Child age categories living in household?</b>	Berry	Douglass	Dudley	East Y	McNeilly	Ncc	North	Richland	Susan Gray	Tom Joy	Program Average
\$0 - \$4,999	44	67	34	20	0	14	47	59	29	31	34.50
\$5,000 - \$9,999	43	26	9	3	18	3	17	35	35	12	20.10
\$10,000 - \$14,999	59	27	2	5	30	10	23	39	51	12	25.80
\$15,000 - \$19,999	57	18	5	3	2	4	12	31	35	8	17.50
\$20,000 - \$24,999	29	11	4	1	0	2	16	20	35	11	12.90
<b>Total # of Services Assessed per Family</b>	<b>332</b>	<b>149</b>	<b>54</b>	<b>32</b>	<b>50</b>	<b>33</b>	<b>115</b>	<b>194</b>	<b>185</b>	<b>74</b>	22.16
<b>Education Levels</b>	Berry	Douglass	Dudley	East Y	McNeilly	Ncc	North	Richland	Susan Gray	Tom Joy	Program Average
Non-Graduate/High School											
GED	24	37	8	3	0	4	32	30	14	14	16.60
High School Graduate	126	81	40	21	47	21	59	109	114	42	66.00
Associates Degree	20	9	2	1	3	5	4	12	12	2	7.00
Bachelors Degree	19	7	4	2	0	0	2	6	15	3	5.80
Masters Degree	2	0	0	0	0	0	0	0	4	0	0.60
Doctoral Degree	2	0	0	0	0	0	1	0	0	0	0.30
<b>Total # of Services Assessed per Family</b>	<b>193</b>	<b>134</b>	<b>54</b>	<b>27</b>	<b>50</b>	<b>30</b>	<b>98</b>	<b>157</b>	<b>159</b>	<b>61</b>	16.05
<b>Do you require ESL Classes?</b>	Berry	Douglass	Dudley	East Y	McNeilly	Ncc	North	Richland	Susan Gray	Tom Joy	Program Average
YES	95	13	0	0	1	2	25	29	95	5	26.50
NO	143	152	54	33	49	30	107	157	97	76	89.80
<b>Total # of Services Assessed per Family</b>	<b>238</b>	<b>165</b>	<b>54</b>	<b>33</b>	<b>50</b>	<b>32</b>	<b>132</b>	<b>186</b>	<b>192</b>	<b>81</b>	58.15
<b>Employment Status?</b>	Berry	Douglass	Dudley	East Y	McNeilly	Ncc	North	Richland	Susan Gray	Tom Joy	Program Average
Employed	138	74	27	19	48	24	62	104	110	42	64.80
Unemployed	73	46	19	6	2	6	51	55	55	21	33.40
Seeking Employment	18	28	4	2	0	0	20	26	19	15	13.20
Pursuing Education	16	21	7	4	0	4	16	15	11	16	11.00
On the job training	6	4	1	2	0	1	5	0	4	6	2.90
Other training	1	5	0	0	0	0	5	0	0	2	1.30
<b>Total # of Services Assessed per Family</b>	<b>252</b>	<b>178</b>	<b>58</b>	<b>33</b>	<b>50</b>	<b>35</b>	<b>159</b>	<b>200</b>	<b>199</b>	<b>102</b>	21.10
<b>SITE AVERAGES &amp; PROGRAM AVERAGE</b>	<b>231.00</b>	<b>182.46</b>	<b>62.62</b>	<b>32.31</b>	<b>52.08</b>	<b>34.85</b>	<b>137.38</b>	<b>186.92</b>	<b>210.24</b>	<b>87.23</b>	<b>31.22</b>

FINAL COMMENTS: