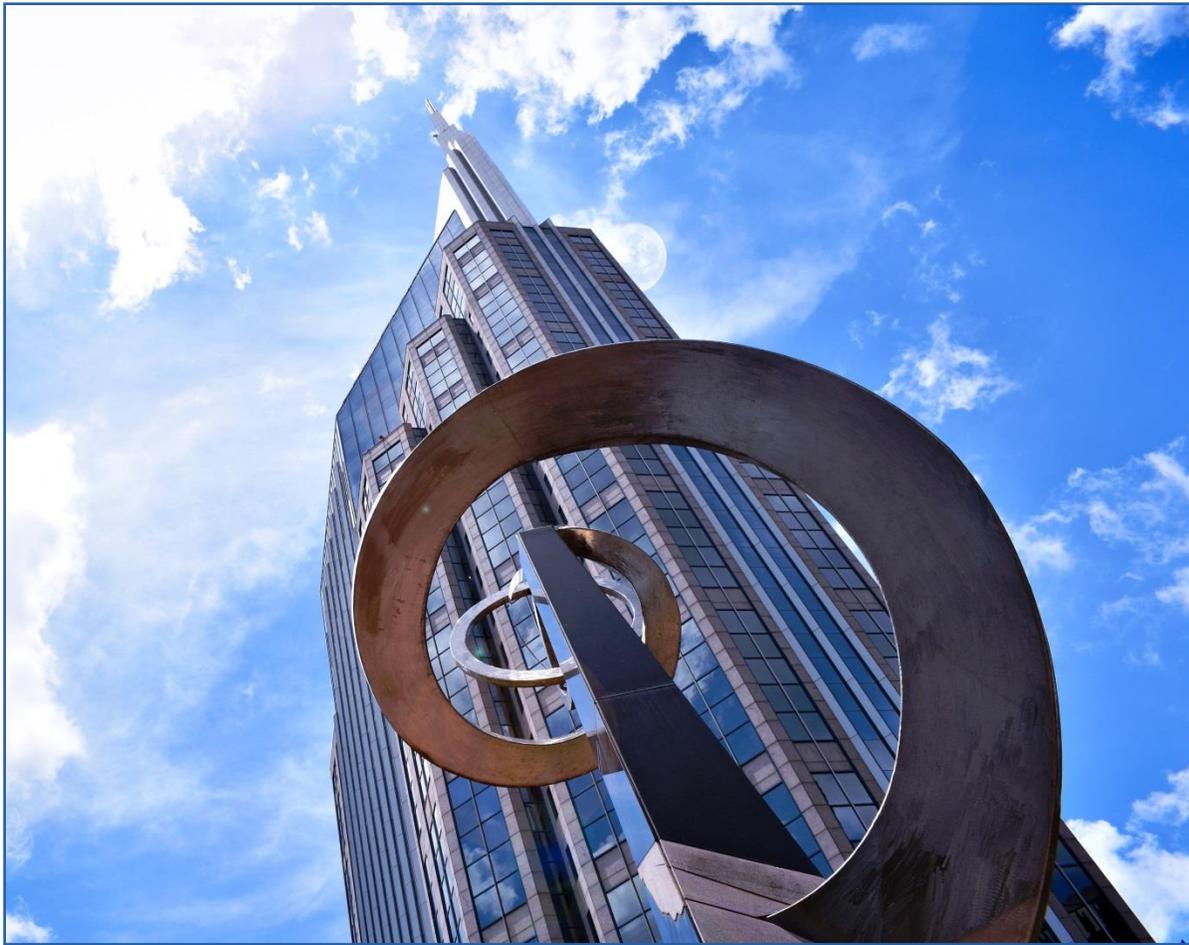


2017
Community Needs Evaluation
9th Annual Edition



Metropolitan Social Services
Planning, Coordination and Social Data Analysis
800 Second Avenue North, Nashville, Tennessee 37201

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

Metropolitan Social Services

MSS Executive Director

Renee Pratt

Board of Commissioners

Pastor William Harris, Chair

Michael Bradley

Bettie Kirkland

Steve Meinbresse

Phil Orr

Charlotte Peacock

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Rosevelt Noble, Ph.D., Assistant Dean of Students; Director of the Bishop Joseph Johnson Black Cultural Center; Senior Lecturer (Sociology); Faculty Head of Stambaugh House; Vanderbilt University

Judy Freudenthal, Ph.D., Vice President, Youth Engagement & Action and External Evaluation; Oasis Center

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Cover photo and other Nashville skyline photos courtesy of Josiah Sellers.

Metropolitan Social Services – Planning & Coordination-Social Data Analysis

Dinah Gregory, Planning & Coordination-Social Data Analysis Director

Abdelghani Barre, Social Data Analyst – Workforce & Economic Opportunity

Lee Stewart, Social Data Analyst – Housing & Neighborhoods

Julius Witherspoon, Social Data Analyst – Food & Nutrition; Aging & Disability



2017 Community Needs Evaluation

Metropolitan Social Services - Planning, Coordination and Social Data Analysis

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ONLINE RESOURCES

Metropolitan Social Services - <http://www.nashville.gov/Social-Services.aspx>

Previous Community Needs Evaluations - <http://www.nashville.gov/Social-Services/Planning-And-Coordination/Community-Needs.aspx>

MSS Planning, Coordination & Social Data Analysis - <http://www.nashville.gov/Social-Services/Planning-And-Coordination.aspx>

MSS Adult and Family Support Services - <http://www.nashville.gov/Social-Services/Adult-and-Family-Support-Services.aspx>

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METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

MEGAN BARRY
MAYOR

OFFICE OF THE MAYOR
METROPOLITAN COURTHOUSE
NASHVILLE, TENNESSEE 37201
PHONE: (615) 862-6000
EMAIL: mayor@nashville.gov

Dear Friends,

Every year, Metro Social Services produces this Community Needs Evaluation, which serves as a guide for policy makers, leaders, and stakeholders across Davidson County. This document always provides an exhaustive compilation of the current demographic, social, and socioeconomic characteristics of the people who live in Davidson County.

From financial inclusion, aging and disability to food and nutrition, health, housing and workforce development, a 21st-century city like Nashville has to be prepared to move on multiple fronts to ensure that our residents are economically and socially resilient. Our challenge is this: *How can we reduce cost burdens for families and ensure social and economic mobility for all Nashvillians?*

As the CNE shows, we have seen solid progress in some areas. The rate of people living at or below the poverty level has finally dropped to pre-Great Recession levels at 14.8 percent in 2016. However, that number goes up when you look at certain neighborhoods or populations. For instance, the poverty rate for Nashvillians under 18 is 22.3 percent, and for those with less than a high school education it's even higher at 27.1 percent.

Many of our neighbors still struggle to make ends meet, pay household bills and afford basic needs like health care, housing and food. I'm committed to working to prepare our young people with the skills and education needed in today's workplaces so that jobs lead to increased wages and economic mobility.

There is still work to be done. That is clear.

It's no secret that transportation system improvements are my number one priority in 2018. Traffic congestion is only getting worse, and we need to give all citizens new transportation options that will increase access, mobility, opportunity and affordability. That is why I was pleased to appoint a Transit and Affordability Task Force to make sure we are leveraging our transit investment in such a way that it supports local economic development and promotes affordable housing on our corridors.

In launching this Task Force, I said: "Housing and transportation are inseparable issues, as together they represent the highest cost burdens for most working families. If Nashville voters adopt Metro's Transportation Solution in May, we'll face a tremendous opportunity to create affordable housing and commercial space along our major pikes and corridors so that Nashville's future is more equitable."

The Task Force helped identify and shape policy proposals to ensure our community's growth and prosperity are inclusive. Indeed, many of the issues studied in the CNE must be addressed together. As is so often the case, we must come together for meaningful cross-sector collaborations to solve these problems. It is my hope that the CNE serves as a road map to improve services and address these many needs.

Kind regards,

A handwritten signature in blue ink, appearing to read "Megan Barry".

Megan Barry
Mayor of Nashville

MEGAN BARRY
MAYOR

RENEE PRATT
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

METROPOLITAN SOCIAL SERVICES
800 Second Avenue North
Nashville, Tennessee 37201



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

Message from the Metropolitan Social Services Commission Pastor William Harris, Board Chair

It is again an honor for Metropolitan Social Services to release its annual Community Needs Evaluation, which provides current and objective data to demonstrate social, demographic and socioeconomic trends. The 2017 Community Needs Evaluation continues to provide a systematic document to describe existing and projected unmet social/human service needs in Davidson County, with data about the increased need for housing that is affordable.

In order to deliver strategic services most needed in the community, it is important to know as much as possible about the people who live there. By identifying what people need, gaps in services can be addressed. The 2017 Community Needs Evaluation report uses a broad approach to describe complex factors related to poverty and unmet needs, including sections on Food & Nutrition, Housing, Aging & Disability, Health and Workforce. We thank the Metropolitan Department of Public Health for providing the section on Health.

Many organizations have used the Community Needs Evaluation in different ways. The data can help to establish priorities, guide service design, develop more effective policies and show how resources can be used to help people who are most in need.

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

Sincerely,

William Harris

Board Chair
Metropolitan Social Services

MEGAN BARRY
MAYOR

RENEE PRATT
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

METROPOLITAN SOCIAL SERVICES
800 Second Avenue North
Nashville, Tennessee 37201



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

Message from the Metropolitan Social Services Executive Director
Renee Pratt

Metropolitan Social Services is pleased to present the 9th Annual Community Needs Evaluation.

With the most recent information available, the 2017 Community Needs Evaluation uses objective data to create a detailed profile of the people who live in Davidson County. Better information leads to better decisions for both the public and private sector. MSS is pleased to share this with community leaders, elected officials, funders, service providers and others to enhance their knowledge about the residents of Davidson County and their needs.

Various organizations use the Community Needs Evaluation in different ways. These include establishing priorities, designing programs and services, seeking financial resources, strategic planning and identifying partnerships. The process of collecting, organizing, analyzing and disseminating data gives Davidson County a powerful tool to promote greater awareness and knowledge of issues, needs and challenges for the low-income residents.

The information can be used to strategically direct resources toward needs that have already been documented. As we have noted before, no single organization can meet the needs alone and it is important for many to work together. MSS is grateful for the community partners it has, all who work together to enhance the quality of life for Nashville's most disadvantaged people.

Metro Social Services appreciates the opportunity to serve those who are most in need as well as to provide the annual Community Needs Evaluation to demonstrate broader social/human service needs across Davidson County.

Sincerely,

Renee Pratt

Executive Director
Metropolitan Social Services

Methodology

Each year, Metropolitan Social Services produces the Community Needs Evaluations to increase awareness about Davidson County residents, with demographic, social and socioeconomic data and data about unmet need in the areas of AGING & DISABILITY, FOOD & NUTRITION, HEALTH & HUMAN DEVELOPMENT, HOUSING & NEIGHBORHOODS and WORKFORCE & ECONOMIC OPPORTUNITY. The need in Nashville is great and it takes many organizations working together to address these issues.

The Metropolitan Charter assigns Metro Social Services (MSS) a number of powers and duties. These include direct services that include administering general assistance to residents of Davidson County, the duty of making social investigations, engaging in study and research regarding the cause of financial dependency and methods of treating such dependency. Metropolitan Social Services-Planning, Coordination and Social Data Analysis gathers and analyzes social data and reports on poverty and related issues through its annual Community Needs Evaluations, issue papers, newsletters, social media, presentations and consultations.

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

MSS increases the awareness of poverty, identifies current and emerging social/human service needs and disseminates information. Data can be a powerful tool that can result in better decisions. The availability of current, objective and relevant data is provided to help policy makers, funders and service providers create an effective and coordinated social/human service delivery system for Davidson County.

No organization can do it all and no organization can do it alone. Improving the system of social/human services for people in need requires the coordinated efforts of multiple entities. The effectiveness of a planning, coordination and implementation strategy depends on the engagement of local, state and federal agencies, along with the private sector, working together in a concerted manner. This process provides Davidson County with the opportunity to make lasting and meaningful improvements in the way services help persons in need.

The needs evaluation again contains updated data about the demographic, social and socioeconomic trends in the U. S., Tennessee and Davidson County. As noted in previous editions, there are other issues related to quality of life that are beyond the scope of this evaluation, including education, crime and justice, domestic violence and others.

Primary Data

For the eighth year, primary research was conducted through a Grassroots Community Needs Survey administered in Davidson County, to customers at specific social/human service programs. From 2009 through 2017, more than 8,600 respondents participated in the survey to identify the greatest unmet needs in Davidson County. Data from the Grassroots Community Survey is discussed in each relevant section of this evaluation.

- The first Grassroots Community Survey was conducted in 2009 with customers of the Tennessee Department of Human Services (Davidson County Office), Catholic Charities, the Nashville Career Advancement Center, Second Harvest Food Bank, Siloam Family Health Center, the Metropolitan Action Commission, and Metropolitan Social Services, with 1,737 respondents.
- In 2010, the same Grassroots Community Needs Survey was administered to participants of the Volunteer Income Tax Assistance sites, operated by the Nashville Alliance for Financial Independence (an initiative of United Way), with 1,787 respondents. (This survey was completed prior to Davidson County's May 2010 flood.)
- In 2011, the Grassroots Survey was slightly modified to add questions about Health and Neighborhood Development. It was conducted primarily with customers of the Tennessee Department of Human Services (Davidson County Office) and with some residents at Urban Housing Solutions, with a total of 768 respondents.
- In 2012, the Grassroots Survey was administered to 475 customers from a variety of social service organizations, including Catholic Charities of Tennessee, The Next Door, Siloam Clinic, Goodwill Industries, Conexion Americas, McGruder Family Resource Center, Christian Women's Job Corps, the Opportunities Industrialization Center, Metropolitan Action Commission and Metropolitan Social Services.
- In 2013, the Grassroots Community Survey was conducted with 1,729 participants of the Volunteer Income Tax Assistance sites, operated by the Nashville Alliance for Financial Independence (an initiative of United Way).
- The 2014 Grassroots Community Survey was conducted with 360 customers from social service organizations, including Goodwill Industries, Habitat for Humanity, Metro Nashville Health Department, Nashville CARES and Project Return.
- In 2015, the 852 Grassroots Community Survey participants were participants in programs of the Metropolitan Action Commission.
- For 2016, the 360 respondents were service recipients at Rooftop Foundation, NeedLink of Nashville and Metropolitan Social Services.
- For 2017, the 594 respondents were participants in programs of the Metropolitan Action Commission.

Secondary Data

The tables, charts, and narrative descriptions in this evaluation reflect a wide range of demographic, economic, social, and other characteristics of Davidson County. Data was compiled from the U.S. Census Bureau, particularly the 2016 American Community Survey (released September 2017) and the 2012-2016 American Community Surveys 5-year Summary (released December 2017), as well as from other government and private research sources.

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

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

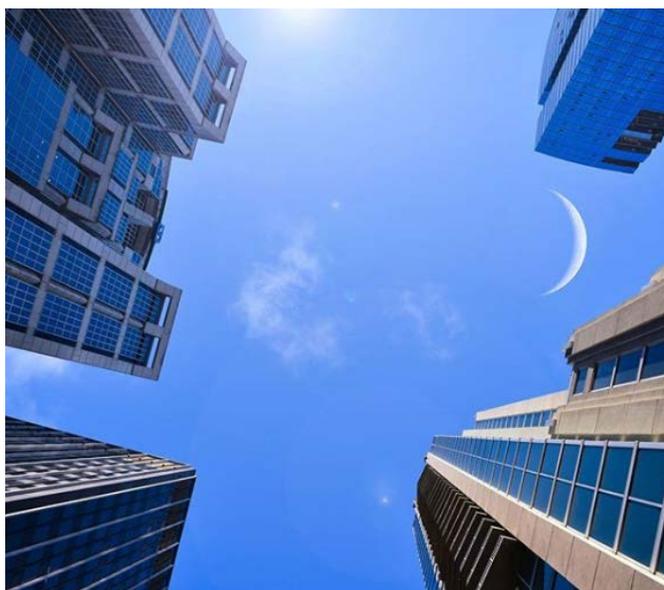
Council Districts are much larger in population than census tracts. By using census tracts, the extremes and highest concentrations of characteristics are shown more specifically.

Some data from the Current Population Survey (CPS) of the U. S. Census Bureau was also used. The Supplemental Poverty Measure data from the CPS was used, which compared the official poverty measure with the supplemental poverty measure. In a few instances, data was used for the Metropolitan Statistical Area (MSA) that includes multiple counties, usually when it was only available for only for the entire MSA and not for individual counties. The Combined Statistical Area that includes Davidson County also includes Williamson, Rutherford, Wilson, Smith, Trousdale, Macon, Sumner, Robertson, Cheatham, Dickson, Hickman and Maury Counties.

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

The Local Studies and Information section demonstrates the types of unmet needs in Nashville, using data from a variety of sources. As in past years, data sources included United Way's 2-1-1 data and the Grassroots Community Survey data.

The combined local data and the data from the U.S. Census and other sources demonstrate an unmet need that many Nashvillians have for financial assistance for basic needs, particularly rental payments and utility bills. In addition, many people are employed at low-wage, low-skill jobs and need specific training and employment services. Davidson County has many positive attributes, but there are still many opportunities to enhance the lives of people in need.

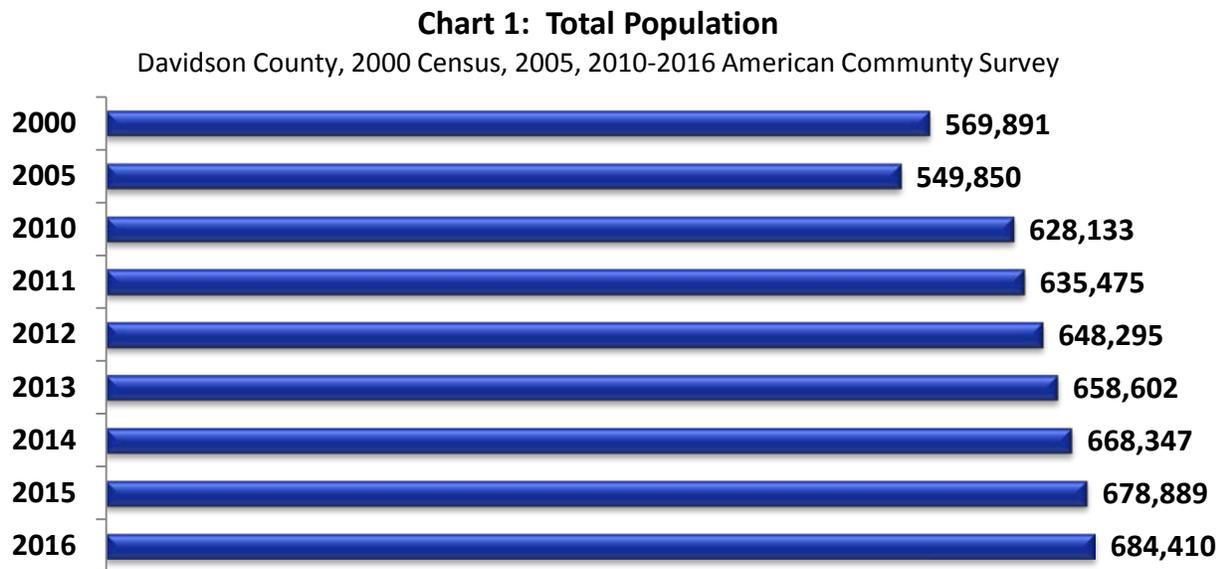


Demographic and Social Profile

The Demographic and Social Profile contains data from the U. S. Census Bureau about Davidson County residents, including population, age, gender, race/ethnicity, national origin, households/families, veterans, disability status, education, commuting, computer/internet access, health insurance and outcomes. The single year data is from the 2016 American Community Survey (released September 2017) that provides data at the county, state and national level. Smaller area data that is usually shown in maps is from the 2012-2016 American Community Survey 5-Year Summary (released December 2017).

Population

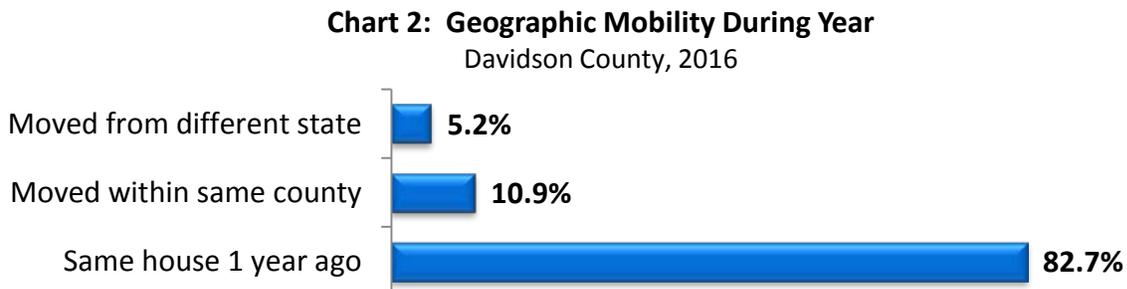
As shown in Chart 1, the total population in Davidson County continues to experience steady growth. Since 2000, the total population increase each year has averaged almost 8,000 people.



Source: 2016 American Community Survey

Geographic Mobility

Of the total population, most lived in the same house in Davidson County where they lived the previous year. Chart 2 shows the percent of the population by their geographical mobility during the year. In addition, a small number moved from a different county within Tennessee and even fewer moved from abroad.

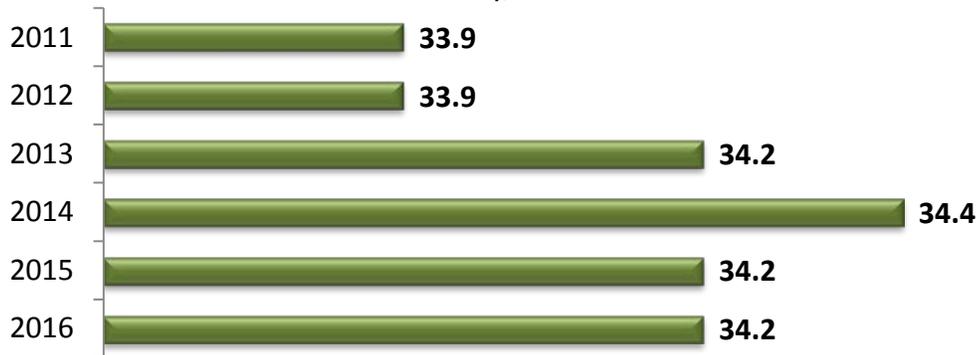


Source: 2016 American Community Survey

Age

The median age in Davidson County has remained consistent, ranging from 33.9 to 34.4 over the past 6 years.

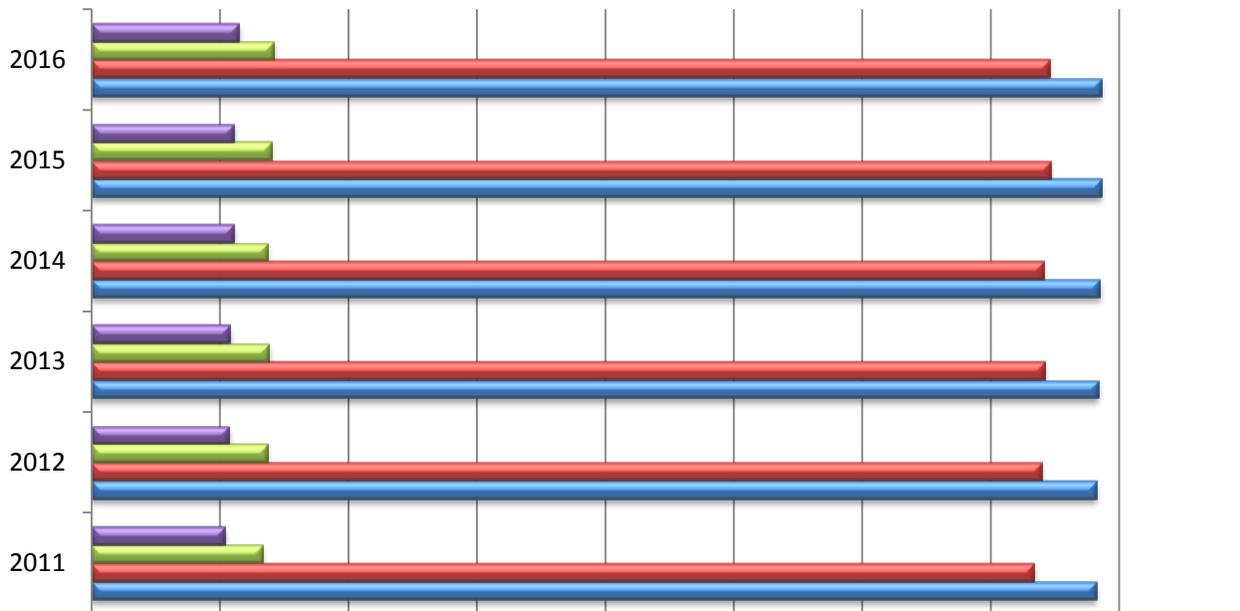
Chart 3: Median Age
Davidson County, 2011-2016



Source: 2011-2016 American Community Survey

Chart 4 shows the percent of Davidson County's population over specific threshold ages. There is consistency across the past 6 years. The population is the highest for the youngest category threshold, with 78.5% of the population over age 18 (a larger group than other categories), compared to only 11.5% of the population age 65 or over.

Chart 4: Age Categories
Davidson County, 2011-2015



	2011	2012	2013	2014	2015	2016
65 years and over	10.4%	10.7%	10.8%	11.1%	11.1%	11.5%
62 years and over	13.3%	13.7%	13.8%	13.7%	14.0%	14.2%
21 years and over	73.4%	74.0%	74.2%	74.1%	74.7%	74.6%
18 years and over	78.2%	78.2%	78.4%	78.5%	78.6%	78.6%

Source: 2011-2016 American Community Survey

More detailed age categories for Davidson County's population are shown in Chart 5, which reflects the peak population during the typical working years.

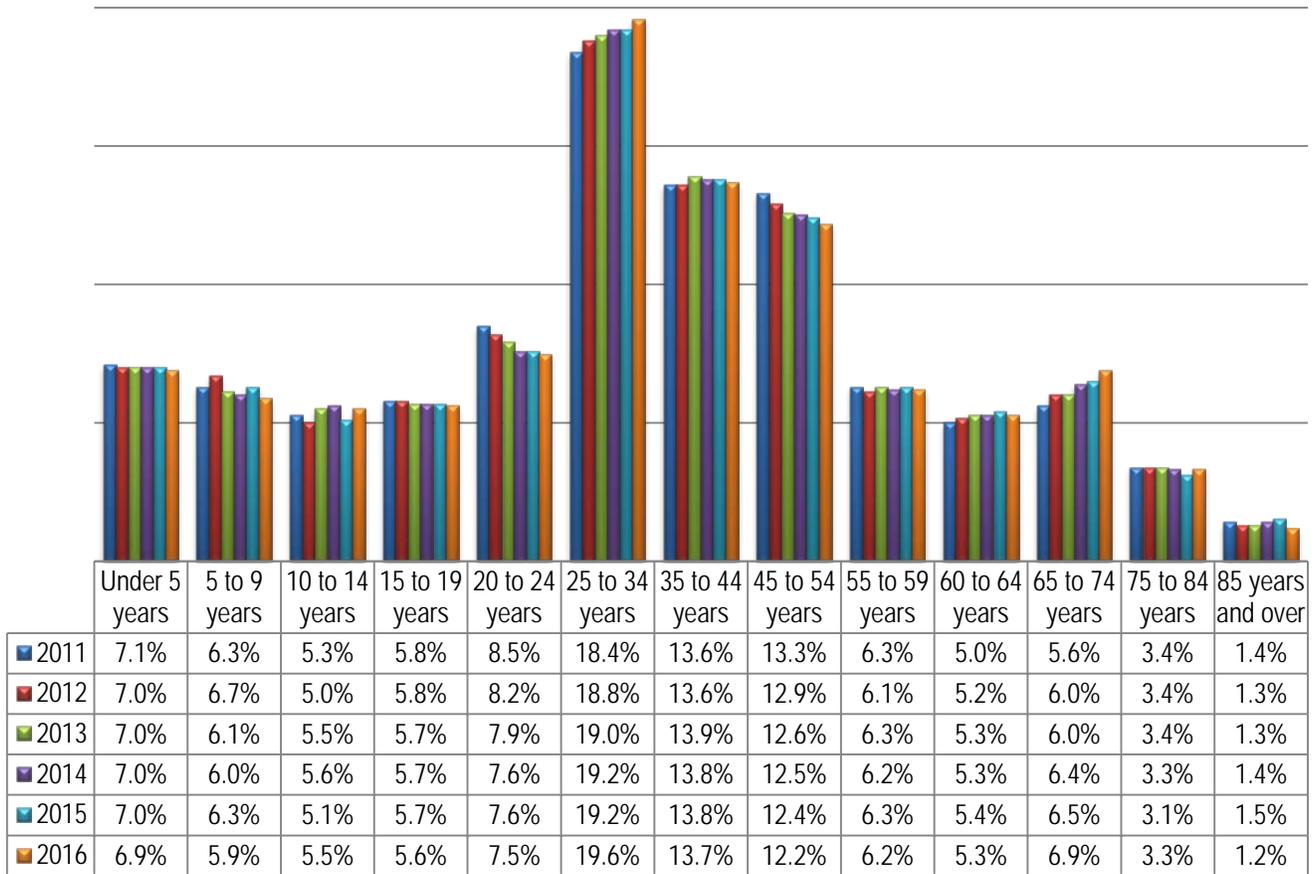
The greatest percentage for all years shown is the 25-34 years age category, followed by the 35-44 category and the 45-54 category.

The youngest age categories include fewer years, with under age 5 in a different category than from 5-9 years.



Chart 5: Population by Age Category Detail

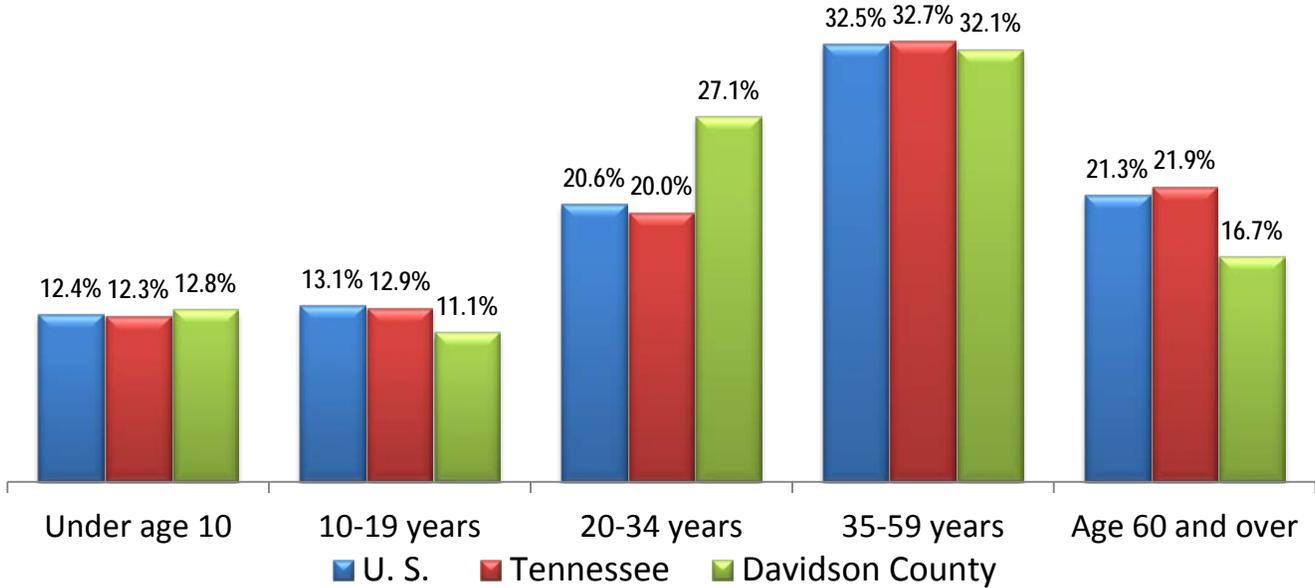
Davidson County, 2011-2016



Source: 2011-2016 American Community Survey

Chart 6 compares age groups in the U.S., Tennessee and Davidson County. There is a great deal of consistency across aging patterns. The one noteworthy difference is that Davidson County has about 7% more people in the 20-34 age category and about 5% fewer in the age 60 and over category.

Chart 6: Age Groups by Location
U.S., Tennessee, Davidson County, 2016

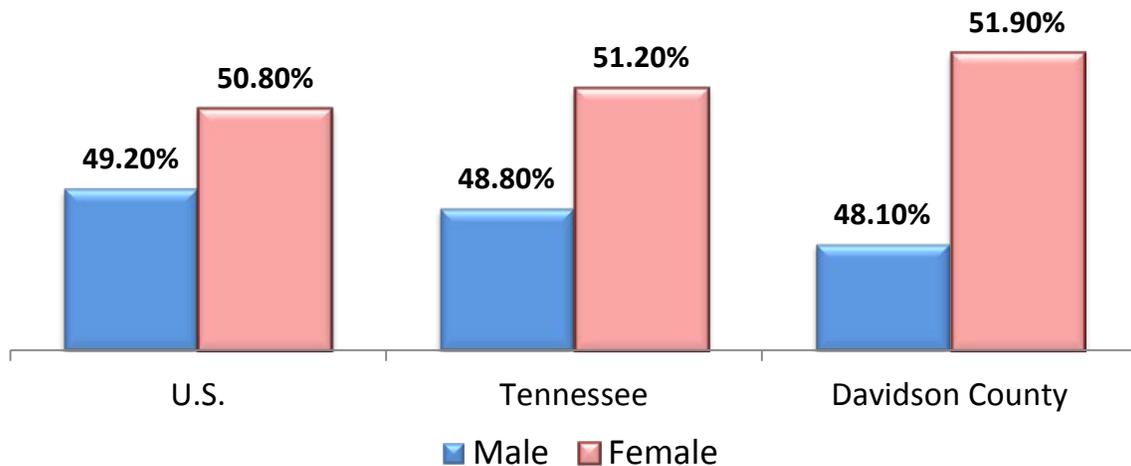


Source: 2016 American Community Survey

Gender

In Davidson County, Tennessee and the U.S., there are more females than males (3.8% more in Davidson County), as shown in Chart 7.

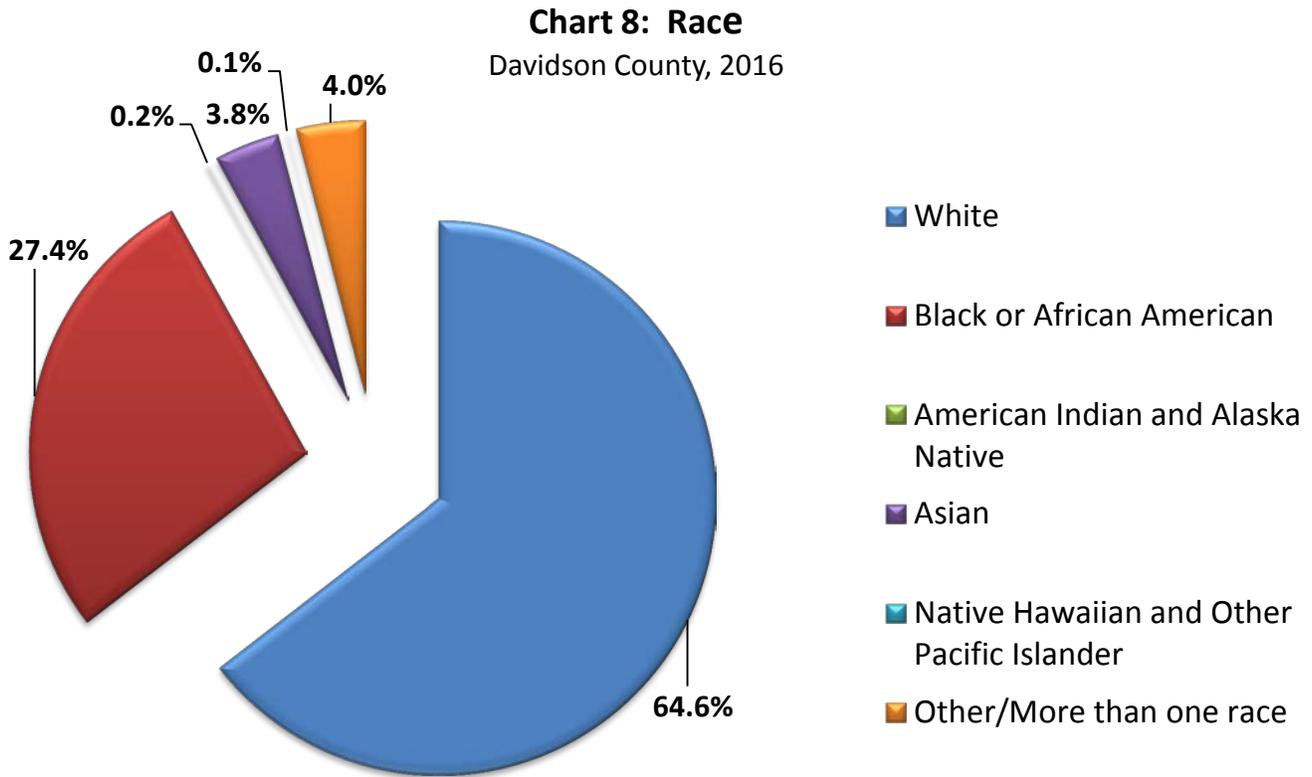
Chart 7: Gender by Location
U.S., Tennessee, Davidson County, 2016



Source: 2016 American Community Survey

Race/Ethnicity

Chart 8 shows the racial composition of Davidson County. The percentages have remained stable, with little variation among the Black or African American, white and other racial categories. Charts that reflect the race may include only the Black or African American and White populations because they comprise 92% of Davidson County’s population. The small sample size for other populations can make comparisons difficult. The Other category includes 2.4% two or more races and 1.6% some other race. A table with the number of people in each race/ethnicity is below the chart.



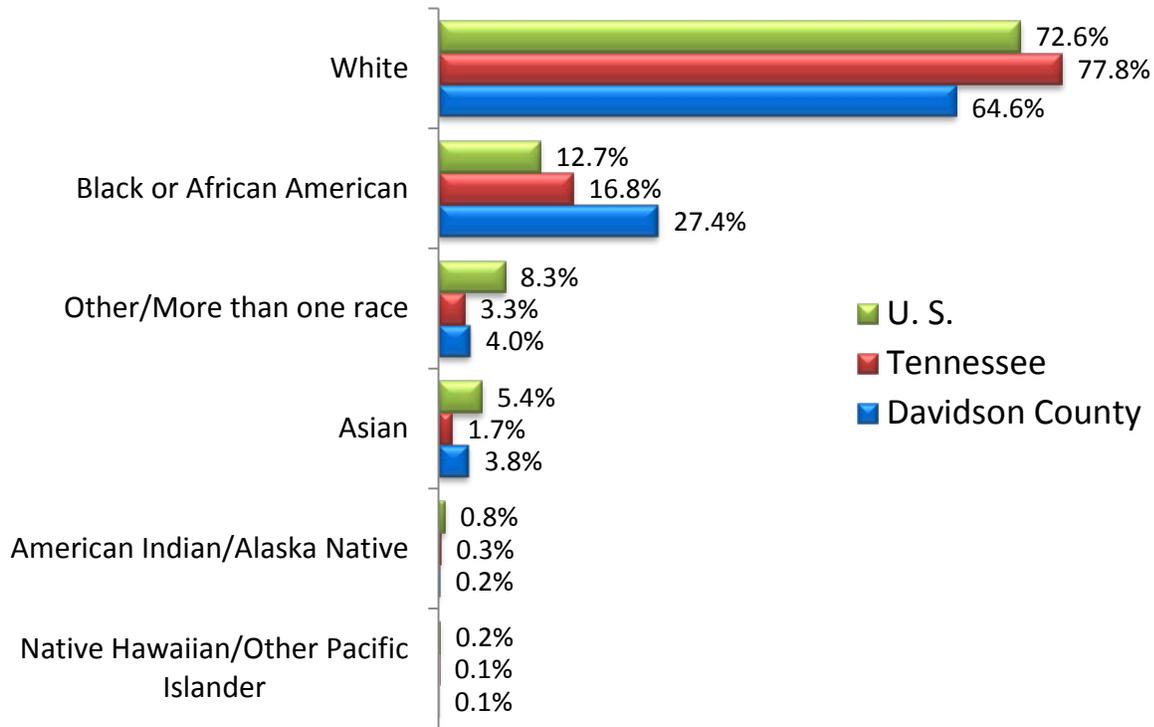
Source: 2016 American Community Survey

Davidson County	Number by Race
White	442,201
Black or African American	187,329
American Indian and Alaska Native	1,398
Asian	25,891
Native Hawaiian and Other Pacific Islander	605
Two or more races	16,191
Some other race	12,191
Hispanic or Latino	69,037

To compare locations, Chart 9 shows the racial composition for the U.S., Tennessee and Davidson County. Tennessee has a higher percentage of the white population compared to the U.S. and to Davidson County, which has a higher percentage of the Black or African American population, more than twice that of the U.S.

Chart 9: Race by Location

U.S., Tennessee, Davidson County, 2016

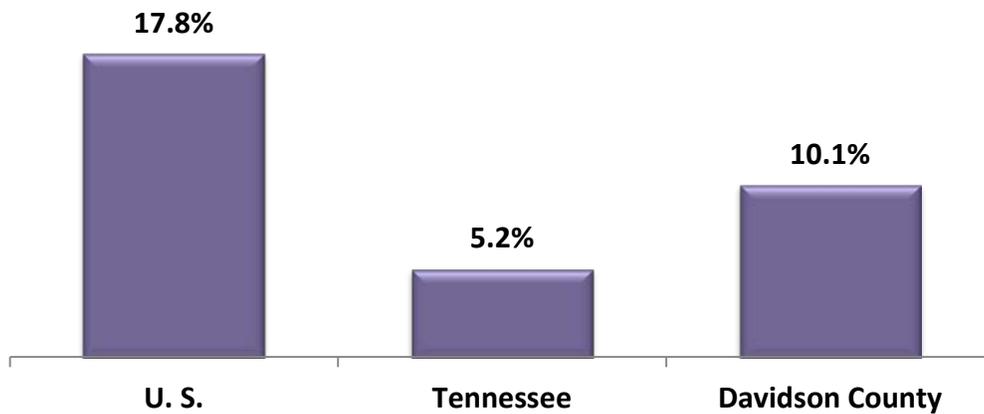


Source: 2016 American Community Survey

As shown in Chart 10, the percentage of the Hispanic/Latino population is significantly higher in the U.S. (17.8%) than in Tennessee (5.2%). In the Hispanic/Latino population, 64.3% were Mexican, 6.2% were Puerto Rican, 3.2% were Cuban and 26.3% were other Hispanic/Latino.

Chart 10: Hispanic/Latino Ethnicity by Location

U.S., Tennessee, Davidson County, 2016



Source: 2016 American Community Survey

Foreign-Born Population

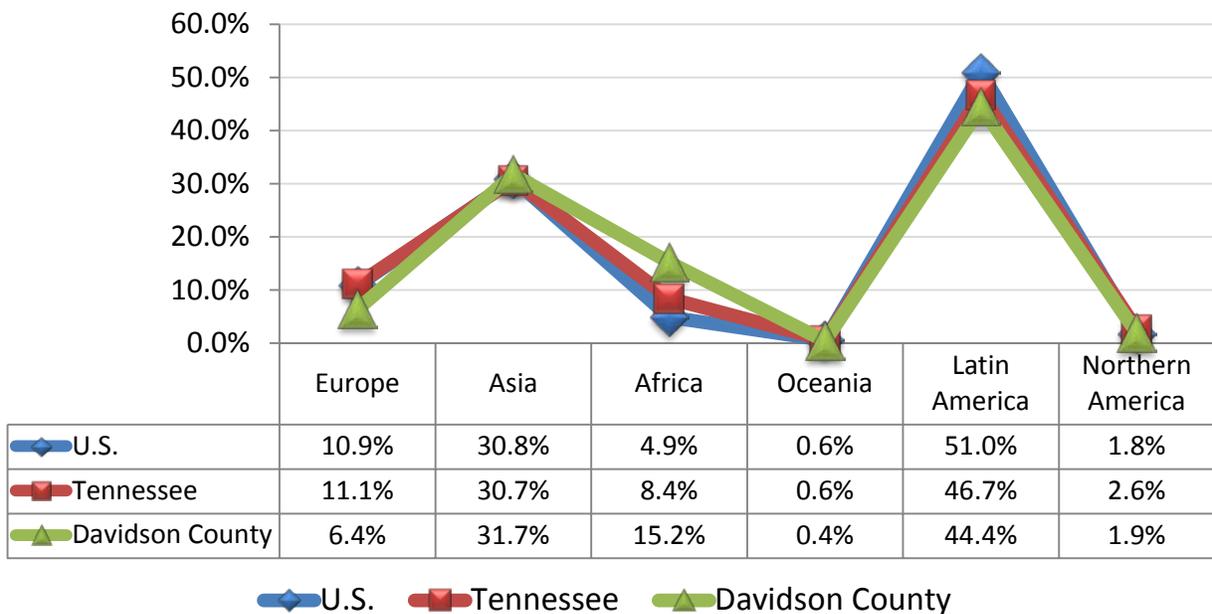
The 2016 American Community Survey estimates that there were 83,145 (12.1%) foreign-born residents in Davidson County, 320,021 (4.8%) in the State of Tennessee and 43.7 million (13.5%) in the U.S.

The Davidson County Foreign-Born population includes:

- 29.3% U.S. Citizens
- 53.2% Male / 46.8% Female
- 36.2 Median Age
- 58.9% Married
- 3.4 Average Household Size
- 4.0 Average Family Size
- 20.4% Living in Poverty
- 68.1% Have at least a High School Education
- 28.0% Have a Bachelor's degree or higher

Chart 11 shows that foreign-born persons in the U. S., Tennessee and Davidson County primarily came from Latin America, with Asia second. There is a smaller percentage of people from Latin American in Davidson County than in the U.S. or Tennessee and a larger percentage of people from Africa in Davidson County than in the U.S. or Tennessee.

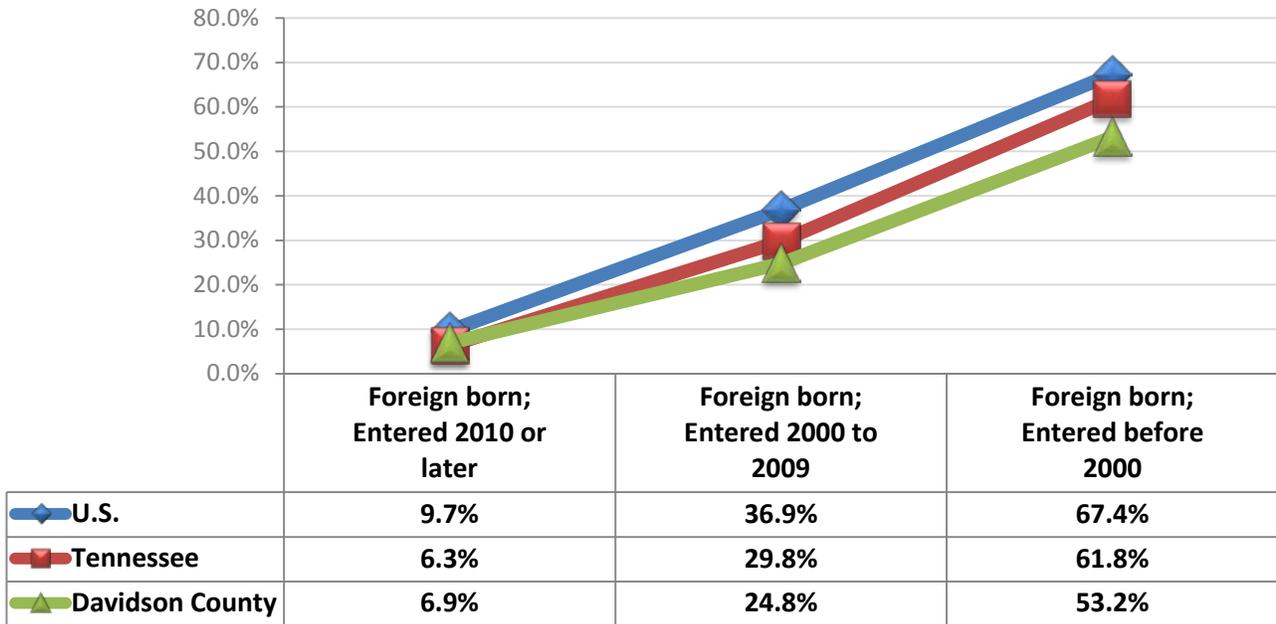
Chart 11: World Region of Foreign Birth for Foreign-Born
U.S., Tennessee, Davidson County, 2016



Source: 2016 American Community Survey

As shown in Chart 12, most foreign-born naturalized citizens came to the U.S. before 2000.

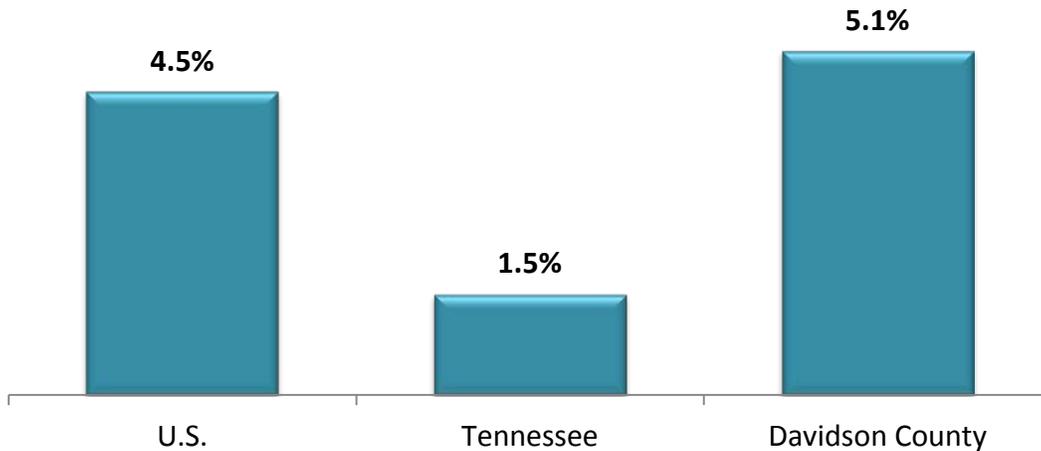
Chart 12: Foreign-Born Naturalized Citizens by Entry Date
U.S., Tennessee, Davidson County, 2016



Source: 2016 American Community Survey

Chart 13 shows the percent of households with Limited English Proficiency (have difficulty with reading, writing or speaking English), which is 5.1% in Davidson County.

Chart 13: Limited English Proficiency Households
U.S., Tennessee, Davidson County, 2016

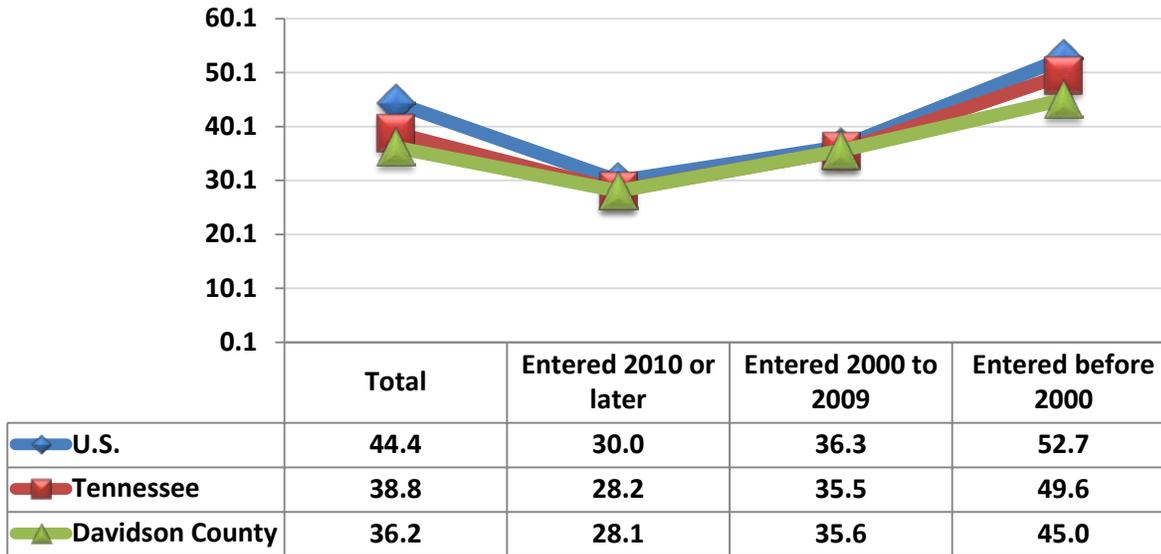


Source: 2016 American Community Survey

As noted in the 2016 American Community Survey and shown in Chart 14, there is a variation in the median age by year of entry, as well as by location. As expected, the foreign-born population who entered the U.S. before 2000 are considerably older than those who entered more recently. It shows that Davidson County's median age of the foreign-born population is younger at 36.2 years than the U.S. at 44.4 or Tennessee at 38.8.

Chart 14: Median Age of Foreign-Born Population by Year of Entry

U.S., Tennessee, Davidson County, 2016



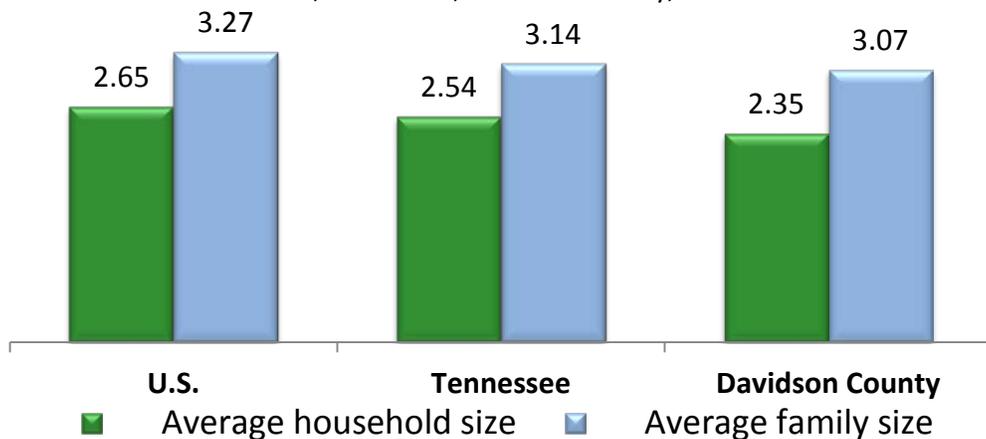
Source: 2016 American Community Survey

Households/Families

There are consistent average family and household sizes across the U.S., Tennessee and Davidson County, with the U.S. slightly larger than Tennessee, with Davidson County the smallest, shown in Chart 15. That is consistent with other data that indicates that Davidson County has a slightly larger percentage that lives alone.

Chart 15: Average Household/Average Family Size

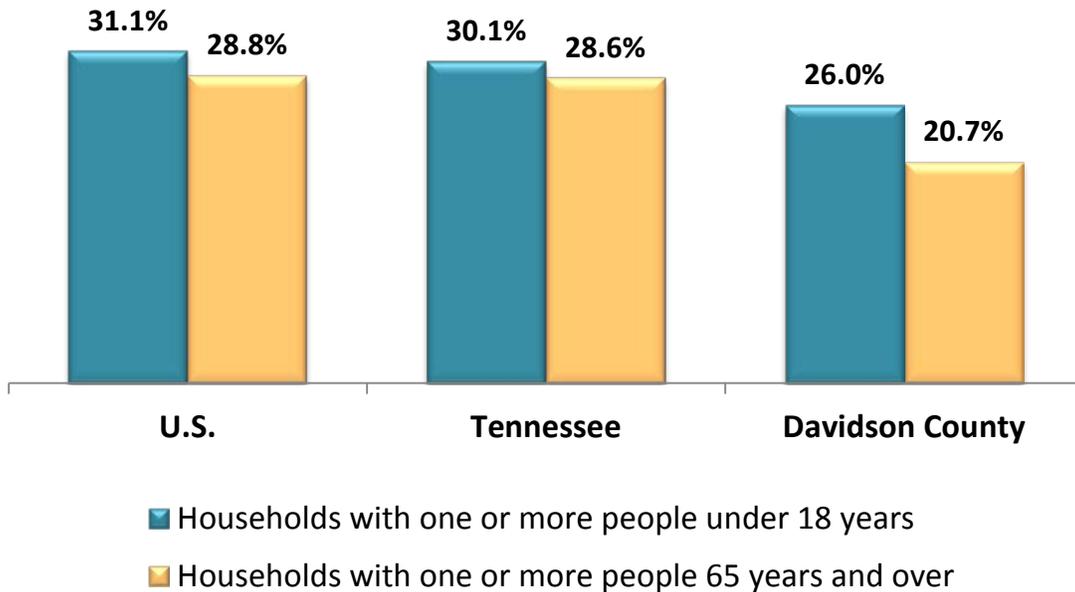
U. S., Tennessee, Davidson County, 2016



Source: 2016 American Community Survey

Chart 16 shows the percentage of households that have a member either under age 18 or age 65 and over. Davidson County has a smaller percentage of people in the under 18 category as well as the 65 and over category. This results from having a larger percentage of the population in the age category for most workers, with fewer who are likely to be students or retired.

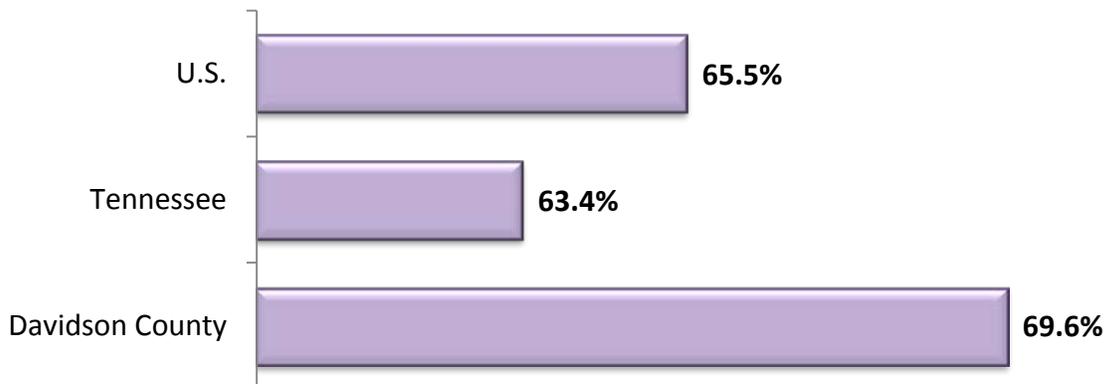
Chart 16: Households with Under 18 and 65 and Over
U.S., Tennessee, Davidson County, 2016



Source: 2016 American Community Survey

Chart 17 shows that in a large percent of households with children under age 6 with one or both parents in the workforce. Davidson County's 69.6% of all parents in the workforce is higher than for either Tennessee (63.4%) or the U.S. (65.5%).

Chart 17: All Parents of Children Under Age 6 in Workforce
U.S., Tennessee, Davidson County, 2016



Source: 2016 American Community Survey

The tables below show data on household structure and education for the U.S., Tennessee and Davidson County, from the 2016 American Community Survey.

Households by Type	U.S.	Tennessee	Davidson County
Total households	118,860,065	2,556,332	281,967
Family households (families)	65.4%	65.4%	55.4%
With own children of the householder under 18 years	27.6%	26.1%	22.6%
Married-couple family	47.9%	47.8%	36.7%
With own children of the householder under 18 years	18.7%	17.1%	13.3%
Male householder, no wife present, family	4.9%	4.5%	4.3%
With own children of the householder under 18 years	2.3%	2.2%	1.6%
Female householder, no husband present, family	12.6%	13.0%	14.3%
With own children of the householder under 18 years	6.7%	6.9%	7.6%
Nonfamily households	34.6%	34.6%	44.6%
Householder living alone	28.0%	28.7%	33.9%
65 years and over	10.7%	10.5%	7.9%

Relationship	U.S.	Tennessee	Davidson County
Population in households	315,047,636	6,498,215	663,017
Householder	37.7%	39.3%	42.5%
Spouse	18.1%	18.9%	15.6%
Child	30.3%	29.0%	26.2%
Other relatives	7.6%	7.2%	7.0%
Nonrelatives	6.3%	5.6%	8.7%
Unmarried partner	2.3%	2.1%	2.7%

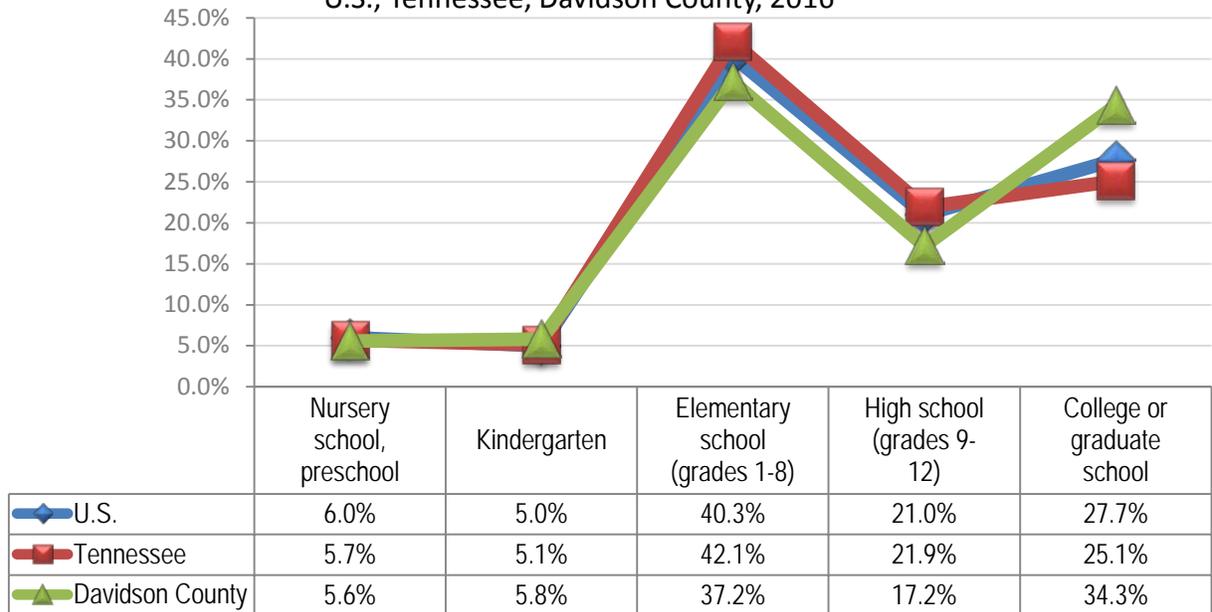
Marital Status	U.S.	Tennessee	Davidson County
Males 15 years and over	127,863,548	2,608,425	266,364
Never married	36.9%	33.4%	43.1%
Now married, except separated	49.1%	50.1%	41.7%
Separated	1.7%	2.1%	2.0%
Widowed	2.6%	3.1%	2.3%
Divorced	9.7%	11.4%	11.0%
Females 15 years and over	134,276,506	2,797,265	292,529
Never married	30.6%	27.5%	38.5%
Now married, except separated	46.0%	46.7%	39.0%
Separated	2.3%	2.4%	2.1%
Widowed	8.8%	9.4%	7.2%
Divorced	12.3%	13.9%	13.1%

Education

Chart 17 shows the school enrollment percentage by grade for the U.S., Tennessee and Davidson County for 2016. Davidson County has a slightly lower percent for elementary school and high school, with a higher percent for enrollment in college or graduate school.

Chart 17: School Enrollment by Grade by Locality

U.S., Tennessee, Davidson County, 2016

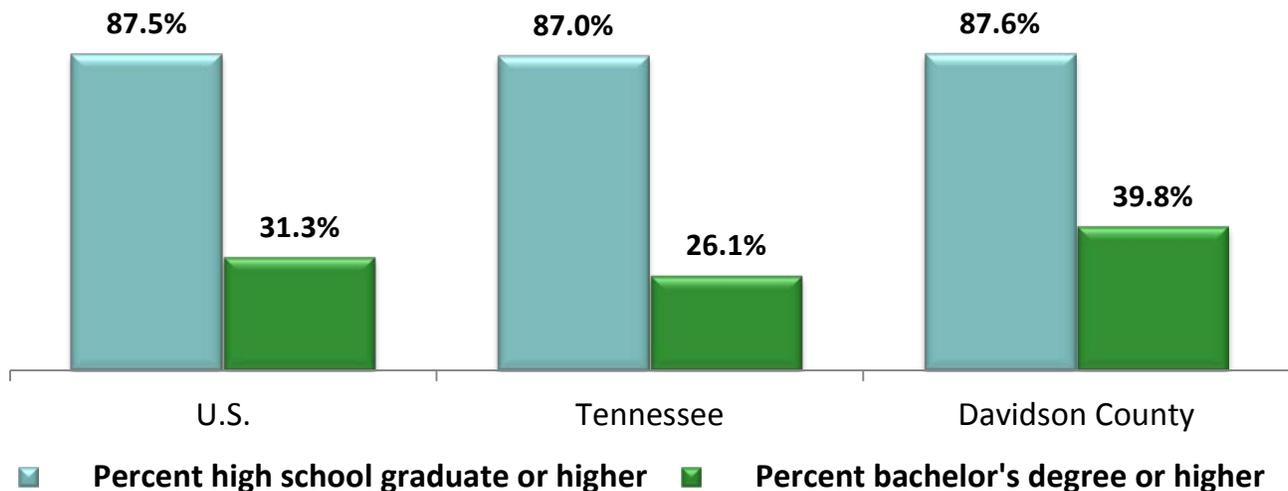


Source: 2016 American Community Survey

As shown in Chart 18, the percentage of high school graduates is consistent across the U.S., Tennessee and Davidson County. However, Davidson County's percent with a bachelor's degree or higher is considerably higher than for Tennessee and somewhat higher than for the U.S.

Chart 18: Percent of High School Graduates/Bachelor's Degrees

U.S. Tennessee Davidson County, 2016



Source: 2016 American Community Survey

Additional details of educational enrollment and educational attainment are shown in the tables below.

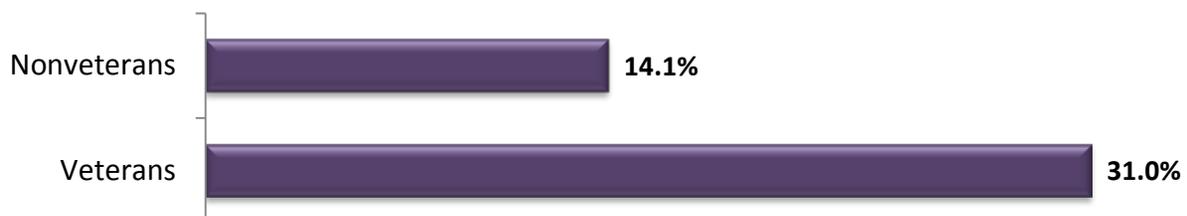
School Enrollment	U.S.	Tennessee	Davidson County
Population 3 years and over enrolled in school	81,572,277	1,578,309	164,844
Nursery school, preschool	6.0%	5.7%	5.6%
Kindergarten	5.0%	5.1%	5.8%
Elementary school (grades 1-8)	40.3%	42.1%	37.2%
High school (grades 9-12)	21.0%	21.9%	17.2%
College or graduate school	27.7%	25.1%	34.3%

Educational Attainment, Age 25 and Over	U.S.	Tennessee	Davidson County
Total Age 25 and Over	218,475,480	4,527,198	468,932
Less than 9th grade	5.4%	4.8%	4.2%
9th to 12th grade, no diploma	7.2%	8.3%	8.2%
High school graduate (includes equivalency)	27.2%	32.4%	22.3%
Some college, no degree	20.6%	21.2%	19.6%
Associate's degree	8.4%	7.3%	5.8%
Bachelor's degree	19.3%	16.7%	24.9%
Graduate or professional degree	11.9%	9.4%	14.9%

Veterans

The 2016 American Community Survey estimates that Davidson County had 30,606 veterans, about 5.7% of the population over age 18, with 88.9% male and 11.1% female. The 2016 American Community Survey shows that many of their characteristics are consistent with the general population. Veterans were less likely to be poor (9.5% veterans, 13.0% nonveterans) and had a higher median income (\$35,575 veterans, \$30,696 nonveterans). However, as shown in Chart 20, they were more than twice as likely to have a disability as nonveterans. It is reasonable to assume that at least some of the difference is because of their experiences in military service.

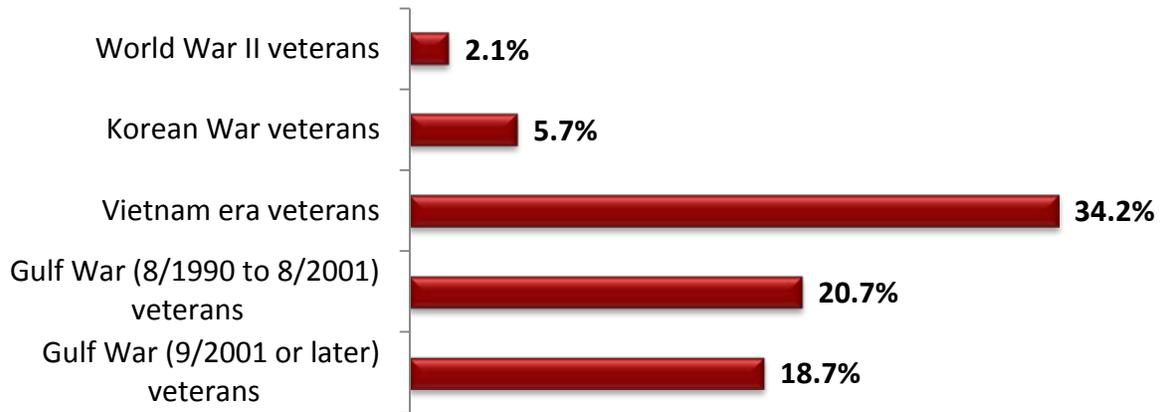
Chart 20: Disability Status for Veterans/Nonveterans
Davidson County, 2016



Source: 2016 American Community Survey

Chart 19 shows the era during which they served, with the largest proportion serving during the Vietnam era.

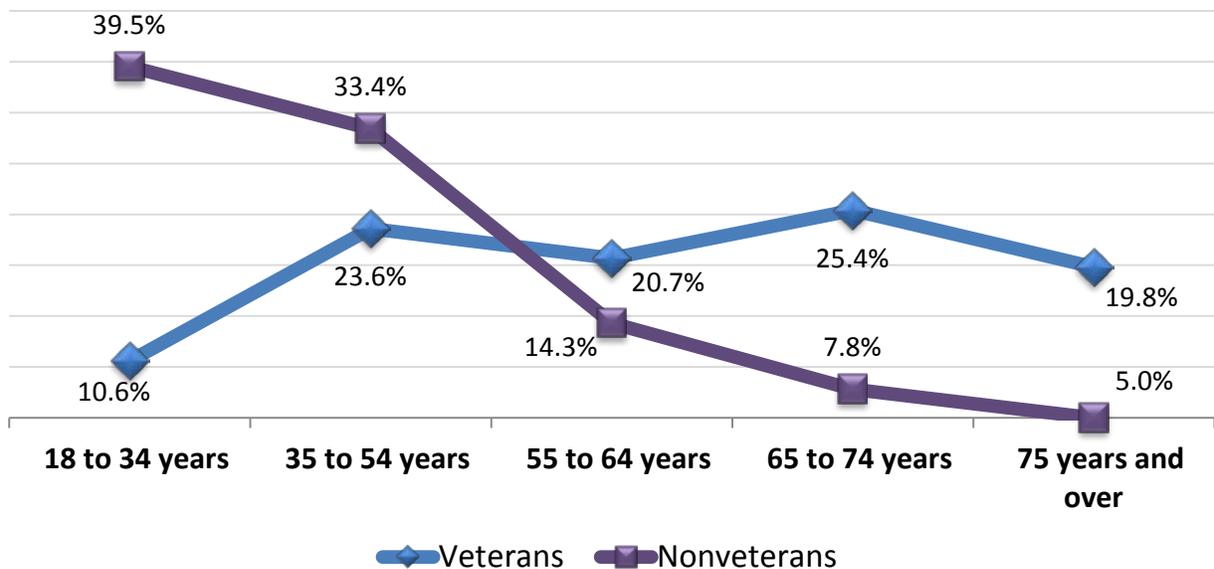
Chart 19: Percent of War Veterans by Era of Service
Davidson County, 2016



Source: 2016 American Community Survey

Chart 20 compares the age categories for veterans and nonveterans. Nonveterans have higher percentages below age 55, while the percent of veterans is higher in the categories above age 55.

Chart 20: Age Categories for Veterans/Nonveterans
Davidson County, 2016



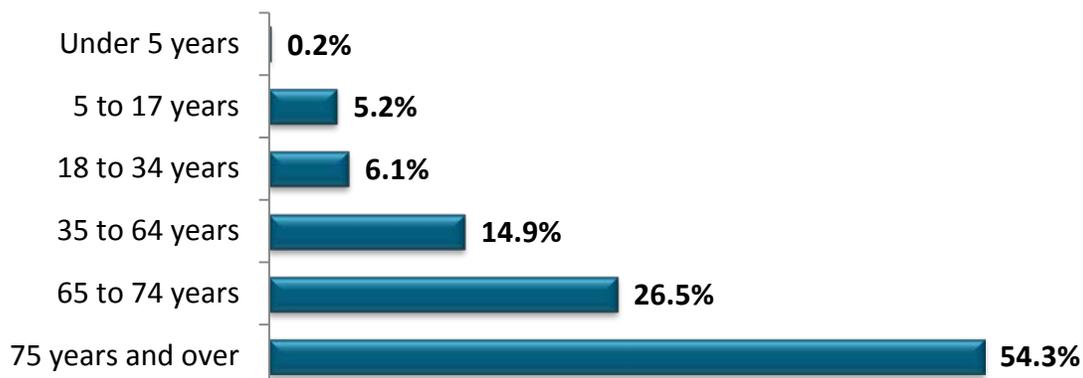
Source: 2016 American Community Survey

Disability Status

The data below shows data from the 2016 American Community Survey about disability status. On several characteristics, the data is very similar for those who had a disability and those who do not. For example, there was only slight difference reported in gender and in race, but a noteworthy variation by age category because

the likelihood of having a disability increases substantially with age. An estimated 84,002 people with a disability were Davidson County residents in 2016.

Chart 21: Disability Status by Age Category
Davidson County, 2016



Source: 2016 American Community Survey

The detailed tables below for Davidson County from the 2016 American Community Survey show the likelihood of a disability by age categories for difficulties in areas of hearing, vision, cognitive, ambulatory, self-care and independent living. A person with a self-care disability has a mental, physical or emotional condition that lasts at least six months and has difficulty in dressing, bathing or getting around inside the home. An independent living disability means a person would have difficulty doing errands alone, such as shopping or going to a doctor’s office because of a physical, mental or emotional condition.

Disability Type by Age Category	Number	Percent
With a hearing difficulty	22,076	3.3%
Population under 5 years	80	0.2%
Population 5 to 17 years	729	0.7%
Population 18 to 34 years	2,838	1.4%
Population 35 to 64 years	6,500	2.6%
Population 65 to 74 years	4,703	10.0%
Population 75 years and over	7,226	24.2%

Disability Type by Age Category	Number	Percent
With a vision difficulty	20,299	3.0%
Population under 5 years	80	0.2%
Population 5 to 17 years	1,101	1.1%
Population 18 to 34 years	3,637	1.8%
Population 35 to 64 years	8,891	3.5%
Population 65 to 74 years	3,144	6.7%
Population 75 years and over	3,446	11.6%

Disability Type by Age Category	Number	Percent
With a cognitive difficulty	30,644	4.9%
Population under 18 years	3,572	3.6%
Population 18 to 34 years	6,383	3.2%
Population 35 to 64 years	13,794	5.4%
Population 65 to 74 years	2,456	5.2%
Population 75 years and over	4,439	14.9%

Disability Type by Age Category	Number	Percent
With an ambulatory difficulty	43,884	7.0%
Population under 18 years	316	0.3%
Population 18 to 34 years	2,709	1.3%
Population 35 to 64 years	21,925	8.6%
Population 65 to 74 years	7,201	15.3%
Population 75 years and over	11,733	39.4%

Disability Type by Age Category	Number	Percent
With a self-care difficulty	18,096	2.9%
Population under 18 years	851	0.9%
Population 18 to 34 years	2,654	1.3%
Population 35 to 64 years	7,031	2.8%
Population 65 to 74 years	2,396	5.1%
Population 75 years and over	5,164	17.3%

Disability Type by Age Category	Number	Percent
With an independent living difficulty	29,469	5.5%
Population 18 to 34 years	4,484	2.2%
Population 35 to 64 years	12,621	5.0%
Population 65 to 74 years	4,040	8.6%
Population 75 years and over	8,324	27.9%

Worker Characteristics

Chart 22 shows the distribution of Davidson County's workers by type of employer, as classified by the U.S. Census Bureau. Most (83.2%) are employees in private industry, slightly higher than Tennessee (79.8%) and the U.S. (80.2%).

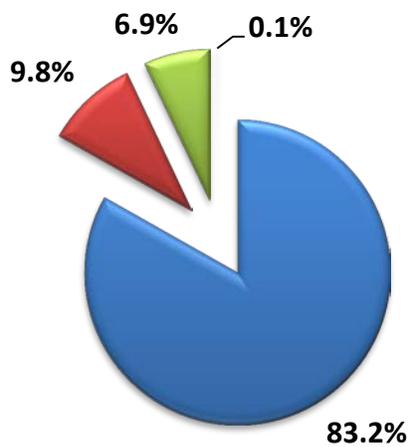


Chart 22: Classification of Workers

Davidson County, 2016

- Private wage and salary workers
- Government workers
- Self-employed in own not incorporated business workers
- Unpaid family workers

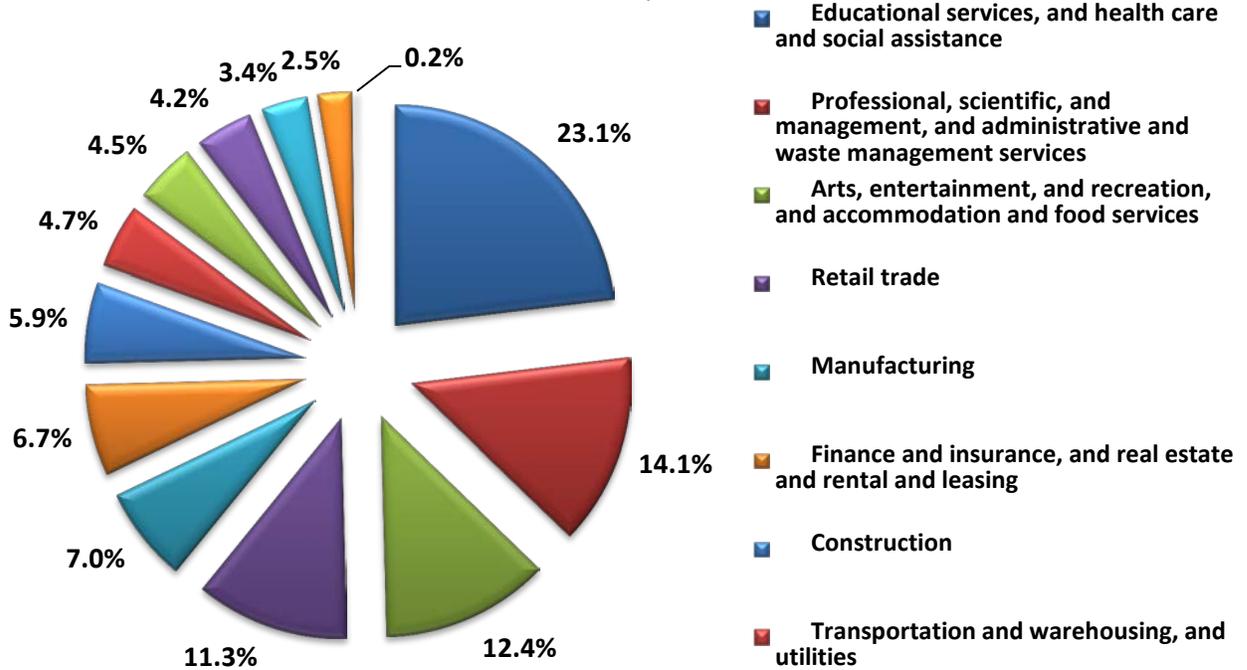
Source: 2016 American Community Survey



Chart 23 indicates the industry of employment for Davidson County's workers. The largest industry among the categories used was 23.1% for educational services, health care and social assistance, followed by 14.1% for professional, scientific, management, administrative and waste management services. Those are also the largest categories for both the State of Tennessee and the U.S.

Chart 23: Industry of Employment

Davidson County, 2016

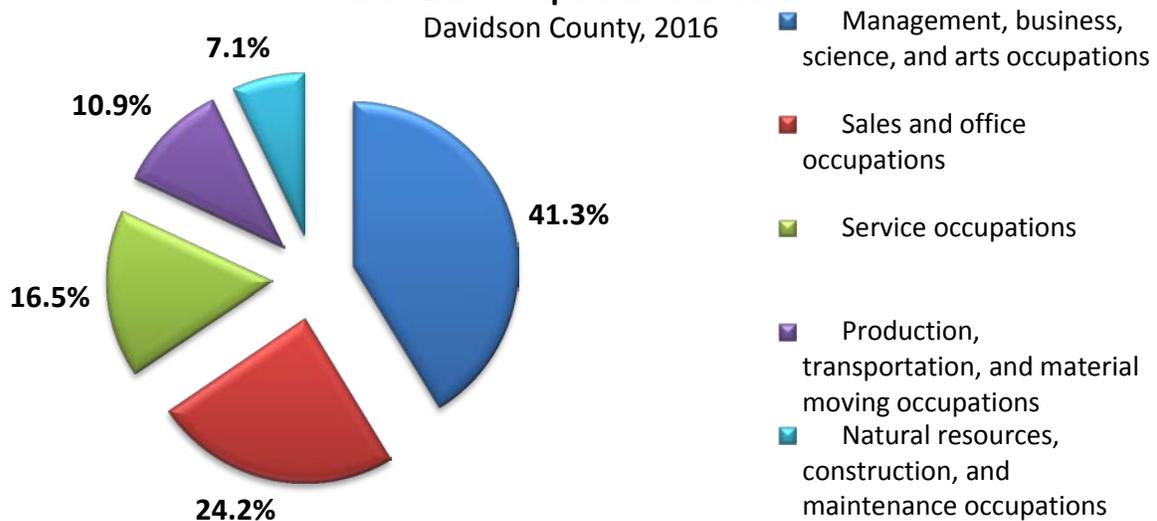


Source: 2016 American Community Survey

Using U. S. Census Bureau categories, Chart 24 shows the occupation of workers in Davidson County for 2016, with the largest percent (41.3%) working in management, business, science and arts occupations, higher than for both Tennessee (34.4%) and the U.S. (37.6%). The second largest occupation category was 24.2% for sales and office occupations, slightly higher than Tennessee (23.3%) and the U.S. (23.8%). The percent working in service occupations, or natural resources, construction and maintenance was slightly lower for Davidson County than Tennessee and the U.S.

Chart 24: Occupation of Workers

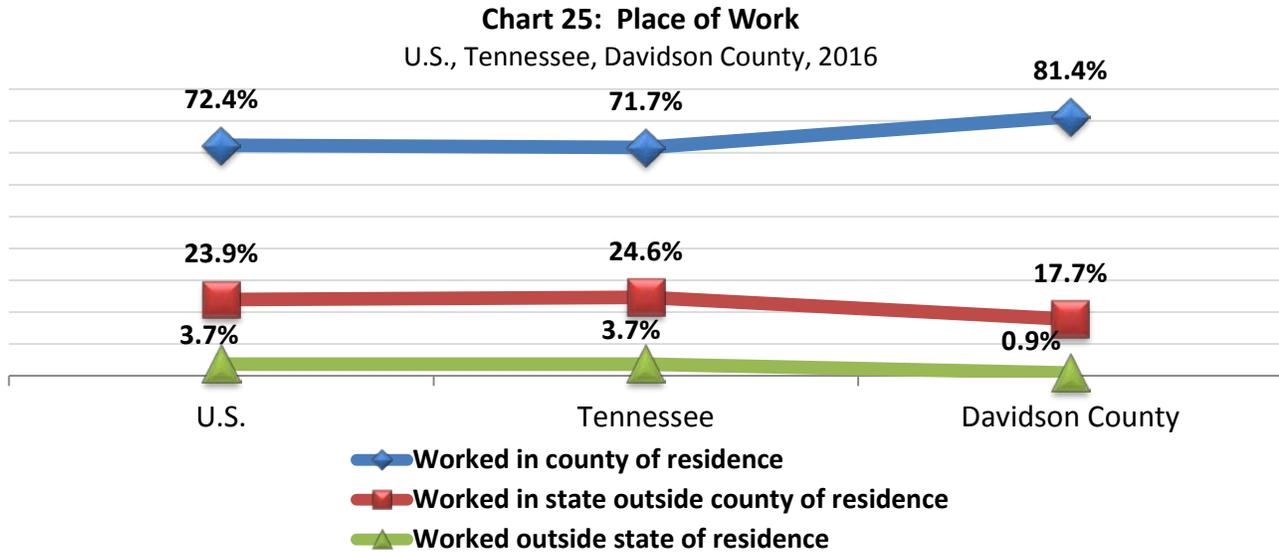
Davidson County, 2016



Source: 2016 American Community Survey

Transportation for Workers

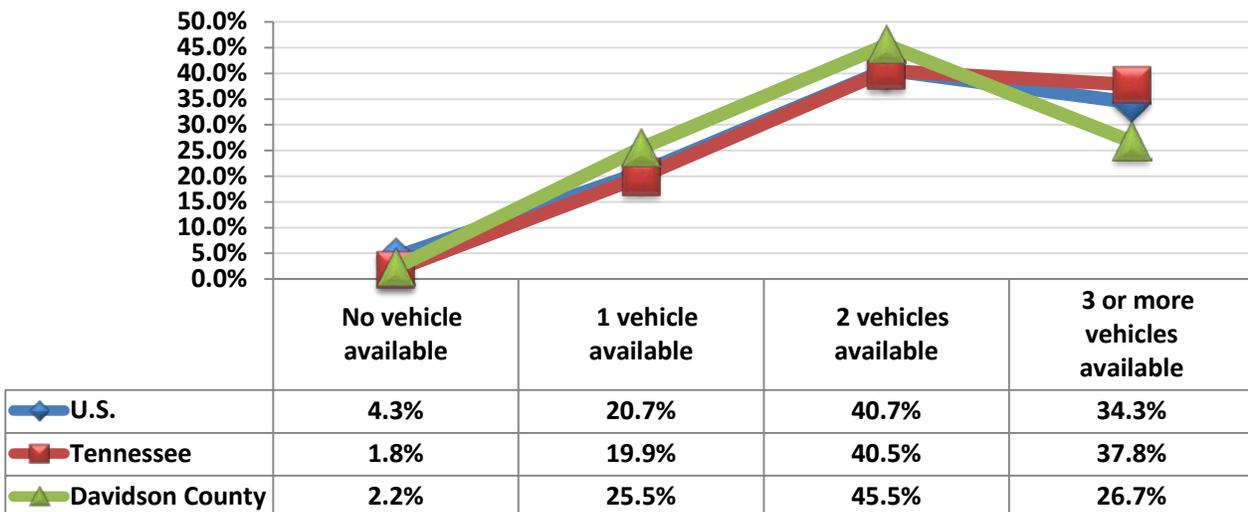
Chart 25 shows the percentage of workers categorized by their location of work in relationship to their residence. It indicates that Davidson County has a higher percentage of workers who both live and work in their county of residence than for Tennessee or the U.S. The percentage of people who work in another Tennessee County or in another state is smaller for Davidson County than Tennessee or the U.S.



Source: 2016 American Community Survey

The number of vehicles available for transportation to work is shown in Chart 26. In Davidson County, the chart shows that workers are more likely to have 1 or 2 vehicles available for transportation to work, compared to Tennessee and the U.S. Davidson County is less likely to have 3 or more vehicles for work transportation. Among those with no vehicle available, at 2.2%, Davidson County is slightly more likely to have a vehicle available than Tennessee and slightly less likely to have a vehicle available than for the U.S.

Chart 26: Vehicles Available for Transportation to Work
U.S., Tennessee, Davidson County, 2016

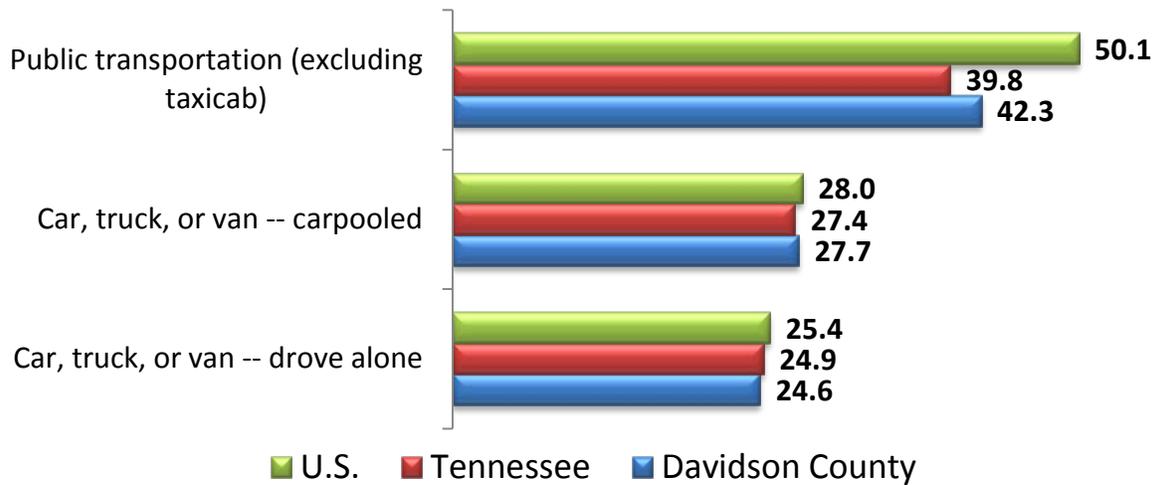


Source: 2016 American Community Survey

As shown in Chart 27, the travel time to work varies by type of transportation. In the U.S., Tennessee and Davidson County, the commuting time on public transportation was significantly less than driving alone or carpooling. In Davidson County, commuting time on public transportation was almost twice the time for driving alone.

**Chart 27: Mean Travel Time in Minutes to Work
By Mode of Transportation**

U.S., Tennessee, Davidson County, 2016



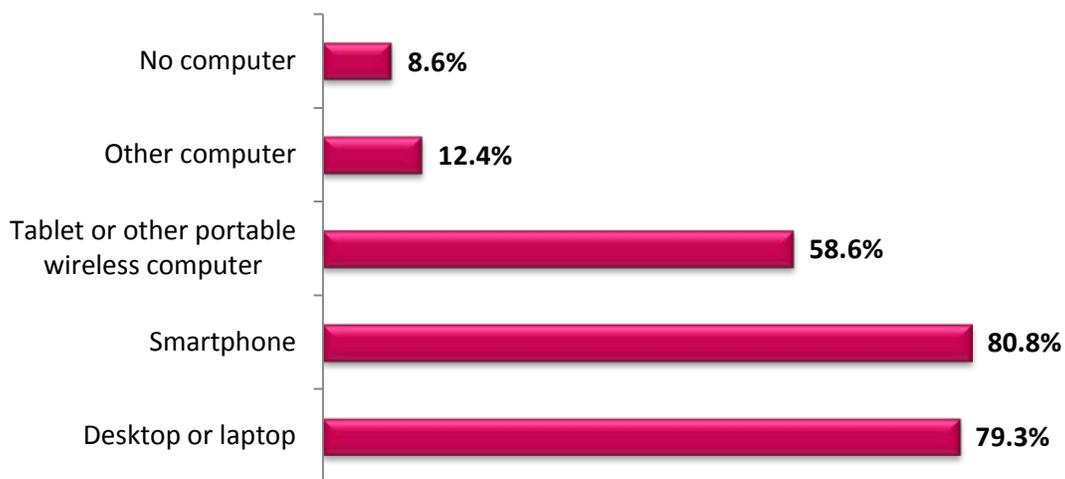
Source: 2016 American Community Survey

Computers/Internet Access

Chart 28 shows the type of computing device households in Davidson County had in 2016. Only 8.6% had no computer or computing device. Most households had more than one type of computing device, with approximately 80% having a desktop/laptop and/or a smartphone.

Chart 28: Type of Computing Device in Households

Davidson County, 2016



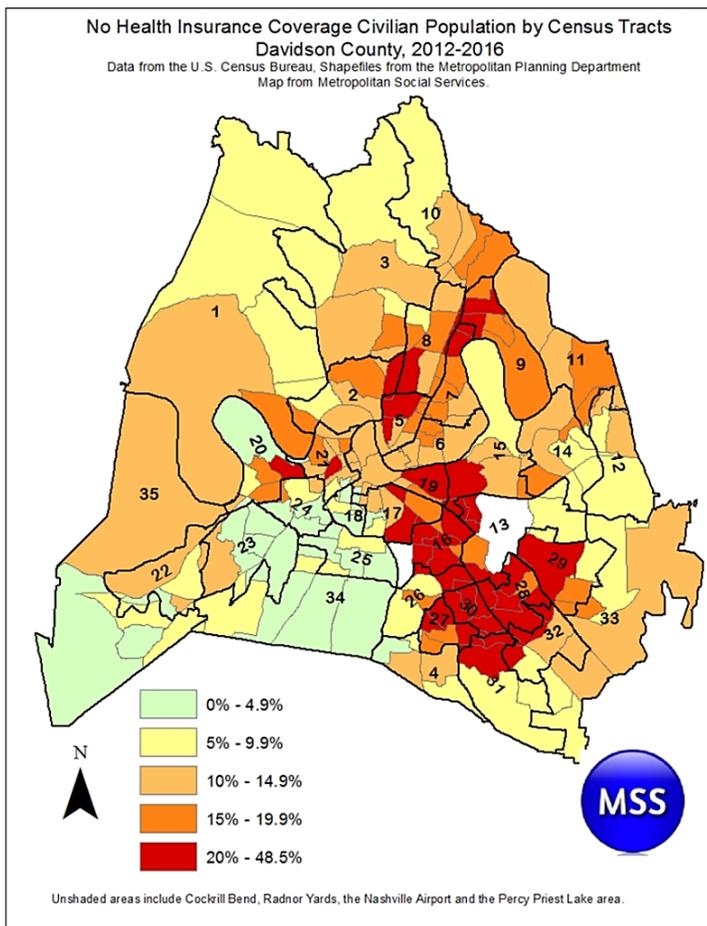
Source: 2016 American Community Survey

The table below shows the type of internet subscriptions Davidson County households had, according to the 2016 American Community Survey. More than 15% of households had no type of internet subscription, either with a computer or a cellular plan for a smartphone.

Type of Internet Subscription	Percent
With an Internet subscription:	84.8%
Dial-up with no other type of Internet subscription	0.2%
Broadband of any type	84.5%
Cellular data plan	74.2%
Cellular data plan with no other type of Internet subscription	13.4%
Broadband such as cable, fiber optic or DSL	69.6%
Satellite Internet service	4.6%
Without an Internet subscription	15.2%

Health Insurance and Outcomes

As shown in the map at left, some areas in Davidson County have large numbers of civilian people who do not have health insurance coverage, estimated by the U.S. Census Bureau to be 93,741 in Davidson County.



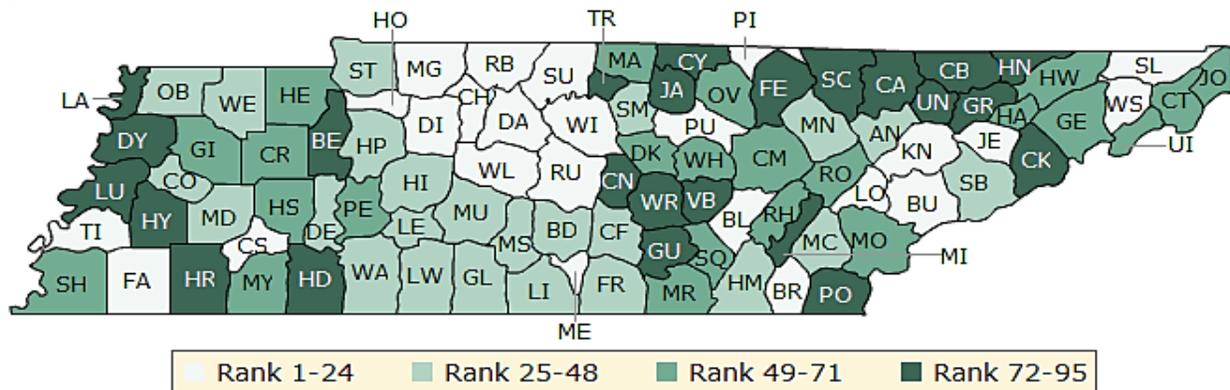
Areas in red are census tracts that have more than 20% of the civilian population without health insurance coverage. Without such coverage, it may be difficult for people to receive the medical care they need, especially those with lower incomes.

The lack of access to care may result in impaired health, especially for those who are particularly vulnerable.

Each year, County Health Rankings use measures to rate and rank each county in the United States on Health Outcomes and Health Factors, sponsored by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.

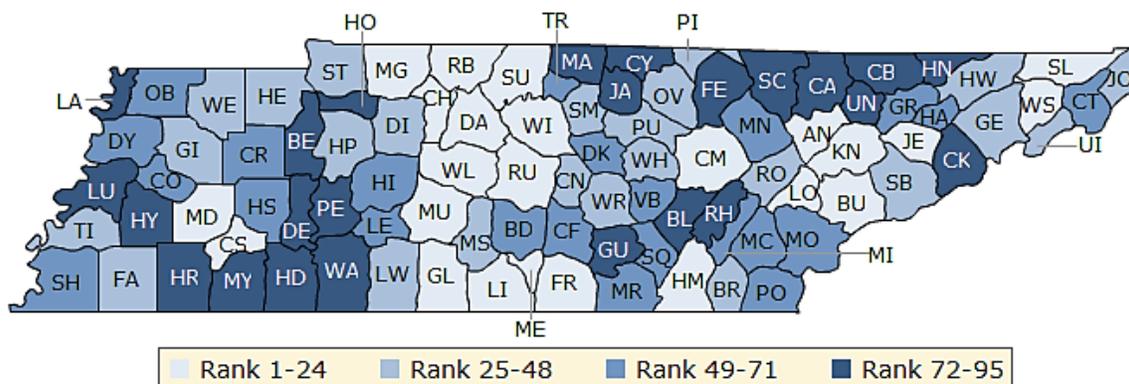
<http://www.countyhealthrankings.org/>

Health Outcomes include factors such as premature death, poor or fair health days, poor physical days, poor mental health days and low birth weight, shown for Tennessee counties in the map below. Davidson and surrounding counties rank highly for Health Outcomes, as shown in the map below. Among the 95 counties in Tennessee, Davidson County ranks 7 in Health Outcomes (compared to Williamson County at #1 and Wilson County at #2).



Health Factors include Health Behaviors (smoking, obesity, drinking, etc.); Clinical Care (availability of health insurance, ratio of doctors, dentists and mental health providers; preventable hospital stays, etc.); Social and Economic Factors (educational attainment, unemployment, poverty, crime, etc.); and Physical Environment (air pollution, water violations, severe housing problems, long commute and driving alone).

The map below shows that Davidson and surrounding counties also rank well for Health Factors. Davidson County ranks 21, with Williamson County ranking #1 and Wilson County ranking #2. Davidson County's ranking is higher in Health Behaviors than it was in Health Outcomes because of the ranking of individuals factors related to adult obesity, teen births, mammography screenings, children in poverty and air pollution.

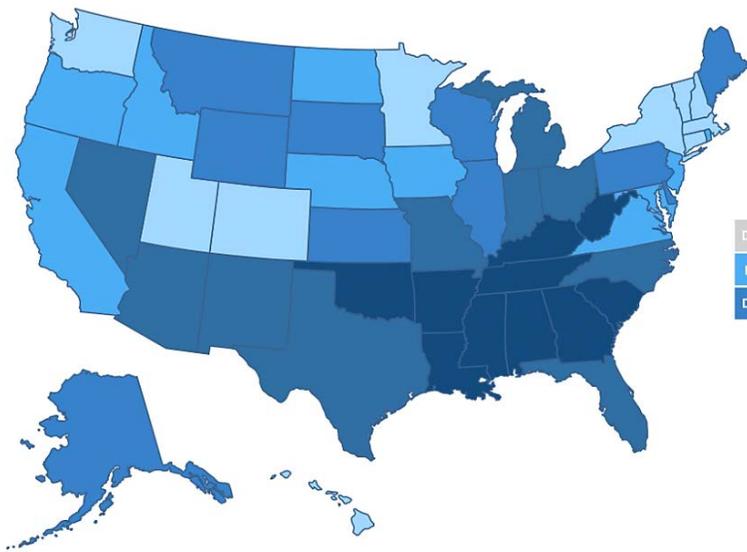


<http://www.countyhealthrankings.org/app/tennessee/2017/rankings/davidson/county/factors/overall/snapshot>



America's Health Rankings from the United Health Foundation rank states by health behaviors, policy, clinical care, community/environment and outcomes. The 2017 Annual Report uses 35 measures to rank all 50 states.

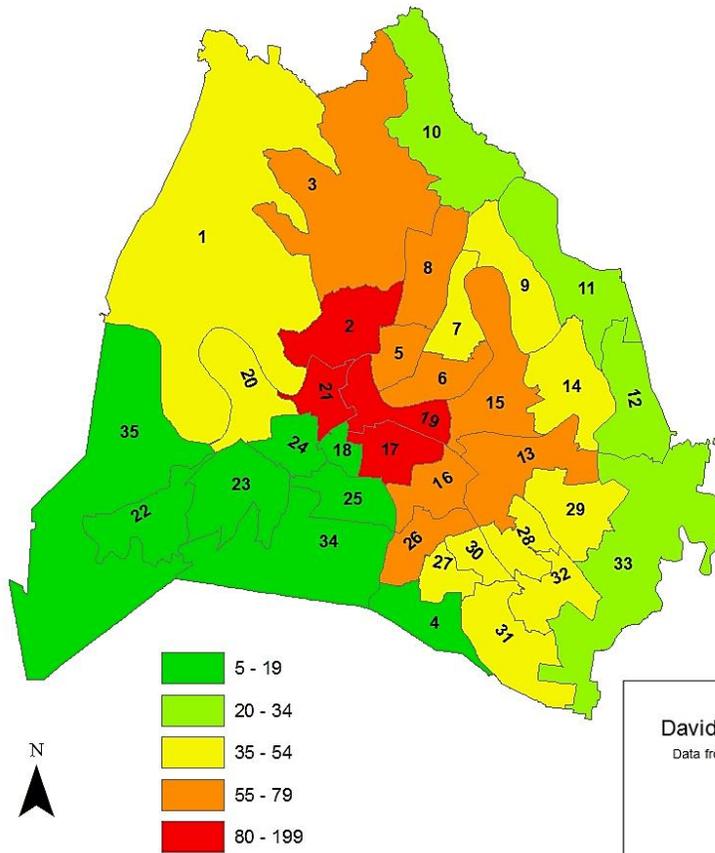
- In terms of behaviors, Tennessee ranks 43 out of 50 states, ranking especially low for obesity, smoking, physical activity and drug deaths.
- Tennessee ranks 35 for policy, with low scores for HPV immunization of females and immunizations of children.
- For clinical care, Tennessee ranks 43, but ranking higher on primary care physicians and lower on preventable hospitalizations and mental health providers.
- Tennessee ranks 40 for community and environment, primarily because of violent crime and children in poverty.
- For all determinants, Tennessee ranks 45, due to frequent physical stress, cardiovascular deaths, cancer, frequent mental stress and premature death.



<https://www.americashealthrankings.org/expl ore/2017-annual-report/measure/MDH/state/TN>



Violent Offenses by Council Districts
 Davidson County, Tennessee (October through December, 2017)
 Data from Metropolitan Nashville Police Department; Shapefiles from Metropolitan Planning Department;
 Map by Metropolitan Social Services



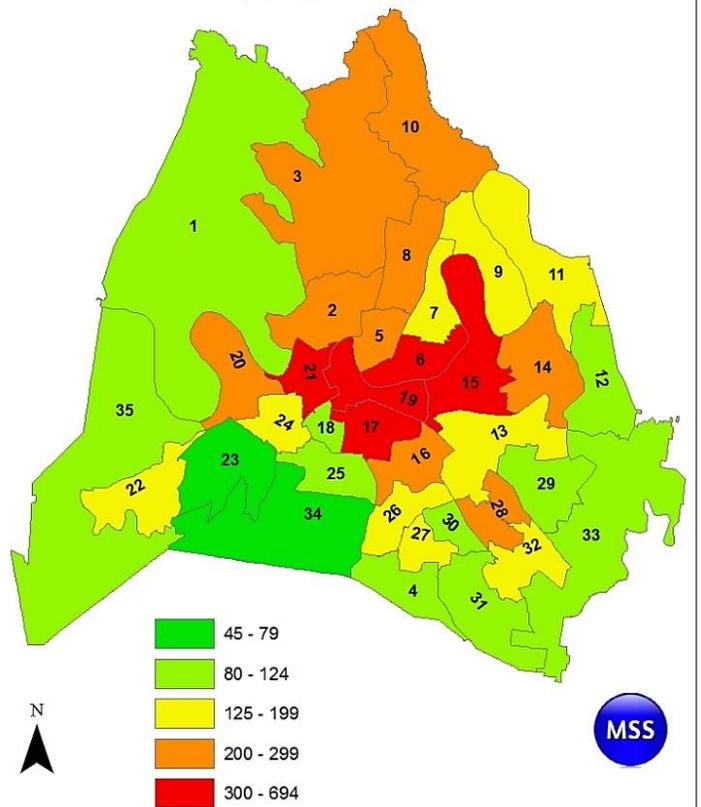
Violent and Property Incidents and Total Calls for Services

The Metropolitan Nashville Police Department (MNPd) provides an array of data and statistical material that is used as a management and strategic planning tool. MNPd regularly updates data and provides it to the public.

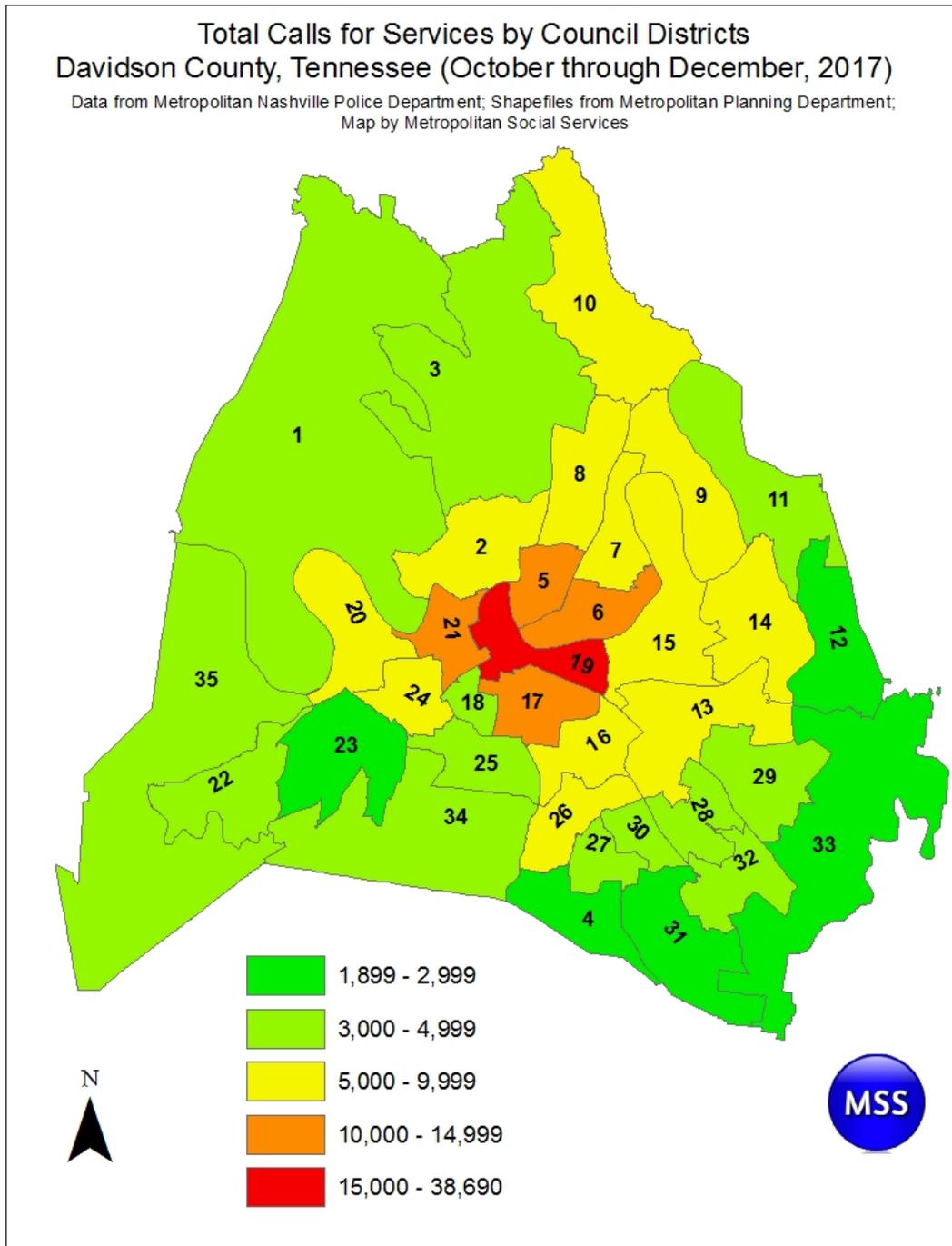
The top map shows the number of violent incidents from October 1 through December 31, 2017.

The bottom map shows the number of property incidents from October 1 through December 31, 2017.

Property Offenses by Council Districts
 Davidson County, Tennessee (October through December, 2017)
 Data from Metropolitan Nashville Police Department; Shapefiles from Metropolitan Planning Department;
 Map by Metropolitan Social Services



The map below shows the total number of calls for services by Council Districts from October 1 through December 31, 2017. Each map shows increased activity in the center of the county, generally diminishing with distance from the urban core.



The following page also provides the percentages of which Metro Council District the activities were located.



UCR Part I Incidents
Summarized by Council District
Report Period: 10/1/2017 - 12/31/2017

METROPOLITAN POLICE DEPARTMENT
of Nashville and Davidson County

Council District	UCR Part I Incidents						Calls for Service (CFS)	
	Violent Offenses	Percent of County Total Violent Offenses	Property Offenses	Percent of County Total Property Offenses	Total UCR Part I Offenses	Percent of County Total UCR Part I Offenses	Total CFS	Percent of Total CFS
01	48	2.7 %	105	1.6 %	153	1.8 %	3,096	1.3 %
02	132	7.4 %	220	3.3 %	352	4.1 %	9,420	3.9 %
03	76	4.3 %	253	3.8 %	329	3.9 %	4,868	2.0 %
04	12	0.7 %	80	1.2 %	92	1.1 %	1,899	0.8 %
05	55	3.1 %	223	3.3 %	278	3.3 %	11,514	4.8 %
06	74	4.2 %	330	4.9 %	404	4.8 %	11,257	4.7 %
07	47	2.6 %	175	2.6 %	222	2.6 %	5,628	2.3 %
08	72	4.0 %	201	3.0 %	273	3.2 %	9,695	4.0 %
09	50	2.8 %	141	2.1 %	191	2.3 %	5,648	2.3 %
10	30	1.7 %	222	3.3 %	252	3.0 %	5,565	2.3 %
11	20	1.1 %	154	2.3 %	174	2.1 %	4,417	1.8 %
12	22	1.2 %	110	1.6 %	132	1.6 %	2,787	1.2 %
13	79	4.4 %	167	2.5 %	246	2.9 %	7,507	3.1 %
14	45	2.5 %	202	3.0 %	247	2.9 %	5,460	2.3 %
15	55	3.1 %	376	5.6 %	431	5.1 %	8,669	3.6 %
16	61	3.4 %	239	3.6 %	300	3.5 %	7,316	3.0 %
17	89	5.0 %	389	5.8 %	478	5.6 %	12,238	5.1 %
18	6	0.3 %	88	1.3 %	94	1.1 %	3,253	1.3 %
19	199	11.2 %	694	10.3 %	893	10.5 %	38,690	16.0 %
20	38	2.1 %	221	3.3 %	259	3.1 %	7,516	3.1 %
21	155	8.7 %	372	5.5 %	527	6.2 %	13,130	5.4 %
22	11	0.6 %	125	1.9 %	136	1.6 %	4,913	2.0 %
23	10	0.6 %	45	0.7 %	55	0.6 %	2,953	1.2 %
24	10	0.6 %	143	2.1 %	153	1.8 %	7,489	3.1 %
25	7	0.4 %	116	1.7 %	123	1.4 %	3,323	1.4 %
26	61	3.4 %	172	2.6 %	233	2.7 %	5,612	2.3 %
27	53	3.0 %	130	1.9 %	183	2.2 %	3,363	1.4 %
28	54	3.0 %	207	3.1 %	261	3.1 %	3,882	1.6 %
29	48	2.7 %	111	1.7 %	159	1.9 %	3,711	1.5 %
30	41	2.3 %	114	1.7 %	155	1.8 %	3,898	1.6 %
31	37	2.1 %	124	1.8 %	161	1.9 %	2,624	1.1 %
32	40	2.2 %	169	2.5 %	209	2.5 %	4,290	1.8 %
33	23	1.3 %	87	1.3 %	110	1.3 %	2,828	1.2 %
34	8	0.4 %	70	1.0 %	78	0.9 %	3,079	1.3 %
35	5	0.3 %	103	1.5 %	108	1.3 %	4,131	1.7 %
Unknown	7	0.4 %	29	0.4 %	36	0.4 %	6,207	2.6 %
Total	1,780	100.0 %	6,707	100.0 %	8,487	100.0 %	241,876	100.0 %

Sourced from MNPD ARMS on 1/5/2018 9:16:48 AM. Incident and victim counts sourced from incident reports using UCR definitions and reporting guidelines, based on report date. CFS report only includes calls with ten codes 10 through 90, 93, 96 and all thousand codes. Includes all disposition codes. This report is intended to be a management and planning tool and does not reflect official counts for the department. Council District boundaries do not overlay precisely with the geographic reporting areas designed by the MNPD. Preliminary offense classifications are based upon initial information provided to the MNPD by the reporting parties, complainants, and witnesses. However based on the nature of policing, preliminary offense classifications may change at a later date based upon further investigation.

<https://www.nashville.gov/Police-Department/Executive-Services/Strategic-Development/Crime-Analysis/Reports.aspx>

Socioeconomic Profile

Introduction

Socioeconomic data is particularly important because it demonstrates disparity, particularly racial/ethnic disparity. As described in *Ethnic and Racial Minorities & Socioeconomic Status* from the American Psychological Association, "Socioeconomic status encompasses not just income but also educational attainment, financial security, and subjective perceptions of social status and social class. Socioeconomic status can encompass quality of life attributes as well as the opportunities and privileges afforded to people within society." It further explains that poverty is not a single factor but incorporates multiple physical and psychosocial stressors.

Ethnic and Racial Minorities explains that lower educational achievement, poverty and poor mental and physical health are affected by socioeconomic status. Overall, human functioning is related to inequities in the distribution of health and other resources that can impair the quality of life for disadvantaged populations. As data shows, there are dramatic gaps reflecting the disparity by race, ethnicity and other factors.

Disadvantaged communities are often segregated by race, ethnicity and socioeconomic status. They typically experience low economic development (including income and opportunities), poor health conditions and lower levels of educational attainment. *Ethnic and Racial Minorities* describes how discrimination and marginalization can limit upward mobility for racial/ethnic minorities.

In terms of education, there is a marked difference between the rates of people with at least a college degree by race and ethnicity, which creates long-lasting disparity in income and wealth accumulation. While there has been some narrowing of the differences, dropout rates are higher for African Americans and Hispanics than for whites. Minority students may also attend schools with fewer resources, less rigorous curriculums and teachers who expect less of them.

Because there has been institutional discrimination, barriers remain to health care access as well as to the quality of care received. Racial/ethnic minorities have worse overall health because of "economic determinants, education, geography and neighborhood, environment, lower quality care, inadequate access to care, inability to navigate the system, provider ignorance or bias, and stress." Other health related factors that show disparity include low birth weight, negative child health outcomes and insurance coverage. Higher psychological distress can be caused by socioeconomic deprivation and racial/ethnic discrimination, with higher incidences of depression, schizophrenia and PTSD in minorities than in the white population.

<http://www.apa.org/pi/ses/resources/publications/minorities.aspx>

The previous year's 2016 Community Needs Evaluation included detailed information related to socioeconomic status and racial/ethnic disparity (available online):

- *Toxic Stress and Poverty* – http://www.nashville.gov/Portals/0/SiteContent/SocialServices/docs/plann_coord/ToxicStressPoverty2016CNE.pdf
- *Disparity* – http://www.nashville.gov/Portals/0/SiteContent/SocialServices/docs/plann_coord/Disparity2016CNE.pdf

The Socioeconomic Profile includes data on economic indicators that are related to income and poverty status. Unless otherwise indicated, all data in this section is from the U.S. Census Bureau, which adjusts data for income, benefits and inflation.

Definitions

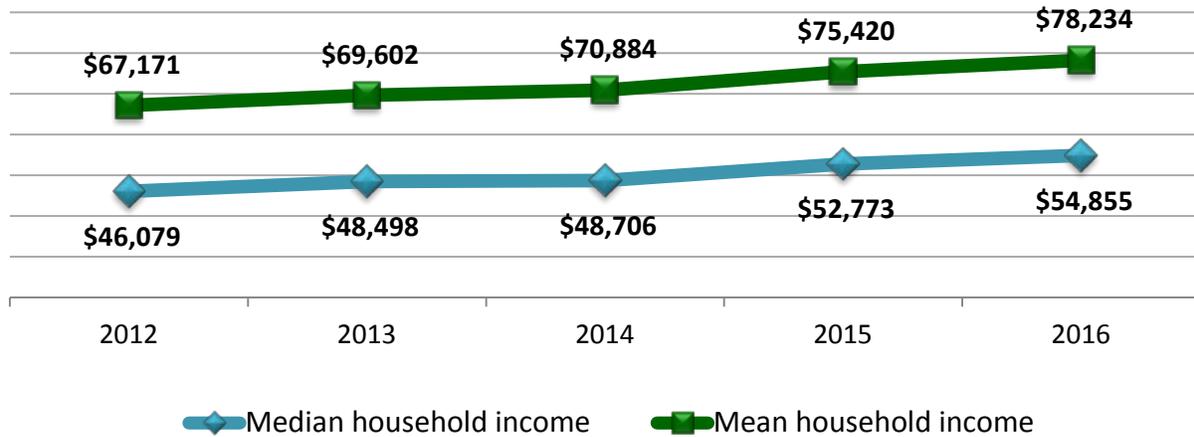
- **Median** – the value for which half of the distribution is above and half is below this point.
- **Mean** – arithmetic average of a set of numbers, derived by dividing the total by the number of items in that group.
- **Earnings** – wage or salary income, or net income (gross receipts minus expenses) from self-employment, or Armed Forces pay, commissions, tips, etc.; earnings represent the amount of income received regularly before deductions for personal income taxes, Social Security, bond purchases, union dues, Medicare deductions, etc.
- **Income** – “money income” is income received on a regular basis (excluding capital gains and lump sum payments) before payment of personal income taxes, Social Security, union dues, Medicare deductions, etc.; includes income from earnings (see above definition) plus interest, dividends, net rental income, royalty income, Supplemental Security Income, retirement/survivor/disability benefits; and any other sources of regular payment including Veterans’ payments, unemployment benefits, worker’s compensation, child support and alimony.
- **Household Income** – total of the income of all people age 15 and over who live in the household; includes related family and unrelated people; household also includes people living alone or with a group of unrelated people.
- **Family Income** – total of the income of all family members age 15 and over who live in the household; two or more people (including the householder) related by birth, marriage or adoption and who reside together.
- **Per Capita Income** – mean income for every man, woman and child in a particular group, derived by dividing the total income of a particular group by the total population.

Additional definitions are available in the Online Glossary from the U.S. Census Bureau – <https://www.census.gov/glossary/>

As shown in Chart S-1, there has been an upward trend in Davidson County’s mean and median household income. Before the recession began, the median household income had increased to \$46,359. As the recession was ending in 2010, the median household income was \$43,616 and did not reach the pre-recession levels until

three years later. Rising to \$54,855 median household income in 2016, Davidson County's increase in recent years is consistent with the pattern of increase in Tennessee and the U.S.

Chart S-1: Mean/Median Household Income
Davidson County, 2012-2016



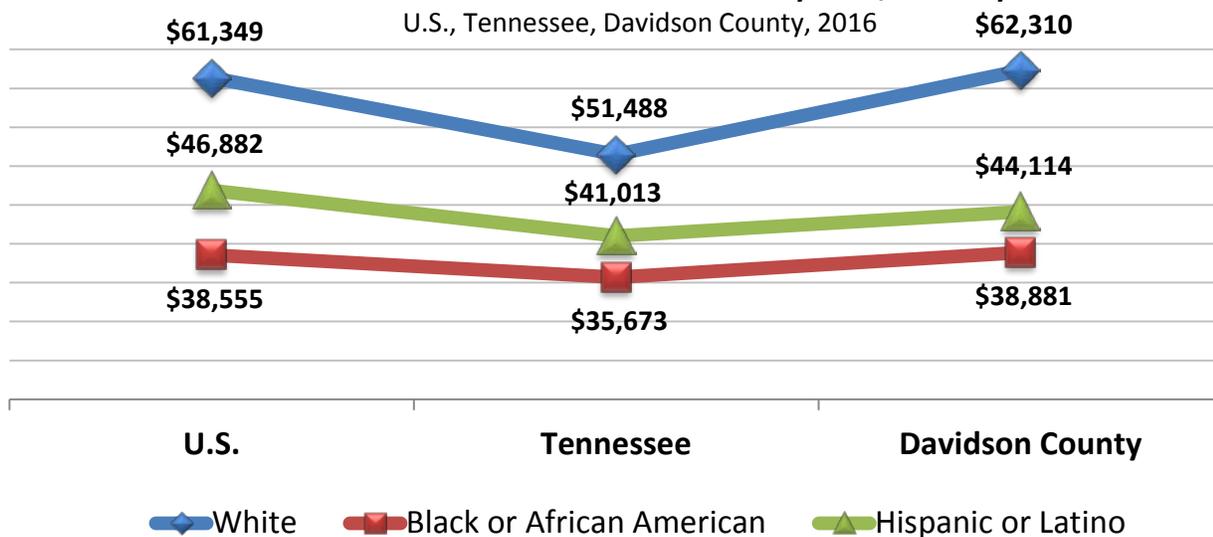
Source: 2012-2016 American Community Survey

Chart S-2 shows that median household income varies dramatically by race and ethnicity. The data is shown for the White and Black or African American race and for Hispanic/Latino ethnicity. Other races are not shown because they comprised less than 3% of Davidson County households.

The White population's median household income was noticeably higher than for the Black/African American race and the Hispanic/Latino ethnicity, in Davidson County, Tennessee and the U.S. The greatest difference was reported for Davidson County, where the Black or African American population's income was 62.4% of the White population's median household income, a difference of \$23,429 in 2016. The Hispanic or Latino population's median household income was 70.8% of the median household income for the White population.

Chart S-2: Median Household Income by Race/Ethnicity

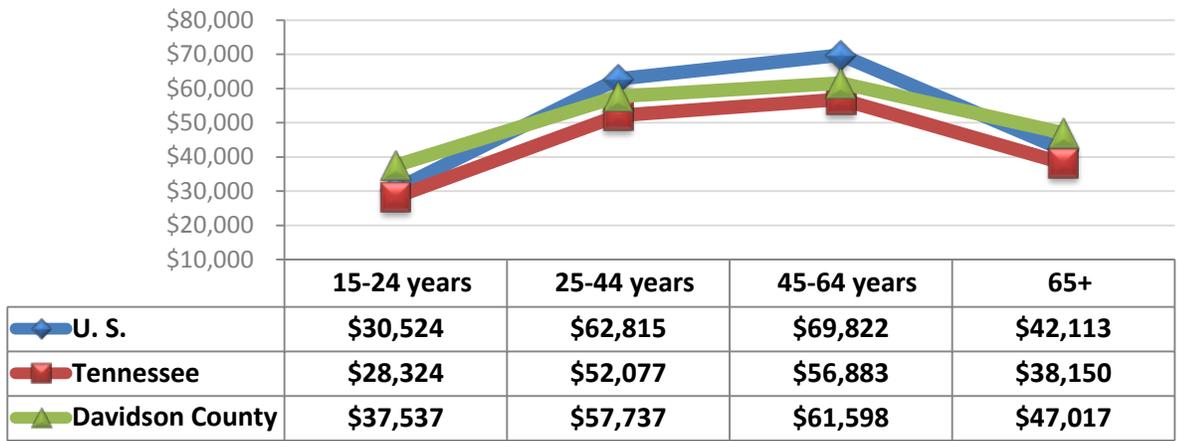
U.S., Tennessee, Davidson County, 2016



Source: 2016 American Community Survey

As shown in Chart S-3, the age category of the householder is related to the median household income in the U.S., Tennessee and Davidson County. The highest incomes were reported for the 45-64 age category, when many reach their peak earning years.

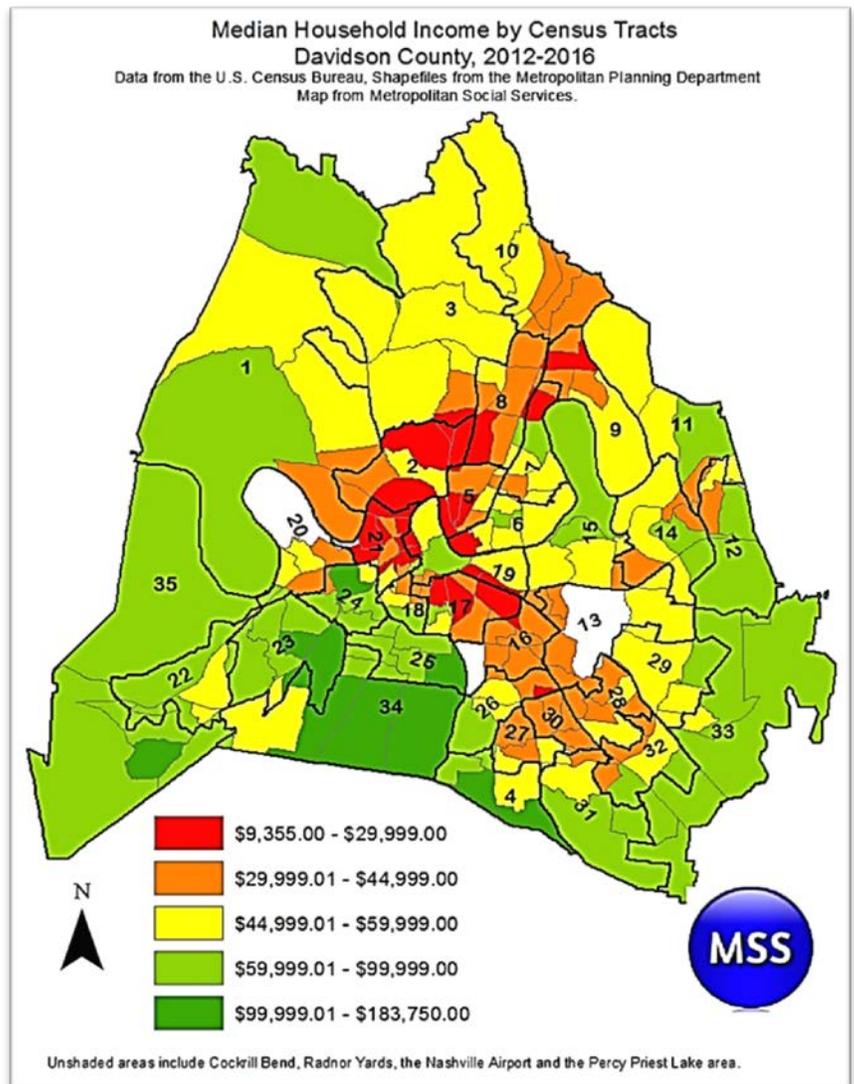
Chart S-3: Median Household Income by Age of Householder
U.S., Tennessee, Davidson County, 2016



Source: 2016 American Community Survey

The map at right shows an uneven distribution of median household income across Davidson County.

The census tracts shown in red have median incomes less than \$30,000 per year, compared to the darkest green ones with median household incomes of at least \$100,000.

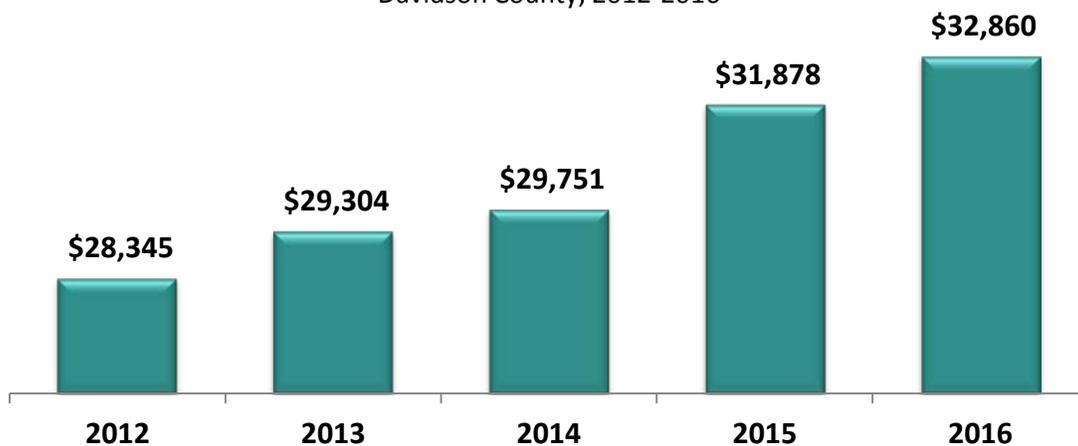


For convenience, the table below summarizes the 2016 income categories for the U.S., Tennessee and Davidson County, from the 2016 American Community Survey.

2016 Income	U.S.	Tennessee	Davidson County
Median household income	\$ 57,617	\$ 48,547	\$ 54,855
Mean household income	\$ 81,346	\$ 68,104	\$ 78,234
Mean earnings	\$ 83,372	\$ 69,914	\$ 77,611
Mean Social Security income	\$ 18,656	\$ 18,610	\$ 18,611
Mean Supplemental Security Income	\$ 9,592	\$ 9,533	\$ 9,455
Mean cash public assistance income	\$ 3,057	\$ 2,677	\$ 2,863
Median family income	\$ 71,062	\$ 60,659	\$ 67,482
Mean family income	\$ 95,353	\$ 80,669	\$ 94,301
Per capita income	\$ 31,128	\$ 27,087	\$ 32,860
Median nonfamily income	\$ 34,963	\$ 29,670	\$ 41,414
Mean nonfamily income	\$ 51,249	\$ 41,780	\$ 55,756
Median earnings for workers	\$ 31,986	\$ 30,164	\$ 31,899
Median earnings for male full-time, year-round workers	\$ 50,586	\$ 43,661	\$ 42,067
Median earnings for female full-time, year-round workers	\$ 40,626	\$ 35,916	\$ 40,492

Chart S-4 shows Davidson County’s per capita income for the past 5 years, reflecting an upward trend similar to the mean and median income.

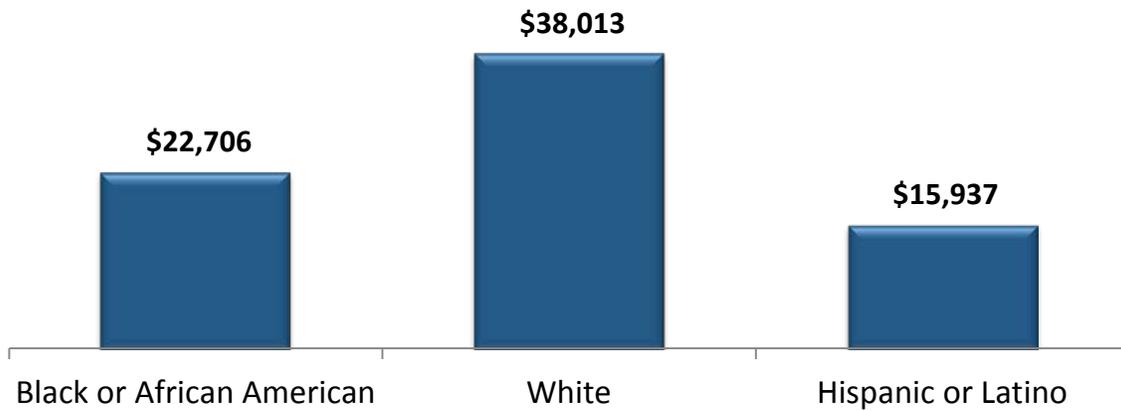
Chart S-4: Per Capita Income
Davidson County, 2012-2016



Source: 2011-2016 American Community Survey

In chart S-5 for per capita income for Davidson County in 2016, a significant difference is shown by race and ethnicity. The per capita income for the Black or African American population is 59.3% of the per capita income for the White population, and the Hispanic or Latino per capita income is 42.2% of the per capita income for the White population. This pattern is also reflected in Chart S-2 for median household income. Only Black or African American and White are used because these two races comprise more than 92% of Davidson County's population.

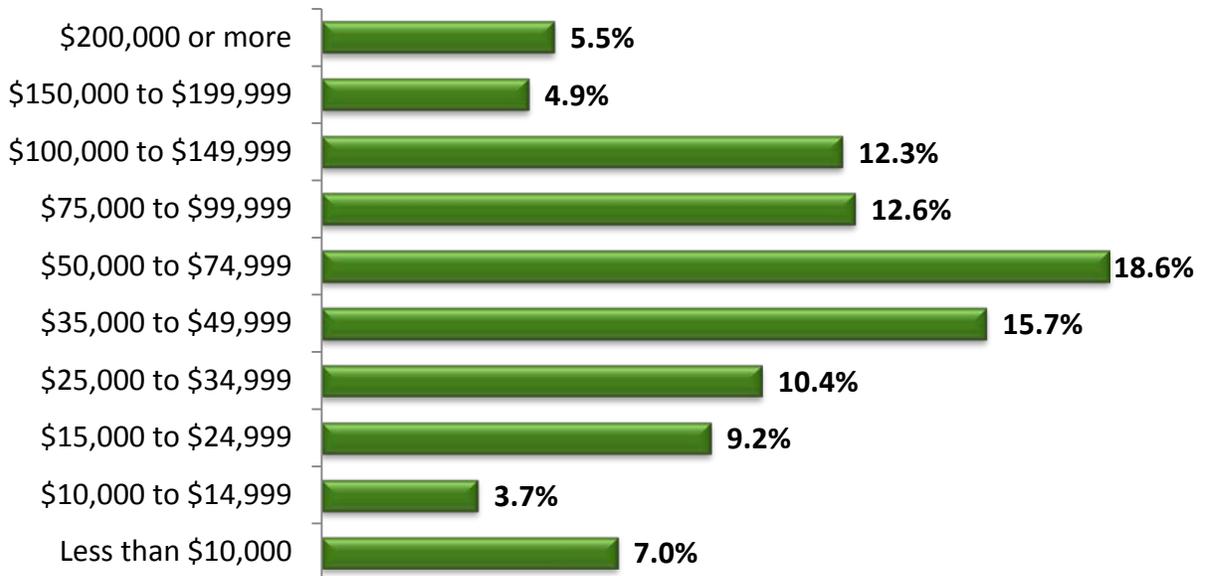
Chart S-5: Per Capita Income by Race/Ethnicity
Davidson County, 2016



Source: 2016 American Community Survey

Chart S-6 shows the median household income by category for the 281,967 households in Davidson County, with 46.0% of Davidson County's households having income of less than \$50,000 per year in 2016.

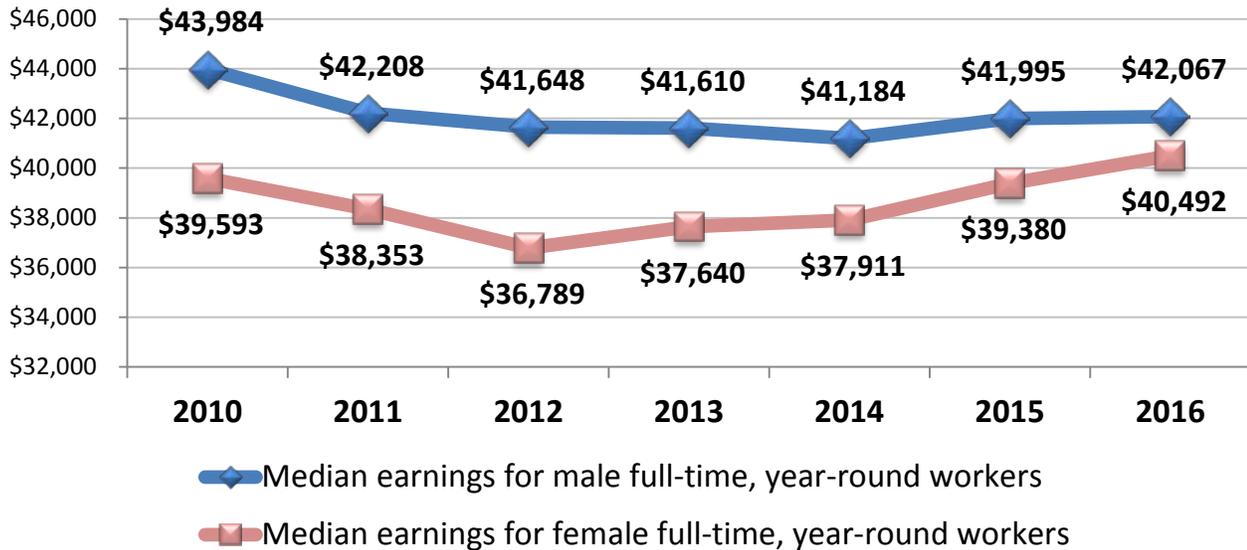
Chart S-6: Median Household Income by Category
Davidson County, 2016



Source: 2016 American Community Survey

As described in the Definitions at the beginning of this section, income and earnings are different. Earnings are income derived from employment (self-employment or other employment), excluding other sources such as interest and dividends. Chart S-7 compares the median earnings for full-time workers by gender, showing that males continue to earn more than females. The gap for Davidson County has narrowed between male and female earnings, decreasing from \$4,391 in 2010 to \$1,575 in 2016.

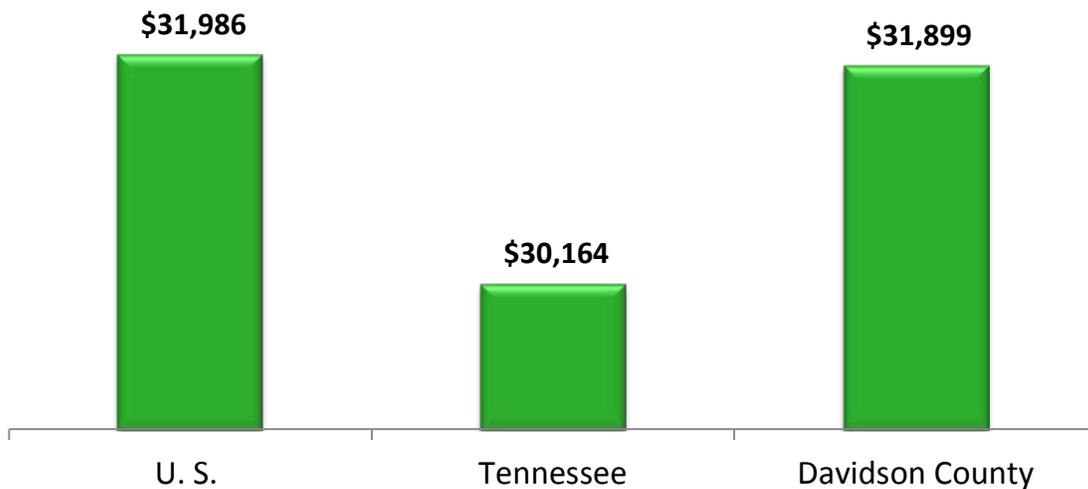
Chart S-7: Median Earnings, Full-Time, Year-Round Workers by Gender
Davidson County, 2016



Source: 2010-2016 American Community Survey

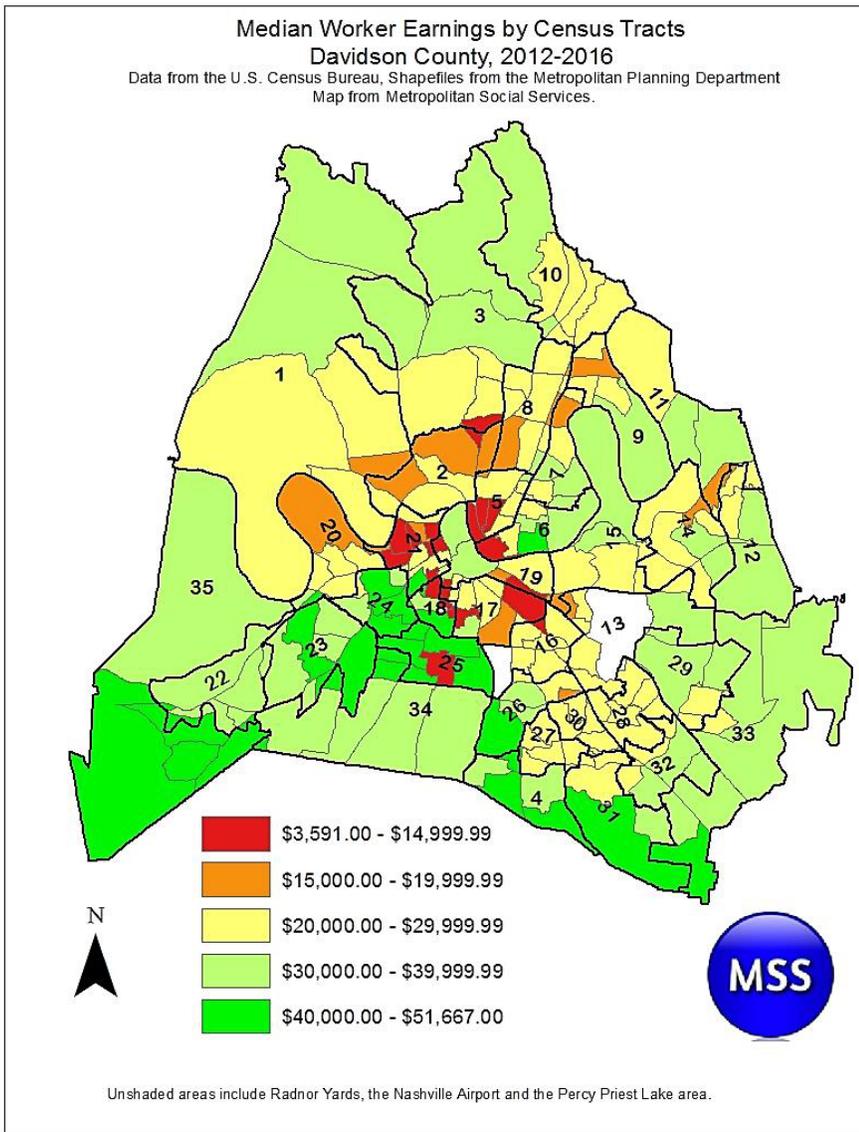
Some workers have seasonal, part-time or irregular work hours. Median earnings for all workers 2016 were \$31,899 in Davidson County, slightly less than for the U.S. and more than for Tennessee, as shown in Chart S-8.

Chart S-8: Median Earnings for All Workers
U.S., Tennessee, Davidson County, 2016



Source: 2016 American Community Survey

While median earnings for all workers were \$31,899, there was an uneven distribution across Davidson County. The map shows the median worker earnings by census tract.



In red areas, median worker earnings were less than \$15,000 per year, with orange areas showing median worker earnings between \$15,000 and \$30,000.

The darkest green areas show median worker earnings above \$40,000 per year.

Child Care for Working Parents

U.S. Parents Are Sweating and Hustling to Pay for Child Care (NPR, October 22, 2016) described the challenges faced by working parents who need child care. It pointed out that the cost of child care is sometimes as much as half the mortgage payment. It explained that many parents work more than a full-time job to make ends meet.

<https://www.npr.org/2016/10/22/498590650/u-s-parents-are-sweating-and-hustling-to-pay-for-child-care>

Workers who have children experience challenges with the cost of child care. As described in a previous section, 69.6% of all parents in the household of children under age 6 are in the workforce. With all parents in the household in the workforce, child care is usually a necessity, often creating challenges for working families

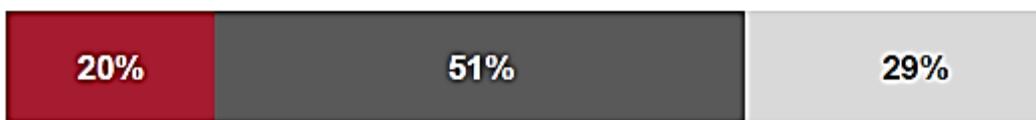
with children under age 6. Child Care Aware reports that in Tennessee, single parents pay as much as 41% of their income for infant care. The cost for married parents of two children living in poverty could be up to 77% of their income for care in a child care center. Child Care Aware shows the average cost in 2016 for Tennessee for child care for infants was \$8,378 at a center and \$6,115 in home. For a 4-year old, the cost would be even higher at \$15,491 in a center and \$11,623 in home.

In some states, it is even worse, with child care for Mississippi and West Virginia families costing up to 45% of total household income, compared to the 10% benchmark for affordable care established by the U.S. Department of Health and Human Services. It also noted that some potential parents have to postpone children because of economic conditions.

[https://usa.childcareaware.org/wp-content/uploads/2016/12/State-Fact-Sheets Tennessee.pdf](https://usa.childcareaware.org/wp-content/uploads/2016/12/State-Fact-Sheets_Tennessee.pdf)

A report in October 2016, *Child Care and Health in America* (from NPR, Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health) collected data from parents who used day care, focusing on quality, cost and convenience. Parents reported that cost was the most frequent challenge in finding day care. About 25% of children were cared for without cost, but the remainder paid a fee, with many indicating that it had caused a financial problem for their household. The graphic below shows the level of financial problem the cost of child care has created in their own households. As shown in the chart above, the median earnings for all workers was \$31,889 in Davidson County, making it difficult for families to afford the cost of child care.

■ Very serious problem ■ Somewhat serious problem ■ Not too serious problem



<https://www.npr.org/documents/2016/oct/Child-Care-and-Development-Report-2016.pdf>

Expenditures on Children by Families, 2015 from the U. S. Department of Agriculture (Revised March 2017) analyzed expenditures for children from the 2011-15 Consumer Expenditure Survey. It incorporates data on housing, food, transportation, health care and miscellaneous goods or services. It noted that the cost of raising a child varied considerably by household income level, and pointed out that expenditures increased as the children got older. While there was no standard identified, it estimated the cost of raising a child from birth until age 18 was \$233,610 for a two-child, middle income, married couple family.

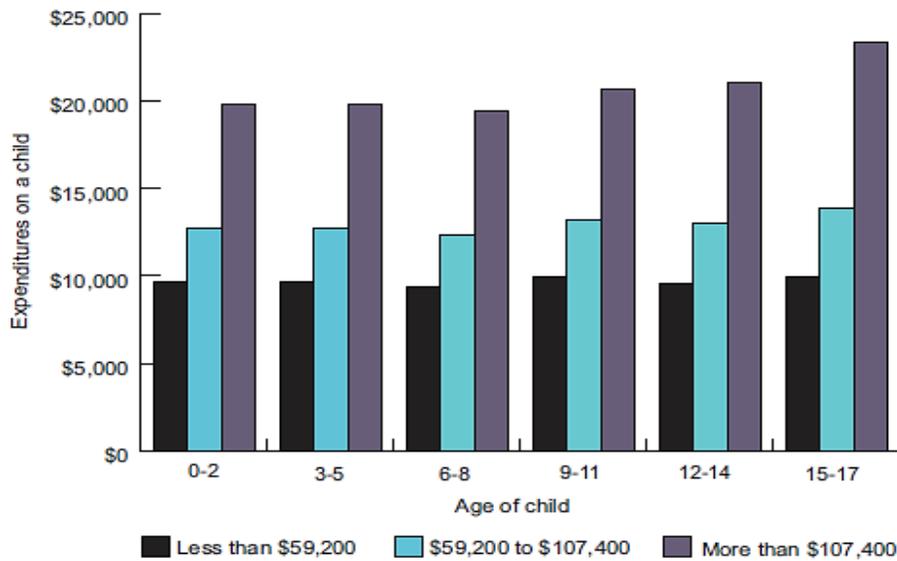


The chart below shows the average family expenditures by age of child and by family income. For families with before-tax incomes of less than \$59,200, the level of spending remains consistent. For families with more than \$107,400 in income, the spending on the child increases along with the amount of discretionary income. However, the percentage of income spent was inverse to the total income. For example, the lowest income group spent 27% on child expenditures, compared to 16% for the middle income group and 11% for the highest income group. The aggregate amount of child expenditures was more than twice as much in the highest income group as in the lowest income group. The USDA also provides an online "Cost of Raising a Child Calculator."

https://www.cnpp.usda.gov/tools/CRC_Calculator/default.aspx

Among families with less than \$59,200 in before-tax income, single parents spent \$172,200 and married couples spent \$174,690. If this amount were divided by the 18 years in raising a child, it would exceed \$9,000 per year.

Chart S-9: Family Expenditures on a Child, by Income Level and Age of Child
2015

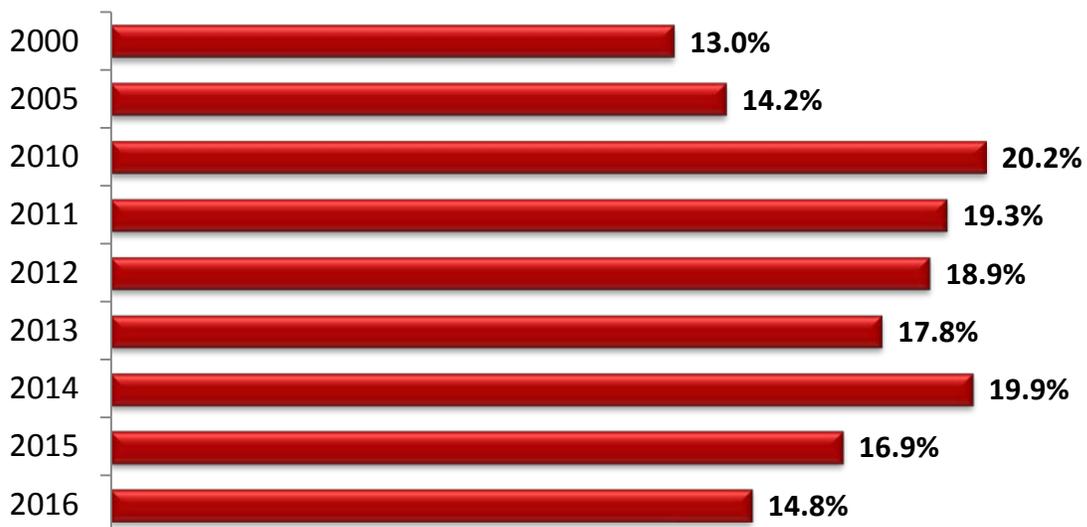


Source: USDA, <https://www.cnp.usda.gov/expenditures-children-families-annual-report>

Poverty

Following the recent spike in poverty during the Great Recession, the rate of poverty has decreased in Davidson County, from 20.2% in 2010 to 14.8% in 2016, as shown in Chart S-10. Despite the improvement, Davidson County had 98,479 residents who lived in poverty in 2016.

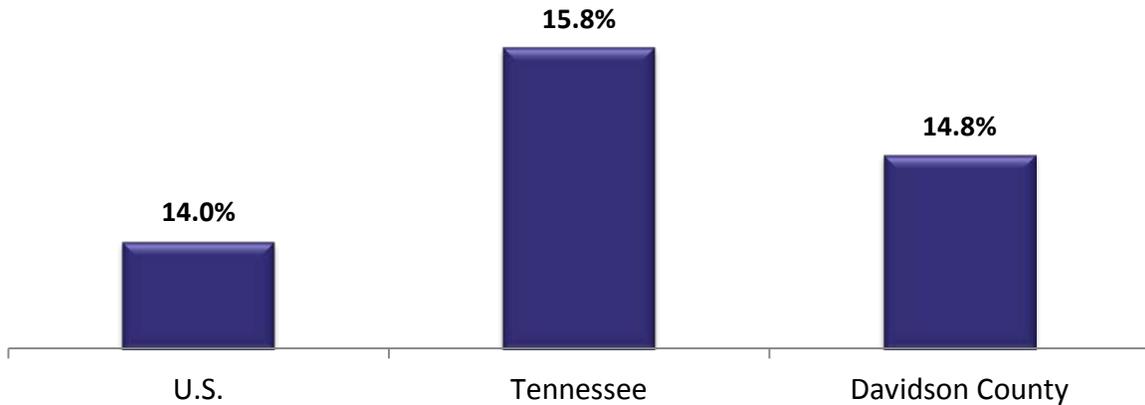
Chart S-10: Percent in Poverty-All People
Davidson County, 2000, 2005, 2010-2015



Source: 2000, 2005, 2010-2016 American Community Survey

The rate of poverty after the recession is shown in Chart S-11 for the U.S., Tennessee and Davidson County.

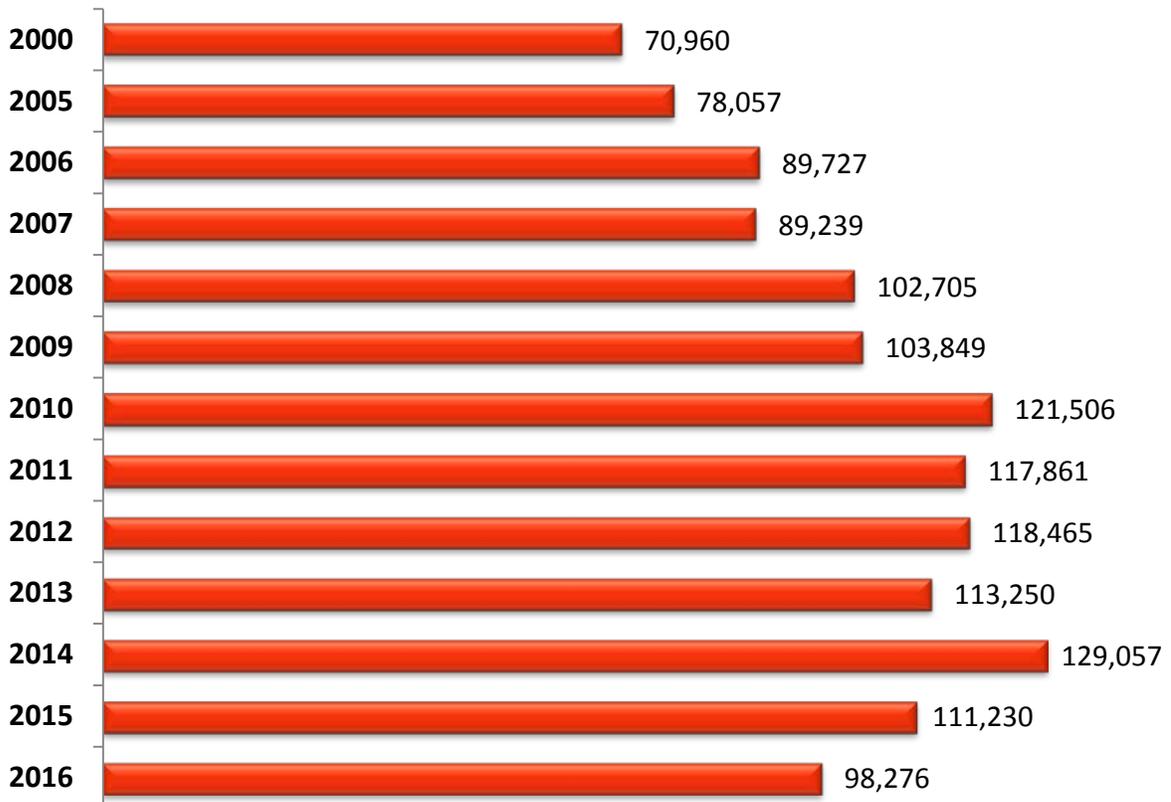
Chart S-11: Percent in Poverty-All People
U.S., Tennessee, Davidson County, 2016



Source: 2016 American Community Survey

Chart S-12 shows the number of Davidson County residents who live in poverty, which also reflects the drop in poverty after the recession ended. With 98,276 people in poverty in 2016, the number is the lowest since 2007.

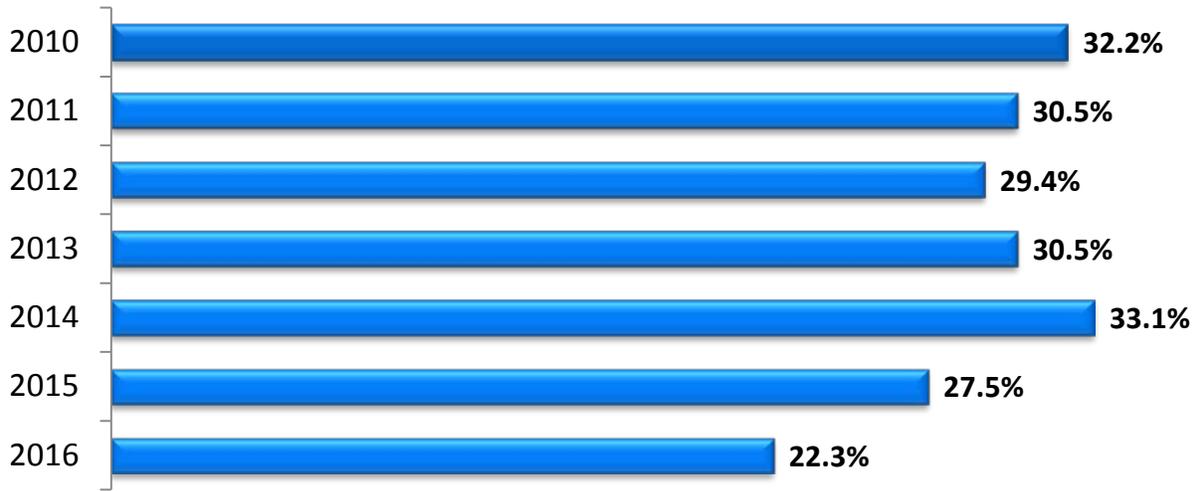
Chart S-12: Number of Davidson County Residents in Poverty by Year
2000-2016



Source: 2000, 2005-2016 American Community Survey

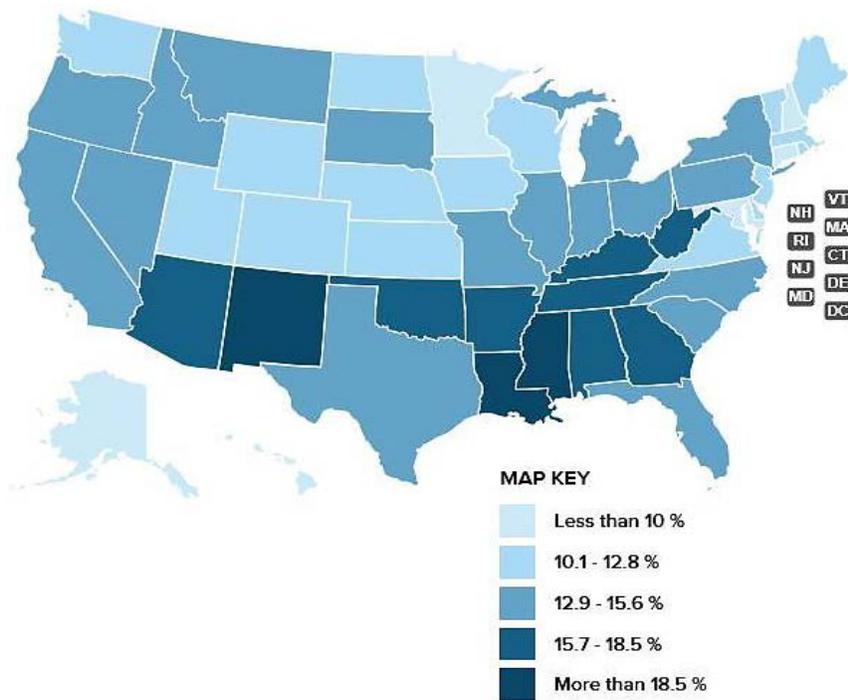
Younger people are more susceptible to the negative effects of poverty, and the rate of children in poverty is typically higher than that for the general population. Chart S-13 shows that the poverty rate for people under age 18 has decreased, but at 22.3% is still higher than the 14.8% for the general population of Davidson County.

Chart S-13: Poverty Rate Under Age 18
Davidson County, 2010-2016



Source: 2010-2016 American Community Survey

The map below from the Center for American Progress shows the poverty rate for people who lived in poverty during 2006 by state. Most of the states with higher rates of poverty were in the southeast and southwest parts of the country.



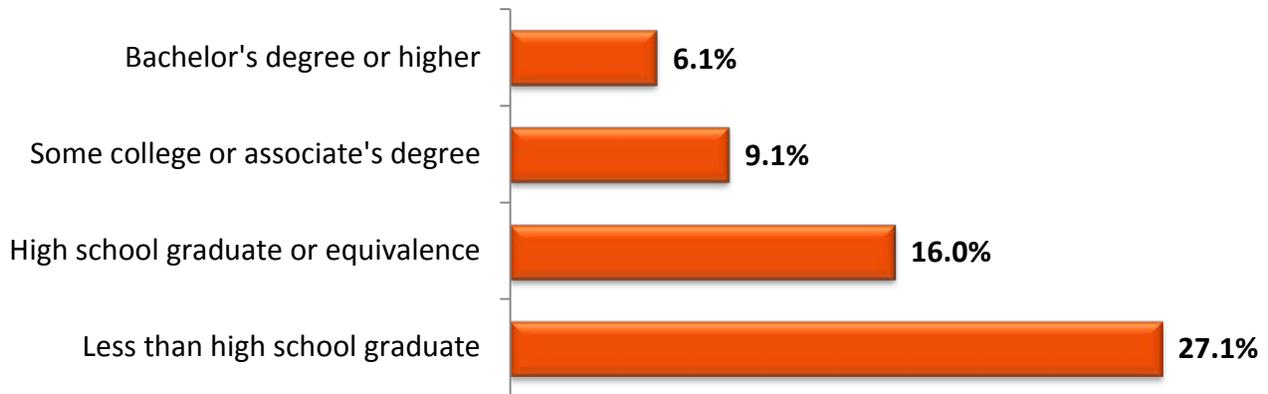
Source: Center for American Progress

<https://talkpoverty.org/poverty/>
<https://www.americanprogress.org/>

Education

There are many factors that are related to the level of poverty, including educational attainment. Chart S-14 shows that the rate of poverty decreases with additional education. It indicates that the 27.1% poverty rate for people who have less than a high school education is more than four times as high as for people who have a Bachelor's degree or higher.

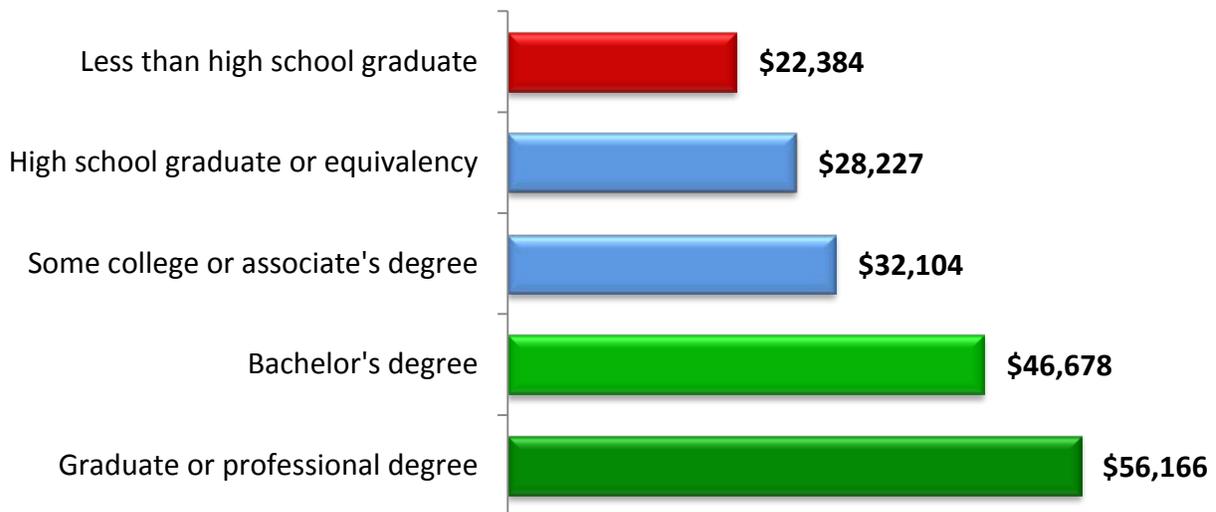
Chart S-14: Poverty Rate for Population Over Age 25 by Educational Attainment
Davidson County, 2016



Source: 2016 American Community Survey

As the level of education increases, there is an accompanying increase in median earnings. Chart S-15 shows that earnings for a Bachelor's degree are twice as high as for those who have less than a high school education. People with a graduate or professional degree have median earnings 2 ½ times as high as those who do not have a high school education.

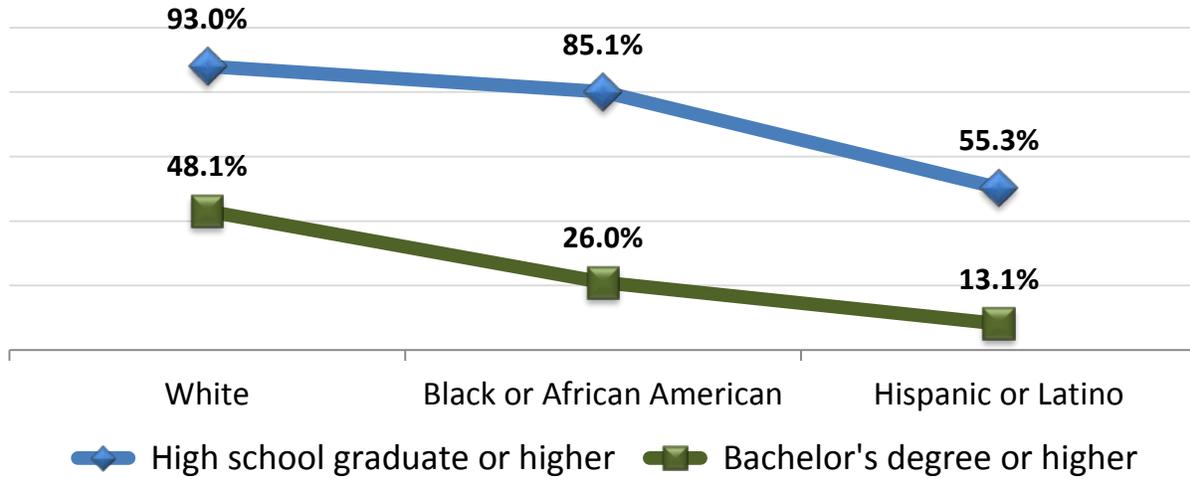
S-15: Median Earnings by Educational Attainment
Davidson County, 2016



Source: 2016 American Community Survey

There is a noticeable difference by race and ethnicity in educational attainment, which likely contributes to the difference in income shown in Chart S-5. Chart S-16 shows a dramatic difference, with the White population having higher rates of high school education as well as for having a Bachelor's degree or higher.

Chart S-16: High School Education, Bachelor's Degree or Higher by Race
Davidson County, 2016



Source: 2016 American Community Survey

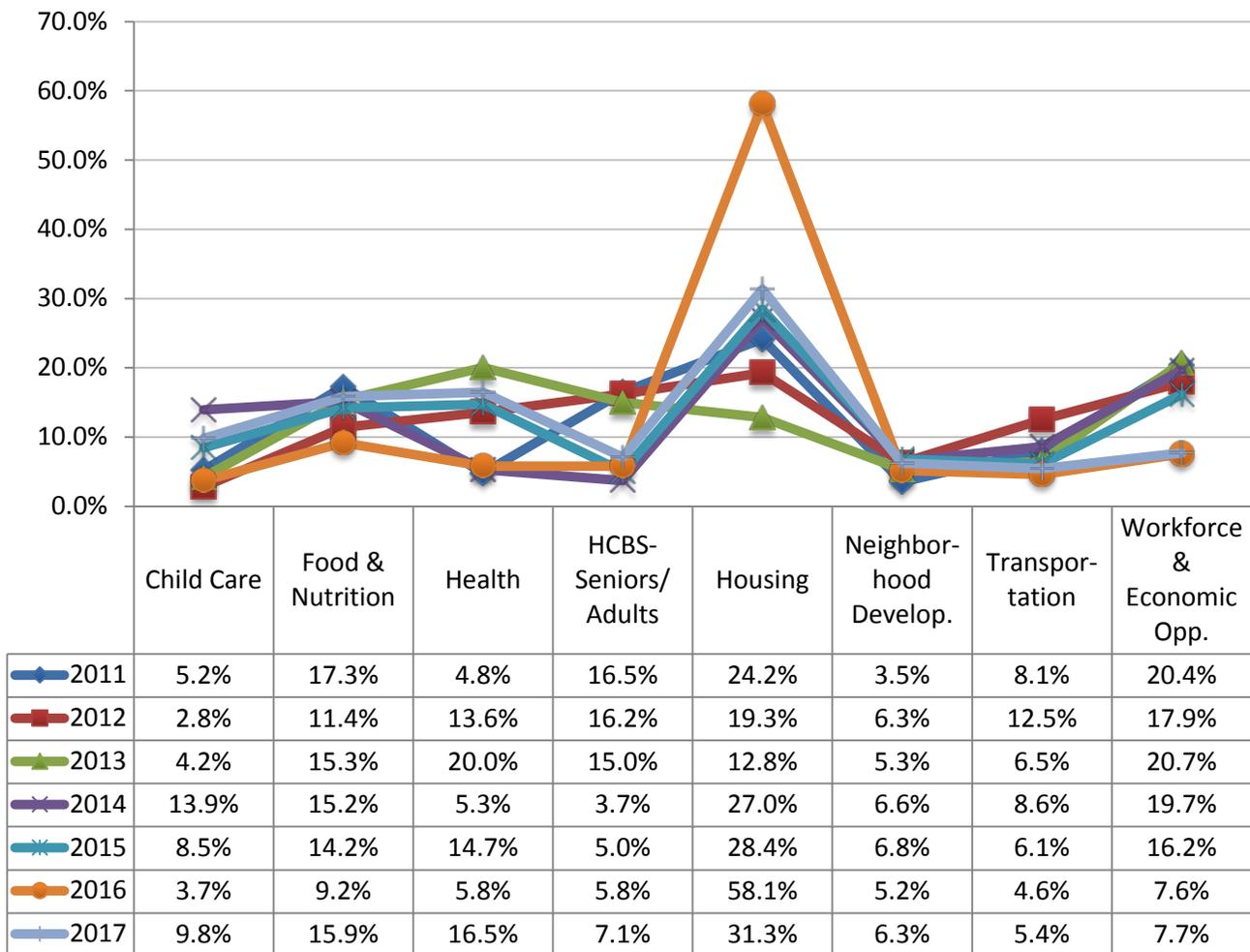


Local Data

Grassroots Community Survey

Each year, Metropolitan Social Services surveys people who are customers at government or nonprofit agencies. The surveys in 2009 and 2010 are not included in most of the charts below because different categories were used. The categories shown in the Chart G-1 are the ones that have been used since 2010. The Methodology section provides information about where the surveys were conducted and how many were collected each year. The actual survey instrument is at the end of this section.

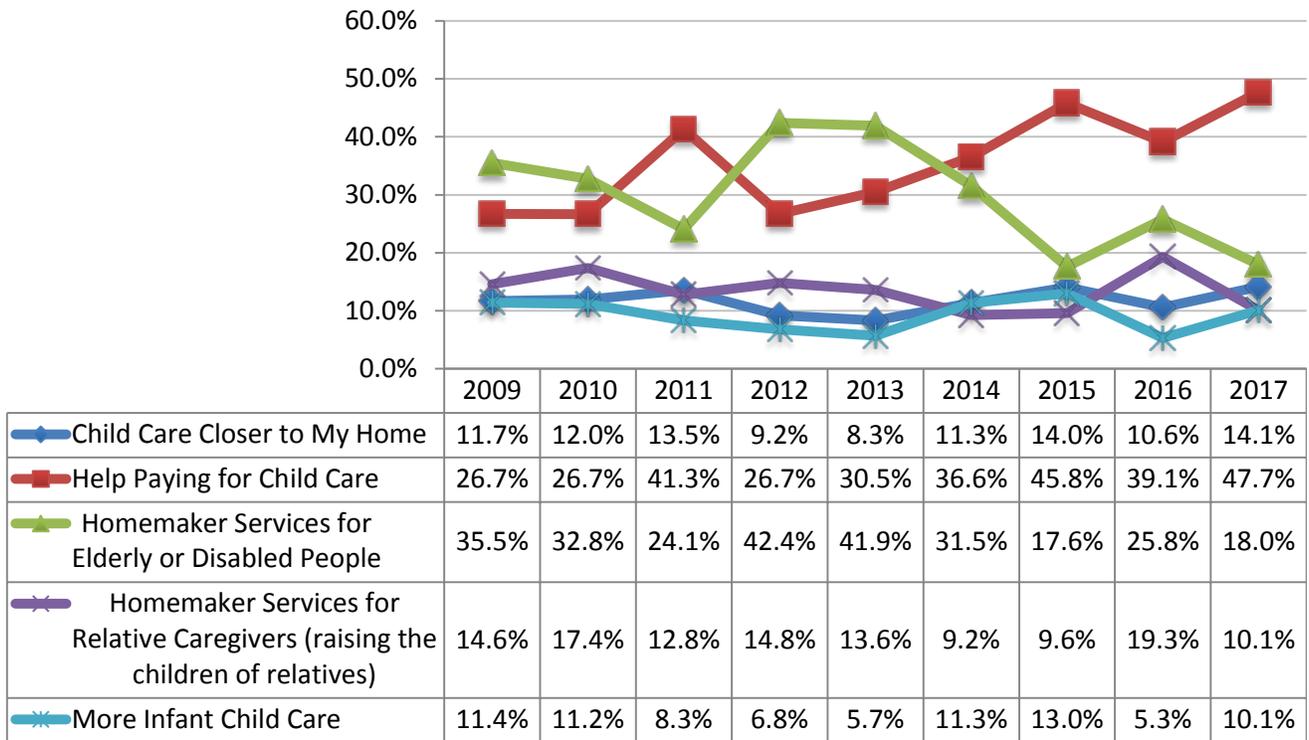
G-1: Largest Gap in Services
Grassroots Community Services, 2011-2017



Source: Metropolitan Social Services

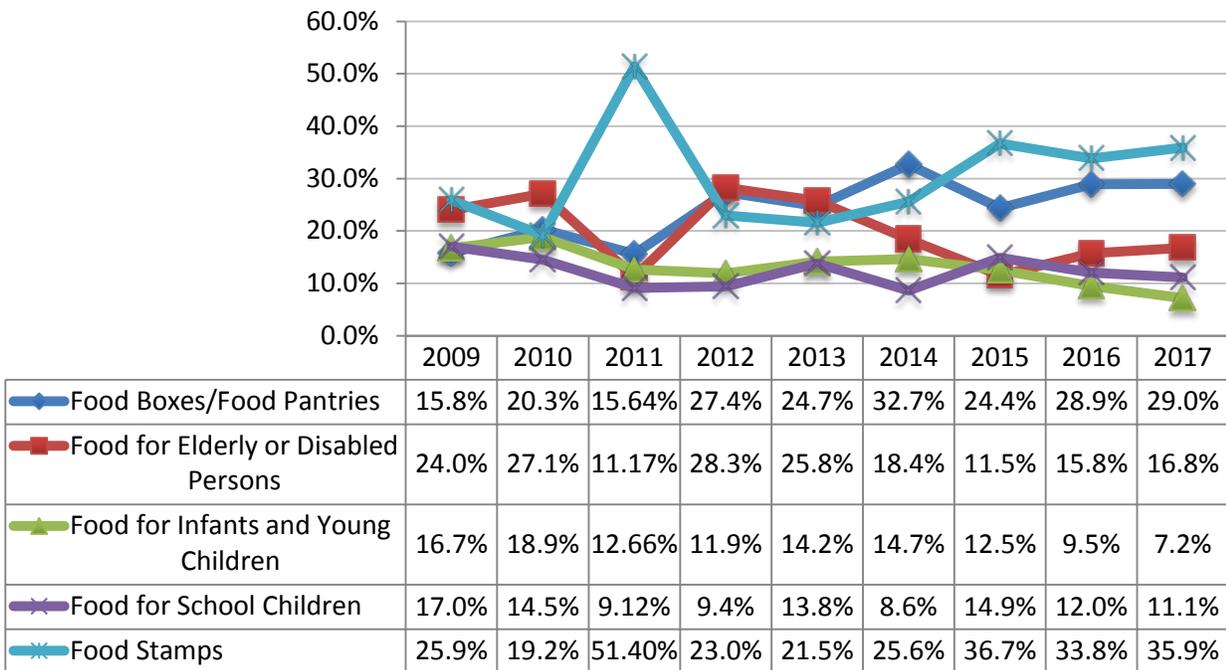
Some of the data below is discussed in various sections throughout the Community Needs Evaluation. The charts provide details on specific survey results. Only Chart G-2 and G-3 include 2009 and 2010 because the categories remained identical for those questions.

Chart G-2: Greatest Unmet Need in Home & Community Based Services
Grassroots Community Survey, 2009-2017



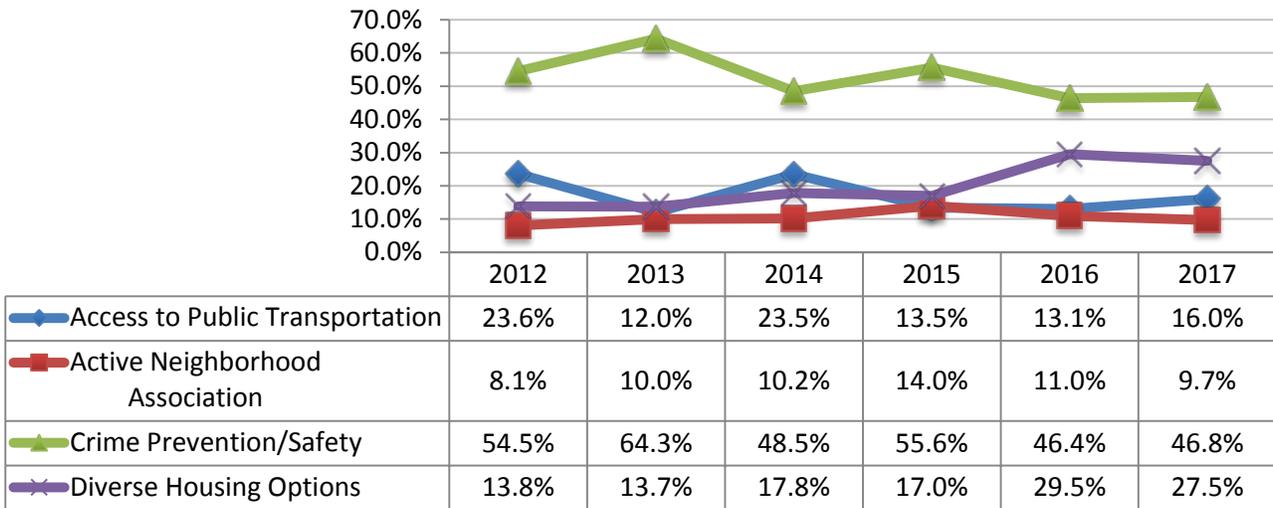
Source: Metropolitan Social Services

Chart G-3: Greatest Unmet Need in Food & Nutrition
Grassroots Community Survey, 2009-2017



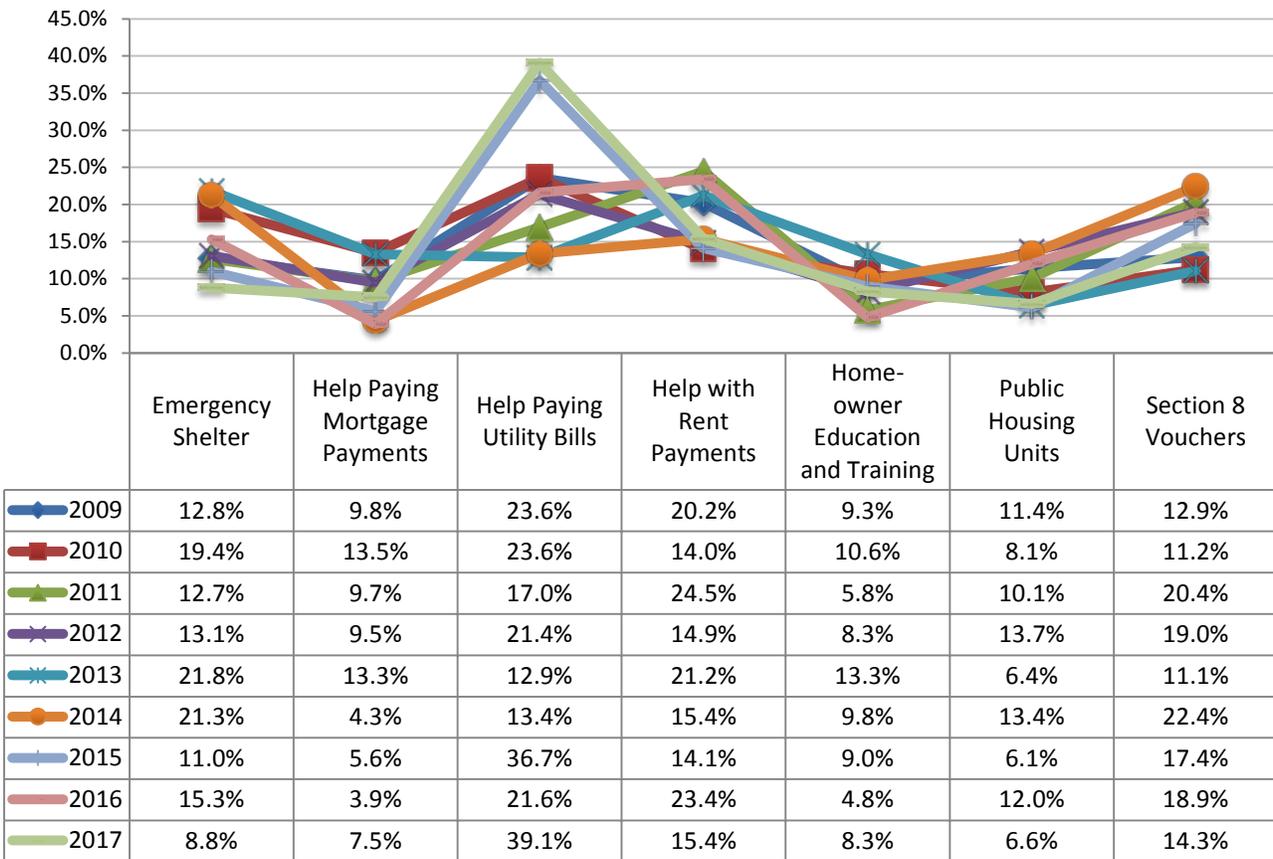
Source: Metropolitan Social Services

Chart G-4: Greatest Unmet Need in Neighborhood Development
Grassroots Community Survey, 2011-2017



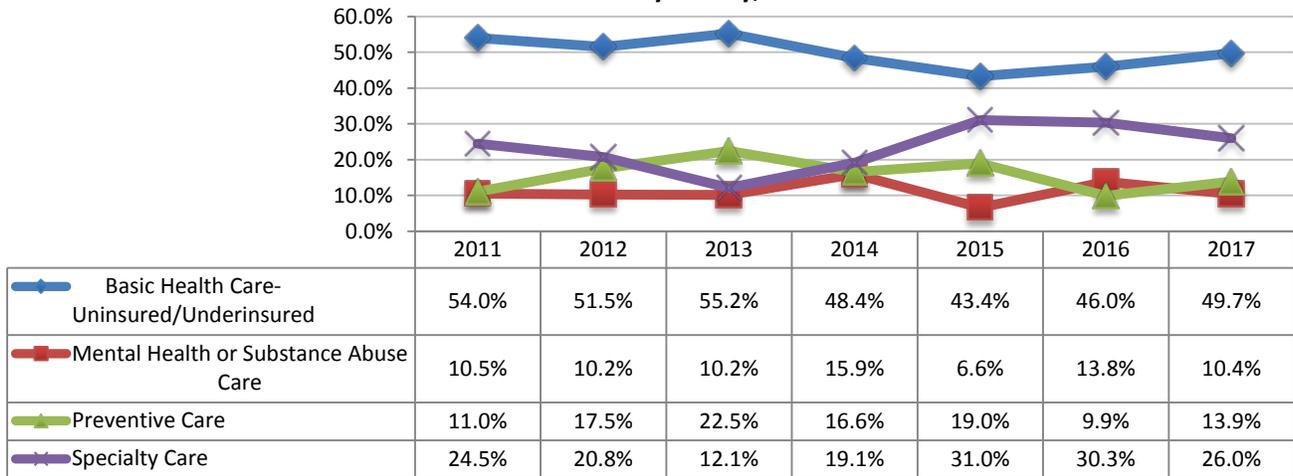
Source: Metropolitan Social Services

Chart G-6: Grassroots Community Surveys - Greatest Need in Housing
Davidson County 2009-2017



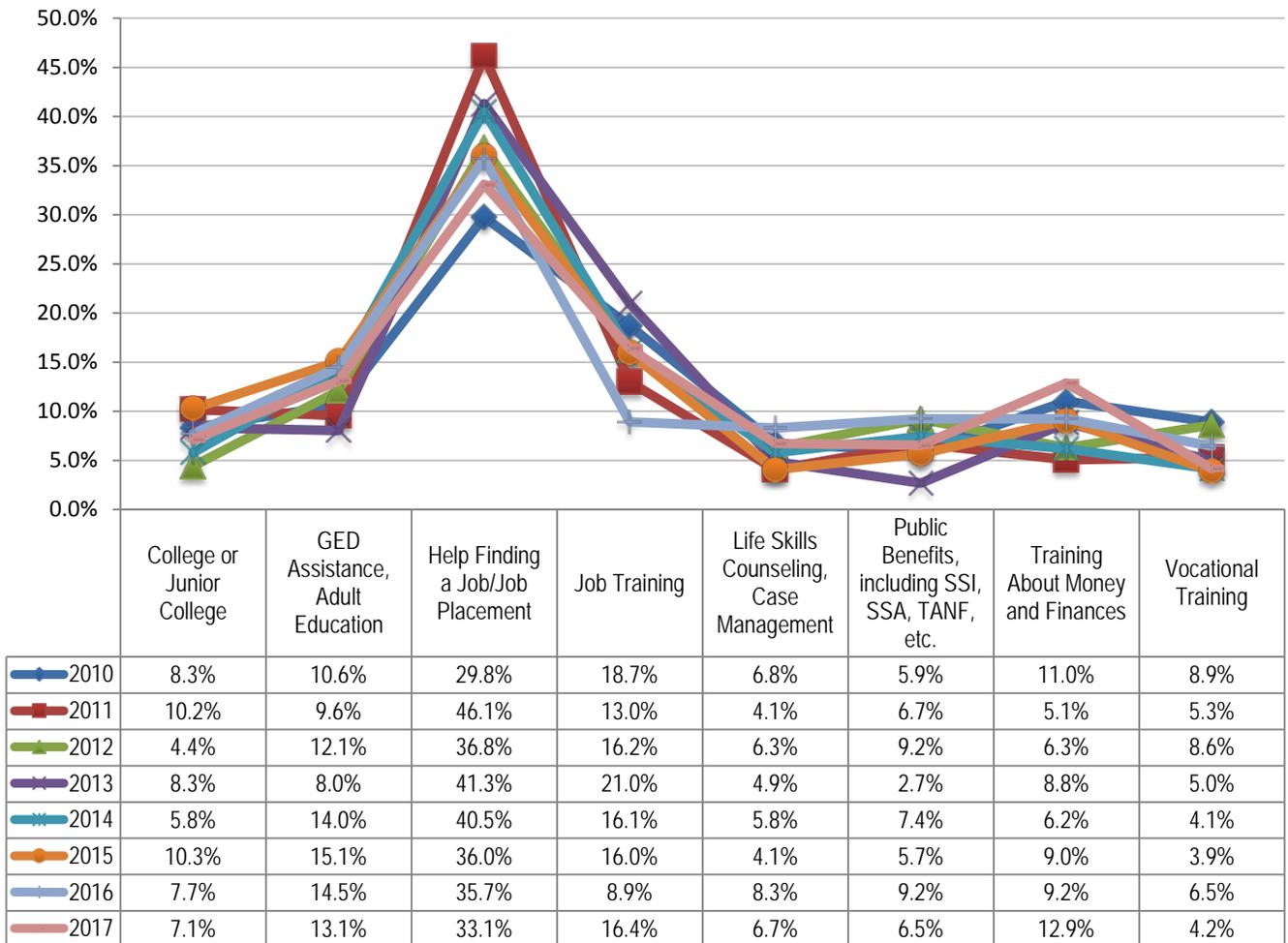
Source: Metropolitan Social Services

**Chart G-5: Greatest Unmet Need in Health
Grassroots Community Survey, 2011-2017**



Source: Metropolitan Social Services

**Chart G-7: Greatest Unmet Need in Workforce & Economic Opportunity
Grassroots Community Survey, 2009-2017**



Source: Metropolitan Social Services

The Community Needs Survey instrument is below.

Community Needs Survey – Davidson County, Tennessee

YOUR OPINION IS IMPORTANT TO US

Metropolitan Social Services wants to know what you think are the greatest social service needs in Nashville. We're asking a lot of people in Nashville to take this survey, and the results will be used for evaluating and planning social services for Davidson County, and will be shared with community leaders and on our web site. **All answers are confidential, so please do not write your name on the survey.** Choose one answer for each question and fill in the circle next to your answer. Thank you!

Please fill in circles like this: ● NOT with an X or a ✓

1. Please indicate the ZIP CODE where you live: _____

2. Please mark Nashville's greatest need in FOOD & NUTRITION.

- Food Boxes/Food Pantries
- Food for Elderly or Disabled Persons
- Food for Infants and Young Children
- Food for School Children
- Food Stamps
- Other (please specify) _____

3. Please mark Nashville's greatest need in HOUSING & RELATED ASSISTANCE.

- Emergency Shelter
- Help Paying Mortgage Payments
- Help Paying Utility Bills
- Help with Rent Payments
- Homeowner Education and Training
- Public Housing Units
- Section 8 Vouchers
- Other (please specify) _____

4. Please mark Nashville's greatest need in HEALTH.

- Preventive Care
- Basic Health Care for Uninsured and Underserved
- Specialty Care (dental, vision, etc.)
- Mental Health Care or Substance Abuse Treatment
- Other (please specify) _____

Please turn this page over. A few more questions are on the back. THANK YOU.

5. Please mark Nashville's greatest need in WORKFORCE & ECONOMIC OPPORTUNITY.

- College or Junior College
- GED Assistance, Adult Education
- Help Finding a Job/Job Placement
- Job Training
- Life Skills Counseling, Case Management
- Public Benefits, including SSI, SSA, TANF, etc.
- Training About Money and Finances
- Vocational Training
- Other (please specify) _____

6. Please mark Nashville's greatest need in HOME & COMMUNITY BASED SERVICES.

- Child Care Closer to My Home
- Help Paying for Child Care
- Homemaker Services for Elderly or Disabled People
- Homemaker Services for Relative Caregivers (raising the children of relatives)
- More Infant Child Care
- Other (please specify) _____

7. Please mark Nashville's greatest need in NEIGHBORHOOD DEVELOPMENT.

- Crime Prevention/Public Safety
- Diverse Housing Options
- Access to Public Transportation
- Active Neighborhood Associations
- Other (please specify) _____

8. Which social/human service need has the largest gap between the services now available and what is needed?

- Food & Nutrition
- Health
- Home & Community Based Services for Adults/Seniors
- Child Care
- Housing & Related Assistance
- Neighborhood Development
- Transportation
- Workforce & Economic Development
- Other (please specify) _____

Other Comments?

United Way of Metropolitan Nashville

United Way of Metropolitan Nashville focuses on three crucial areas as Pathways to Empowerment: Education, Financial Stability and Health.



United Way of Metropolitan Nashville invites members of the community to volunteer with some of their larger initiatives, including Volunteer Income Tax Assistance, Reading Days of Action, Stuff the Bus, Baby Shower for new mothers who need the most, Dirty Hands-Big Hearts efforts to improve the Family Resource Centers with painting, gardening, cleaning and landscaping.

<https://www.unitedwaynashville.org/volunteer>

United Way is making a better Nashville by creating strategic, scalable solutions focused on education, financial stability, and health. These are the proven building blocks to a good life. Creating solutions in these areas moves people on a pathway from dependence to independence. Partnering with United Way is the most effective way to invest in our community to improve conditions and change lives. Together, we will make a better Nashville.

~United Way of Metropolitan Nashville

The 2-1-1 Helpline is a 24/7, 365-day information and referral help line that provides resources to cover basic needs in times of crisis. Launched by United Way of Metropolitan Nashville in 2004, the 2-1-1 Helpline serves all of Davidson County as well as 41 other regional counties. This help line is staffed by trained specialists at Heart of Florida United Way, and supports a database of more than 10,000 social, educational, and health services offered by nonprofits, government/public agencies, community, civic and professional organizations, sliding-scale clinics, and congregations.

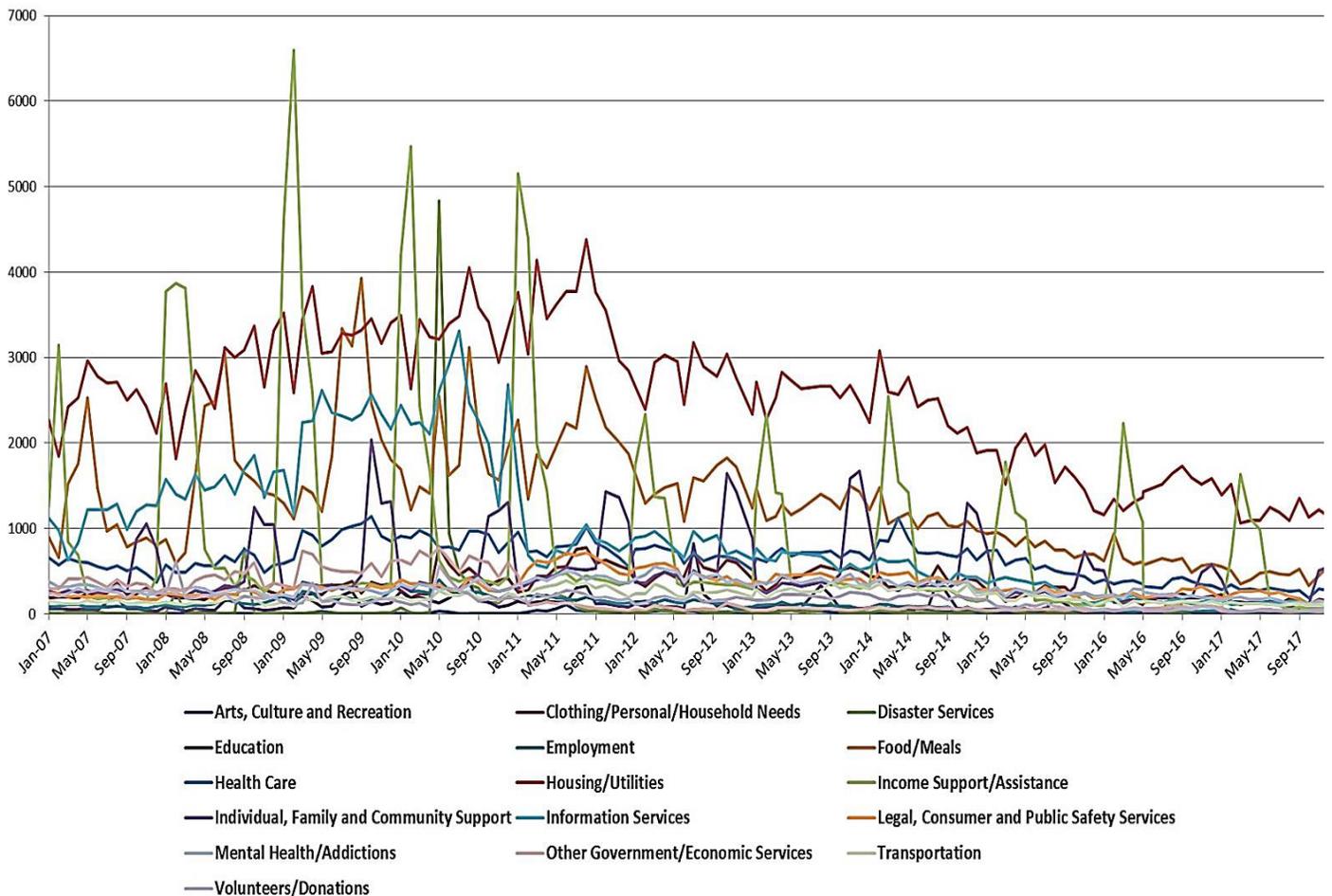
<https://www.unitedwaynashville.org/programs/2-1-1>

Category	Resources Included
Arts, Culture, and Recreation	Camps, computer and technology classes, cooking classes, parks, recreational facilities, youth enrichment programs
Clothing/Personal/Household Needs	Air conditioners, appliances, cell phones, clothing, diapers, furniture
Disaster Services	Cold weather shelters, Disaster relief/recovery organizations, FEMA
Education	Adult education, English as a Second Language, Head Start, High School Equivalency, local school boards, school supplies
Employment	Career centers, training and employment programs, vocational rehabilitation
Food/Meals	Food pantries, Meals on Wheels, SNAP/Food Stamps, WIC
Health Care	Dental care, glasses, health insurance, hospitals, public health, sliding-scale clinics
Housing	Affordable housing, homebuyer counseling, mortgage and rent assistance, temporary shelter, transitional housing
Income Support/Assistance	Credit counseling, Free tax preparation (VITA), Medicaid/TennCare, Social Security, TANF, Unemployment

Individual, Family and Community Support	Adult day programs, Adult Protective Services, case management, Children's Protective Services, holiday assistance programs, parenting classes
Information Services	2-1-1 providers, 3-1-1, government hotlines, libraries, specialized information and referral
Legal, Consumer and Public Safety Services	9-1-1, child support assistance/enforcement, driver licenses, legal services, police
Mental Health/Addictions	Crisis intervention, domestic violence hotlines, mental health facilities
Other Government/Economic Services	Public works, waste management
Utility Assistance	Discounted telephone service, electric, water, and gas bill payment
Transportation	Gas money, medical appointment transportation, travelers assistance
Volunteers/Donations	Donation pickups, volunteer opportunities

Chart UW-1 shows calls by need from January 2007 to October 2017. The highest spikes in calls were during the recession and Nashville's flood in 2010.

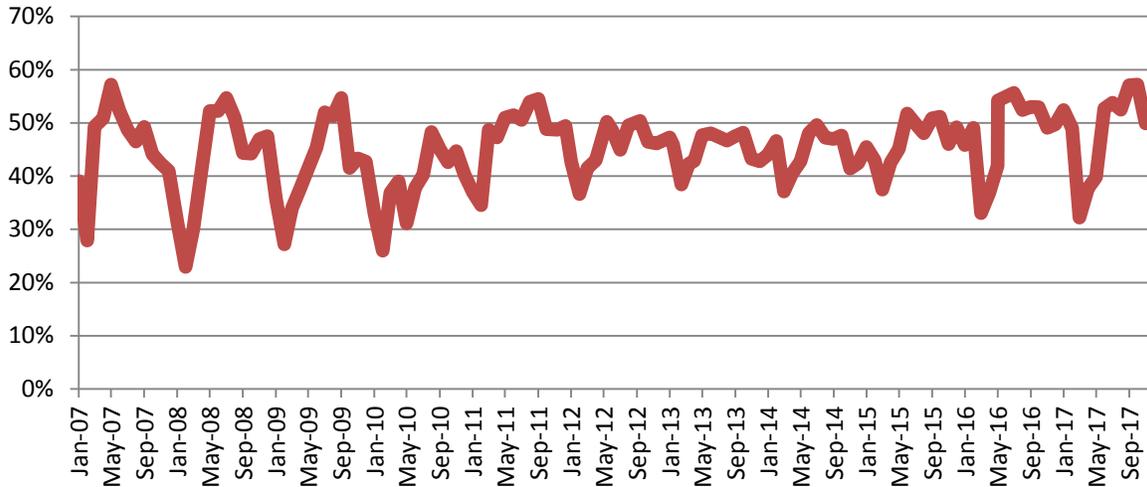
Chart UW-1: Calls to 2-1-1 by Need
January 2007 - October 2017



Source: United Way of Metropolitan Nashville

As shown in Chart UW-2, basic needs account for a significant percentage of the 2-1-1 calls. This demonstrates a continuing need for food, housing and utilities, at 50% or more of all needs during several months.

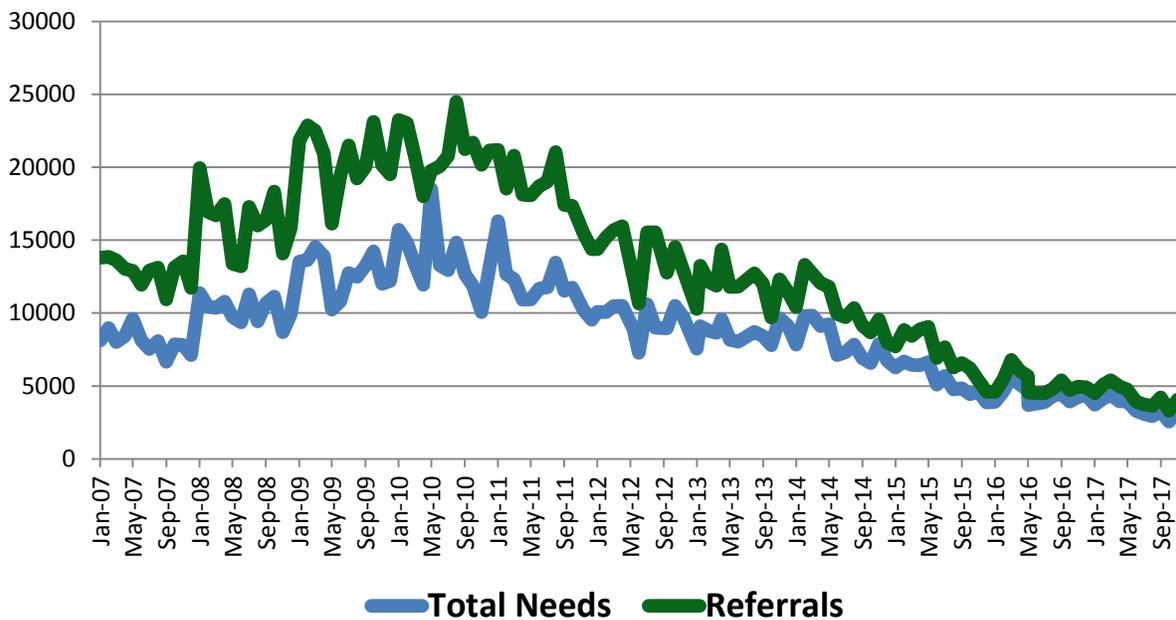
**UW-2: Basic Needs as Percent of All Needs
(Food, Housing, Utilities)**
January 2007 - October 2017



Source: United Way of Metropolitan Nashville

Chart UW-3 shows the number of needs identified by callers and the number of referrals made. As the number of calls decreased, the number of referrals also decreased.

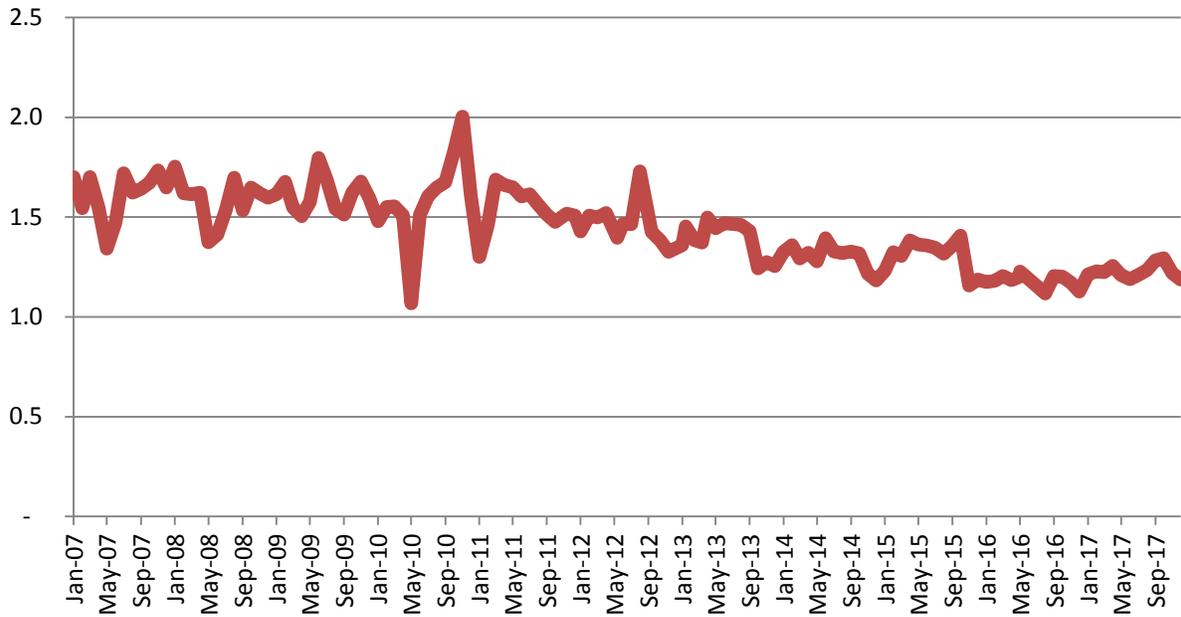
Chart UW-3: Number of Calls to 2-1-1 by Needs and Referrals
January 2007 - October 2017



Source: United Way of Metropolitan Nashville

Chart W-4 shows the number of referrals per need identified. The average number of referrals continues to be more than one, indicating that many calls have multiple needs.

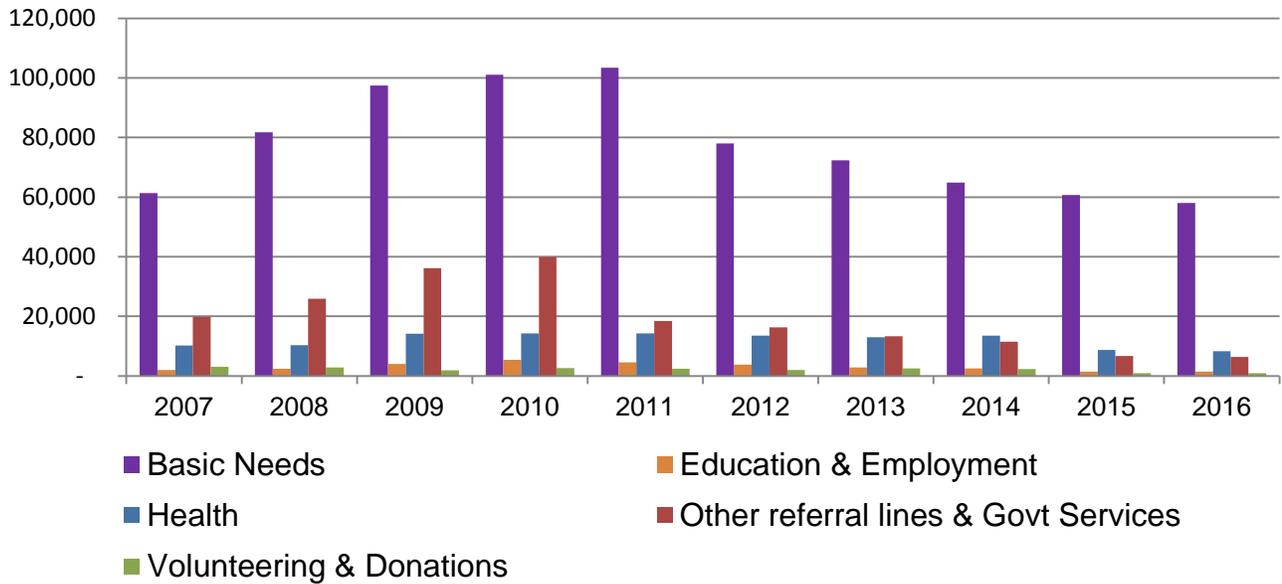
Chart UW-4: Referrals Per Need
January 2007 - October 2017



Source: United Way of Metropolitan Nashville

Chart UW-5, the top 5 categories are shown by year. As shown above, the calls about basic needs (food, housing, utilities) were much higher than for any other needs.

Chart UW-5: Percent of 2-1-1 Calls - Top 5 Categories by Year
2007-2016



Source: United Way of Metropolitan Nashville



NASHVILLE



The City of Nashville was selected in 2017 to become part of the 100 Resilient Cities network (100RC) – a program pioneered by The Rockefeller Foundation. As part of this program, Nashville established the Mayor’s Office of Resilience and is actively working to create a citywide resilience strategy.

The Mayor’s Office of Resilience leads the city in efforts to help Nashville prepare for, withstand, and bounce back from different shocks and stresses. These range from sudden “shocks” such as tornadoes, flooding, and fires, to more long-term “stresses” such as affordable housing, poverty and inequality, and access to public transportation. These efforts all point to increasing Nashville’s urban resilience as the city’s population continues to grow. Resilience, in these terms, is defined as the capacity of individuals, communities, institutions, businesses, and systems within a city to survive, adapt, and grow, no matter what kinds of chronic stresses and acute shocks they experience.

Nashville’s Office of Resilience was created in June 2017 under current Mayor Megan Barry as a part of the partnership the city formed with the Rockefeller Foundation’s 100 Resilient Cities (100 RC). 100 RC is an international network that aids cities in becoming more resilient to the physical, social, and economic challenges that are becoming an increasing part of the 21 century. Nashville was selected through a rigorous application process in late 2016 in the third and final wave of the first 100 Resilient Cities located all across the world.

With the creation of the office, Mayor Barry also appointed the city’s first Chief Resilience Officer, Erik Cole. Prior to this appointment, Cole served as the Director of the Mayor’s Office of Economic Opportunity and Empowerment. Part of the motivation for this intentional investment in urban resilience came from the devastation seen after the 2010 flood, as well as the influx of population the city has experienced over the last five years. This office serves as a product of Mayor Barry’s commitment to economic opportunity and promoting financial empowerment throughout the city, one she has made clear since the early days of her campaign.

Remaining close to this commitment, Mayor Barry prioritized economic inclusion and equity in the effort to build Nashville’s urban resilience. The growth the city is experiencing has drawn resources and economic success to the area. However, this same growth is also exacerbating existing challenges such as affordability, access to transportation, and racial and economic inequities for many residents. The opportunity to be a part of the 100 RC network has come at a time where Nashville can leverage the economic growth it is experiencing to address some of the city’s greatest challenges in order to ensure that all residents, both old and new, have a community in which to thrive.

In order to achieve this, the Mayor’s Office of Resilience plans to weave together existing plans and strategies to implement the resilience initiative. The development of this strategy is overseen and guided by the expertise of 100 RC. Selected cities are given resources to fund the Chief Resilience Officer, resources for drafting the strategy, access to private, public, academic, and NGO sector resilience tools, as well as a membership into the global network of other resilient cities to share best practices and challenges.

The first step in this process is holding a Resilience Agenda Setting Workshop, which was held in March 2017, to engage members of the local government and other community stakeholders in Nashville’s resilience priorities. Next, a Preliminary Resilient Assessment is conducted in order to capture what is currently happening in the city, as well as gather data from a variety of stakeholders on their perceptions of the city’s greatest strengths and weaknesses. The results will guide the creation of more specific areas of focus, and, along with the collaboration of relevant steering committees and working groups, will eventually become the framework for the final resilience strategy.

The Resilient Nashville team is currently wrapping up the final stages of the Preliminary Resilient Assessment, and will quickly move to developing areas of focus unique to the city of Nashville with the plan of strategy release by Fall 2018.

<https://www.nashville.gov/Mayors-Office/Resilience.aspx>

<http://www.100resilientcities.org/cities/nashville/>

<http://www.100resilientcities.org/cities/>

SHOCKS AND STRESSES

AGING INFRASTRUCTURE

EARTHQUAKE

INADEQUATE PUBLIC
TRANSPORTATION SYSTEMS

INFRASTRUCTURE FAILURE

LACK OF AFFORDABLE
HOUSING

RAINFALL FLOODING

SHIFTING MACROECONOMIC
TRENDS

TORNADO

Have Needs? Metro Social Services has help.



Family Support
Life Management Skills
Employment
Housing Help
Food Assistance
Burial Assistance

Metropolitan Social Services

Metropolitan Social Services (MSS) provides a range of services to help Davidson County residents who are in need. These services promote positive change for individuals and families in times of crisis.

Appointments are available Monday through Friday, from 8 am to 4:30 pm. Services are available to walk-in customers from 8 am to 3 pm.

Family Support Services

615-862-6458

Burial Assistance

615-862-6458

Senior Nutrition and Nutritional Supplements

615-880-2292

Planning and Coordination

615-862-6494

Homelessness Commission

615-880-2360

Community Locations

Metro Nashville Downtown Public Library
Paul Ramsey or Wandria Webb, Tuesdays, 9am-1pm

Salvation Army-Paragon Mills
Luz Belleza-Binns, Mondays, 1pm-4:30pm

www.nashville.gov/Social-Services.aspx
www.facebook.com/MetroSocialServices
www.twitter.com/NashvilleMSS

Metropolitan Social Services

800 Second Avenue North, Nashville, TN 37201

Telephone **615-862-6432** Fax **615-880-2535**

Have Needs?



Metropolitan Social Services has help.

- Counseling**
- Housing Help**
- Food Assistance**
- Employment**

- Intensive Case Management**
- Supportive Case Management**
- Information and Referral Services**
- Partners with Financial Empowerment Center**
- Life Management Skills Classes**

Community Locations

Metro Nashville Downtown Public Library
Paul Ramsey or Wandria Webb, Tuesdays, 9am-1pm

Salvation Army Paragon Mills
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- www.nashville.gov/Social-Services.aspx
- www.facebook.com/MetroSocialServices
- www.twitter.com/NashvilleMSS

Family Support Services Program

The Family Support Services Program addresses the needs of individuals and families, assists customers in developing or improving their life skills, increasing independence and improving family stability.

The program assists people who are homeless or at imminent risk of becoming homeless by providing supportive services and coordinating direct services with partner agencies. Case management helps people find housing and jobs.

Although the program provides no direct financial assistance, Information & Referral services help customers find the resources they need through the social service agencies in the community.

Residents of Davidson County who are at least 18 years of age are eligible for services, including individuals, families and extended families, elderly and disabled persons.

Appointments are available Monday through Friday from 8:00am to 4:30pm. Services are available to walk-in customers Monday through Friday from 8:00am to 3:00pm.



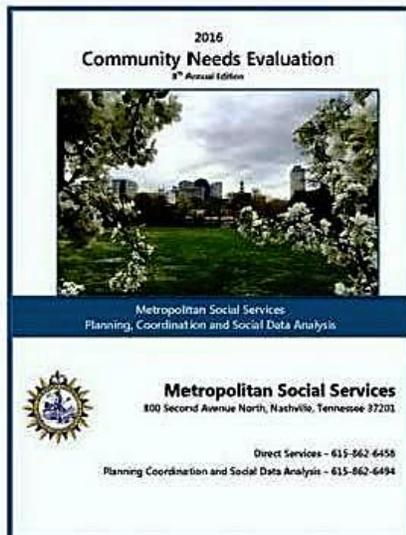
Metropolitan Social Services

800 Second Avenue North, Nashville, TN 37201

Telephone **615-862-6432** Fax **615-880-2535**

Metropolitan Social Services Planning, Coordination & Social Data Analysis

This program services to increase knowledge about social/human service issues and needs. It gathers and analyzes social data and reports on poverty and related issues through its annual evaluations, issue papers, newsletters, social media, presentations and consultations.



Each year, beginning in 2009, MSS has produced an annual **Community Needs Evaluation** about Davidson County residents, with demographic, social and socioeconomic data, and information about unmet need in AGING & DISABILITY, FOOD & NUTRITION, HEALTH, HOUSING & NEIGHBORHOODS and WORKFORCE & ECONOMIC OPPORTUNITY. Additional sections focus on special issues, such as DISPARITY and TOXIC STRESS AND POVERTY.

Based on the evolving community, it provides a foundation to anticipate future service needs and facilitate development of the most effective and coordinated social/human service infrastructure.

Beginning in 2016, MSS released the first **Know Your Community**, featuring current objective data about the 35 Metropolitan Council Districts from the U. S. Census Bureau. The data can be used by residents who live in each of the Council Districts, as well as by elected officials and policy makers. Maps also visually demonstrate the distribution of characteristics in Nashville.



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800 Second Avenue North, Nashville, TN 37201

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www.nashville.gov/Social-Services.aspx
www.facebook.com/MetroSocialServices
www.twitter.com/NashvilleMSS

Improving the system of social/human services for those in need requires coordinated effort because no organization can do it all and no organization can do it alone. The need in Nashville is great and it takes many organizations working together.

Coming Soon!

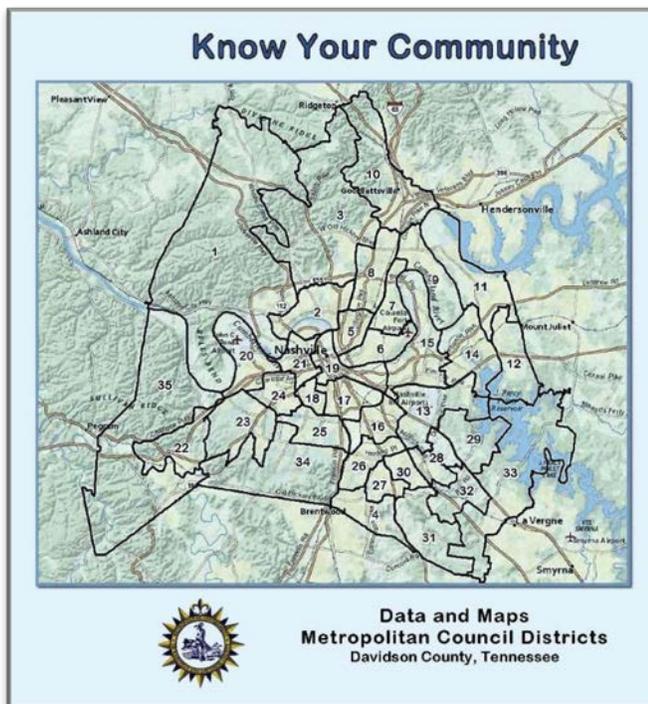
Know Your Community

3rd Annual Edition

Metropolitan Social Services-Planning, Coordination & Social Data Analysis will release its 3rd Annual Edition of ***Know Your Community*** in mid-2018.

This booklet will again include a range of specific data about each of the Metropolitan Government's 35 Council Districts. This objective data comes from the U. S. Census Bureau's American Community Survey's 5-Year Summary, which is considered by the Census Bureau to be the most reliable of the American Community Survey products.

The data sets and maps cover an array of topics, including age, race/ethnicity, employment, housing, poverty, employment and more. ***Know Your Community*** will be updated with the latest data released by the Census Bureau in December 2017.



Know Your Community will continue to provide detailed information about the people who live in each Metro Council District and demonstrate the similarities and differences across the 35 Districts.

<http://www.nashville.gov/Social-Services/Planning-And-Coordination/Know-Your-Community.aspx>

Aging and Disability

Key Findings

- Tennessee ranked 40th out of 50 states in Older Adults overall well-being.
- Almost 20% of persons age 65 and over rely on Social Security as their only source of income.
- Davidson County's population of persons age 85 and over is expected to increase by over 10,000 persons by the year 2040.
- Tennessee's seniors surveyed by the Tennessee Commission on Aging and Disability reported that their greatest concerns were health, financial, lack of affordable and reliable transportation and mobility and accessibility within the built environment.
- The percentage of persons age 65 and older who continue to work past retirement age increased from 10.6% in 1986 to 18.6% in 2016.
- Older workers have higher rates of accidents and fatalities on the job than younger workers.
- Ambulatory (walking) difficulties are the most prevalent type of disability for persons age 65 and over.
- Persons with a disability earn less income and are more likely to be unemployed than persons without a disability.
- Victims of elder abuse are more likely to experience higher risk of morbidity and mortality than older adults who do not experience abuse and neglect.
- In 2016, an AARP member survey indicated that the top concerns for their membership were having Social Security in the future, staying mentally sharp and having Medicare in the future.

Introduction

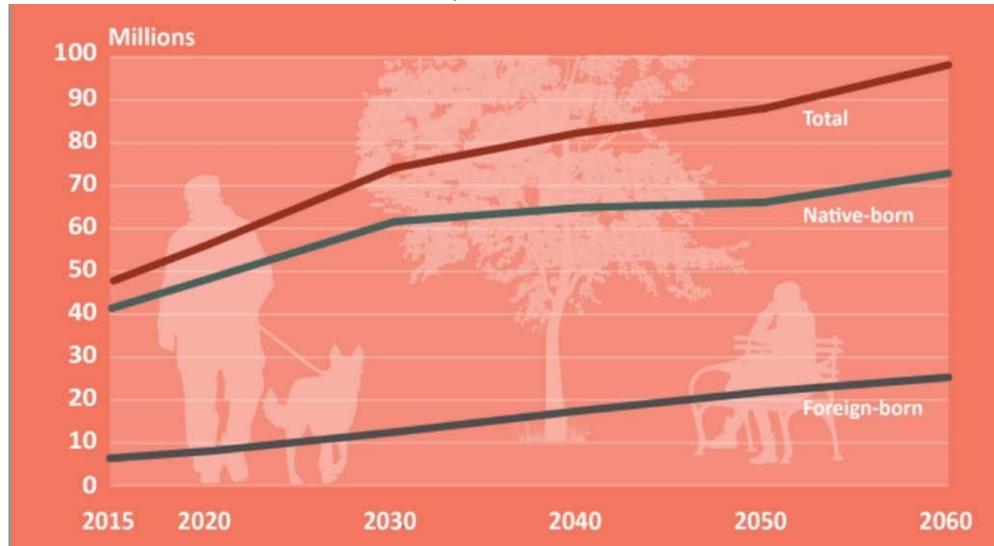
This Aging and Disability section provides information about national, state and local trends, issues and challenges facing persons who are aging and/or have a disability. As persons age, there is increased likelihood that they will have one or more types of disabilities.

Each day more than 10,000 people turn 65 years of age in America, making up the second largest segment of the population trailing closely behind Millennials. According to a report from the Pew Research Center, *Millennials Overtake Baby Boomers as America's Largest Generation*, the number of Millennials (75.4 million) surpassed the number of Baby Boomers (74.9 million) in 2015.

<http://www.pewresearch.org/fact-tank/2016/04/25/millennials-overtake-baby-boomers/>

Projections from the U.S. Census Bureau's *An Aging Nation* indicate that number of people over age 65 will continue to increase for at least the next forty years, as shown in Chart AD-1. Between 2015 and 2060, there is expected to be a total increase of 105.2%.

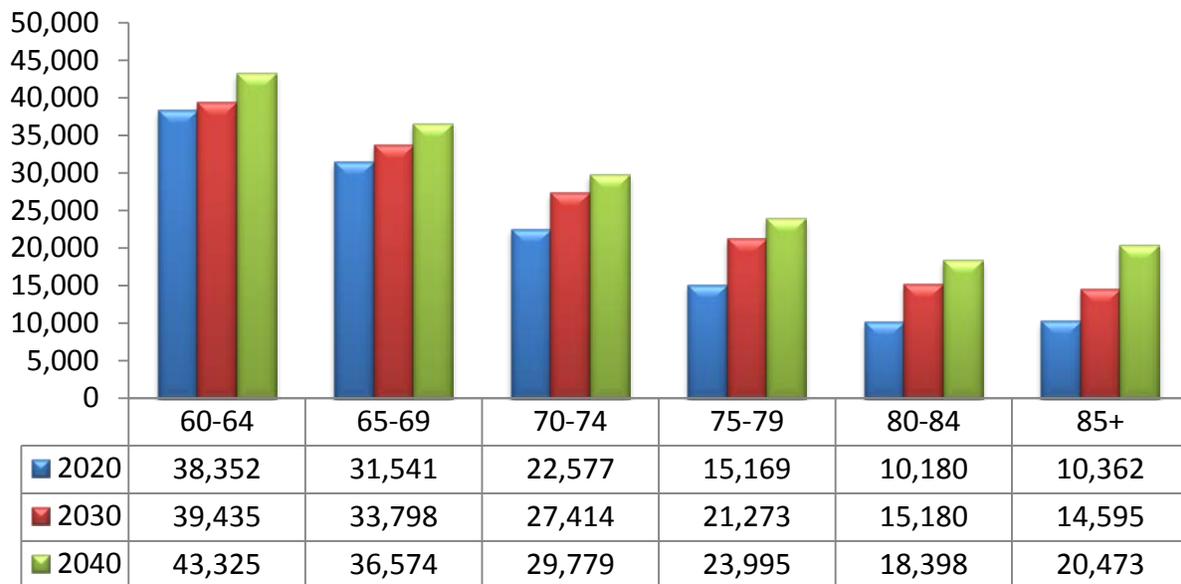
Chart AD-1: Projected Number of U.S. Residents 65 Years or Older
U.S., 2015- 2060



https://www.census.gov/library/visualizations/2017/comm/cb17-ff08_older_americans.html

Davidson County's population of people age 65 and over is also projected to continue to increase. As older adults live longer, Davidson County's population of persons age 85 and over is expected to increase by more than 10,000 persons from 2020 to 2040, as shown in Chart AD-2.

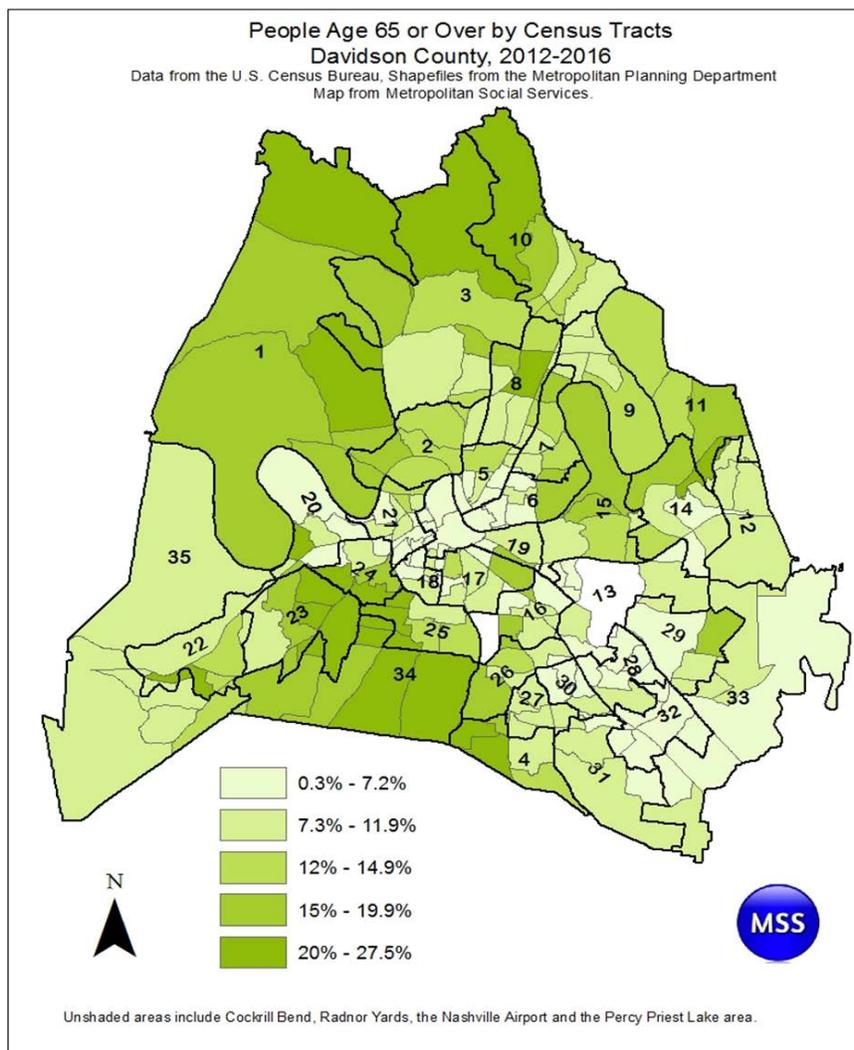
Chart AD-2: Population Projections by Age Groups
Davidson County, 2020, 2030, 2040



Source: Tennessee State Data Center, Boyd Center for Business and Economic Research
<http://tndata.utk.edu/sdcpopulationprojections.htm>

Where older adults live in Davidson County

The map below shows the geographic distribution of where Davidson County's residents who were age 65 and more lives by census tracts with Metro Council Districts also shown, according to the U.S. Census Bureau's 2012-2016 5-year Summary. It shows that there are far fewer people age 65 and over in the urban core and southeast part of Davidson County.



State of Aging in Tennessee

The Tennessee Commission on Aging and Disability (TCAD) surveyed Tennessee's older adult population to identify their unmet needs as part of developing the 2017-2021 statewide plans. Tennessee's older adult population indicated their greatest concerns were:

- Health Concerns or Lack of Healthcare
- Financial Concerns or not having enough money to meet living expenses
- Lack of affordable and reliable transportation options
- Lack of accessibility to basic living needs

TCAD also surveyed service providers with whom they contract to identify unmet needs. Based on survey responses from service providers, the highest unmet needs were:

- Transportation for seniors and people with a disability
- Unmet nutritional needs of low-income seniors
- Financial needs
- Housing Concerns

Through partnerships with aging networks, community based organizations, local governments, and health providers, the Tennessee Commission on Aging and Disability plans to address unmet needs of older adults, caregivers and families. By establishing goals, objectives, strategies and performance measures identified by the statewide needs assessment, the Tennessee Commission on Aging and Disability will target resources and funding to meet the needs of older adults.

[https://www.tn.gov/assets/entities/aging/attachments/TN State Plan on Aging 2017-2021.pdf](https://www.tn.gov/assets/entities/aging/attachments/TN_State_Plan_on_Aging_2017-2021.pdf)

Options for Community Living

OPTIONS for Community Living (OPTIONS) is a state-funded home and community based services program administered by the Tennessee Commission on Aging and Disability through partnerships with the nine Area Agencies on Aging and Disability. This program provides services for adults age 60 and over and adults with physical disabilities who have Activities of Daily Living or Instrumental Activities of Daily Living limitations and who do not qualify for Medicaid long-term care services. The OPTIONS program provides services including but not limited to homemaker, personal care, and home delivered meals. While there is not an income eligibility requirement, there may be cost-sharing associated with the services. Although the program serves several thousand individuals annually, OPTIONS has a waiting list of approximately 7,000 individuals.

<http://tn.gov/aging/topic/options-for-community-living>

Alzheimer's Disease and Related Disorders

Alzheimer's Disease is a progressive and irreversible brain disorder, as described by *What is Alzheimer's Disease?* from AARP. The disease affects areas of the brain that causes a gradual loss of neurons, damage to brain cells that causes the cells to no longer function properly, loss of neural connections resulting in delays in the brain relaying messages to other sensory functions. Alzheimer's disease primarily affects older persons and has no known cure.

<http://healthtools.aarp.org/health/alzheimers-disease-overview>



According to a report by the Alzheimer's Association, the prevalence and the cost of Alzheimer's Disease are expected to increase dramatically over the next several years. The report, *2017 Alzheimer's Disease Facts and Figures*, indicates Alzheimer's Disease is the sixth leading cause of death in the United States and by 2050 the cost to treat Dementia and Alzheimer's is expected to be over \$1 trillion. The number of Americans living with Alzheimer's is expected to increase from 5 million in 2017 to 16 million people by 2050.

Age, family history and genetics are contributing factors in determining the likelihood of a person having some form of dementia. Alzheimer's disease increases with age and individuals who have relatives with Alzheimer's are more likely to experience the disease than those who do not have a family history of the disease. The Alzheimer's Association also reported that:

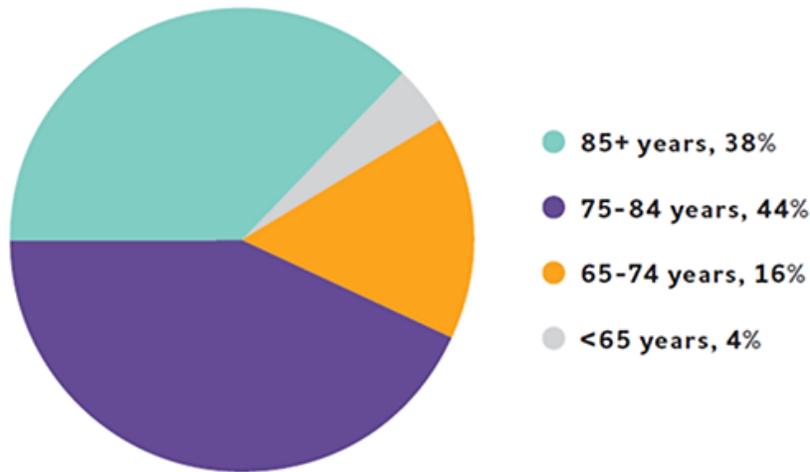
- Every 66 seconds someone in the U.S. develops the disease.
- The number of Americans with Alzheimer's disease could reach 16 million by 2050.

- Alzheimer’s Disease is the 6th leading cause of death in the U.S., and it kills more than breast cancer and prostate cancer combined.
- Since 2000, heart disease deaths decreased by 14%, while deaths from Alzheimer’s disease increased by 89%.



Chart AD-3 shows the prevalence of Alzheimer’s disease by age. Fewer than 4% of persons under 65 years of age have Alzheimer Dementia.

Chart AD-3: Ages of People with Dementia
U.S., 2017



<https://www.alz.org/facts/>

Detecting Early Signs of Dementia

In a report by the Journal of Neurology, *Relationship of Dementia Screening Tests with Biomarkers of Alzheimer’s Disease*, early screening is important in detection of Alzheimer’s. Family members can play an important role in early screening.

Ascertain Dementia 8 (AD8) is a tool that can be used by and with other family members to assist in detecting early signs of dementia. AD8 is one of several screening tests that could be used to detect onset of dementia in older adults. The AD8 is series of questions with yes or no answers that can be used by professionals, caregivers and friends who encounter persons suspected of having dementia. The research suggests that a score of two or more symptoms should lead to further testing. The screening tool includes behavior observations by family members that include:

- Problems with judgment, such as bad financial decisions
- Less interest in hobbies or other activities
- Repeating questions, stories or statements
- Trouble learning how to use a tool or appliance such as television remote control or microwave
- Forgetting the month or year
- Trouble with complicated financial affairs, such as balancing a checkbook or paying bills
- Trouble remembering appointments
- Daily problems with thinking and memory

<https://academic.oup.com/brain/article/133/11/3290/312580/Relationship-of-dementia-screening-tests-with>

Retirement

While not originally designed to be the primary source of income for older adults who leave the workplace, Social Security has become the most reliable source of income for this population.

A report by the Center for American Progress, *The Effect of Rising Inequality on Social Security*, indicates that almost two-thirds of seniors rely on Social Security benefits for most of their income. Nearly 80% of disabled workers rely on Social Security as an additional source of income and 30% of those workers report that Social Security is their primary source of income.



The average worker contributes to Social Security all year long while those in the top income earner brackets contribute only a portion of the year. Payroll taxes are assessed on the first \$118,500 of earnings. According to the report, individuals with incomes of \$1 million can expect to stop contributing in early February (because of their high earnings each month), while those making more than \$1 million will stop contributing even sooner.

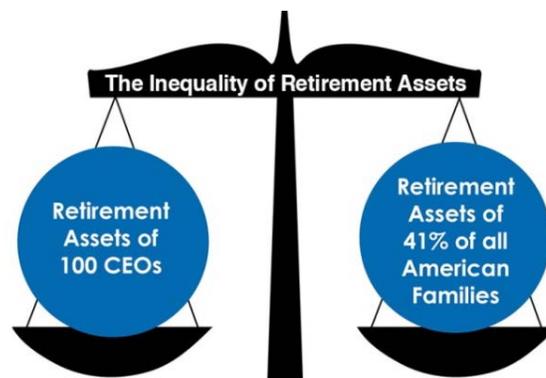
The report also highlights the income inequality that will challenge future Social Security beneficiaries including:

- Productivity has been rising faster than wages – Wages have become stagnant and or declining wages in some industries that will negatively impact future Social Security benefit payments
- More earnings are concentrated above the cap on taxable earnings (high income earners have less of their income taxed than average of low-income earners)

Middle and low-income workers contribute and rely heavily on Social Security benefits for their retirement income, unlike their higher income counterparts who will rely less on Social Security benefits at retirement. <https://www.americanprogress.org/issues/economy/reports/2015/02/10/106373/the-effect-of-rising-inequality-on-social-security/>

There is a great deal of disparity in the assets that families have accumulated for retirement. The Center for Effective Government reports that about half of working age Americans have no access to a retirement plan through their employment. As shown in the graphic at right, the retirement assets of the top 100 CEOs are equivalent to the retirement assets of 41% of all American families.

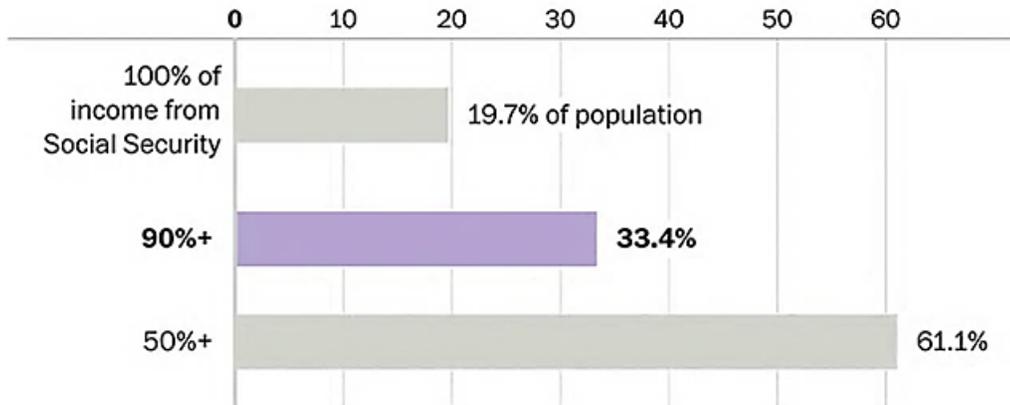
<https://www.foreffectivegov.org/two-retirements>



According to a report, *The New Reality of Old Age in America*, (The Washington Post, September 30, 2017) 19.7% of beneficiaries age 65 and over rely on Social Security as their only source of monthly income. In addition, 33.4% of beneficiaries rely on Social Security for at least 90% of their monthly income as indicated by Chart AD-4. It notes that Social Security benefits have lost about 1/3 of their purchasing power since 2000.

Chart AD-4: Percentage of the Population Who Rely on Social Security
U.S., 2014

Nearly 20 percent of Social Security recipients 65 and older have no other income. For 33 percent, Social Security accounts for at least 90 percent of income.



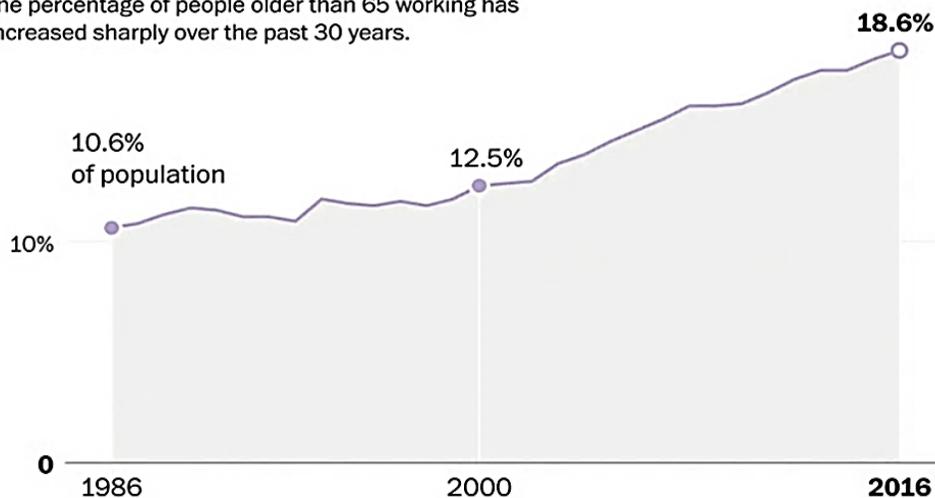
Source: *The New Reality of Old Age in America*

The report continues to point out that older Americans may have to work longer to supplement their Social Security benefits. Older adults are putting off retirement and continuing to work longer than previous generations. Although some work by choice rather than need, other seniors have “alarmingly fragile finances.” Reasons include longer life expectancies, more expensive lives and no safety net. With almost 30% of households headed by a person 55 or older having neither a pension nor retirement savings, working longer may become a necessity.

As shown in Chart AD-5, the percentage of people ages 65 and older who continue work past retirement age has increased from 10.6% of the population in 1986 to 18.6% of the population in 2016.

Chart AD-5: Putting Off Retirement by Older Adults Age 65 and Over
U.S., 2016

The percentage of people older than 65 working has increased sharply over the past 30 years.



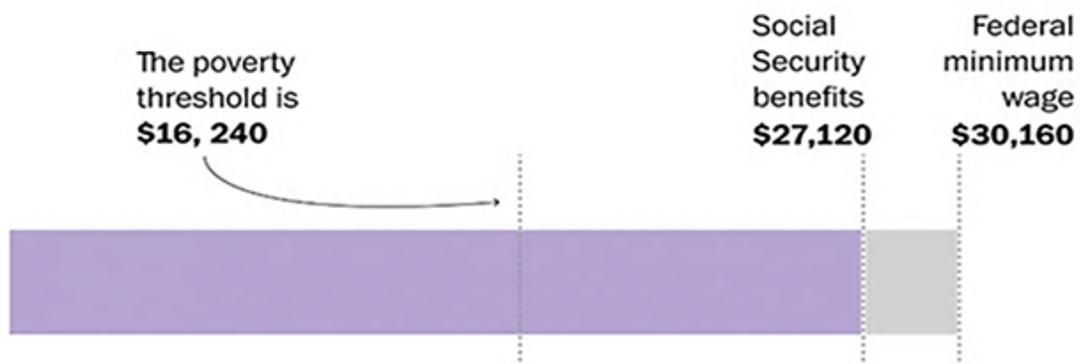
Source: *The New Reality of Old Age in America*

Although many have no retirement savings, retirement accounts have been lucrative for one industry. *The New Reality* explains that the brokerage and insurance companies that manage retirement accounts made \$33 billion in fees during the previous year. In decades past, more employers typically provided pension plans, but the responsibility for retirement has typically shifted from employers to workers who may lack the income needed to establish a retirement fund.



The New Reality of Old Age in America also points out that for some families' Social Security benefits are lower than the minimum wage. Chart AD-6 shows that for a two-person household that receives the average monthly Social Security benefit, the annual payout amounts to less than federal minimum wage earnings. All figures show an annual salary for a two-person household before taxes.

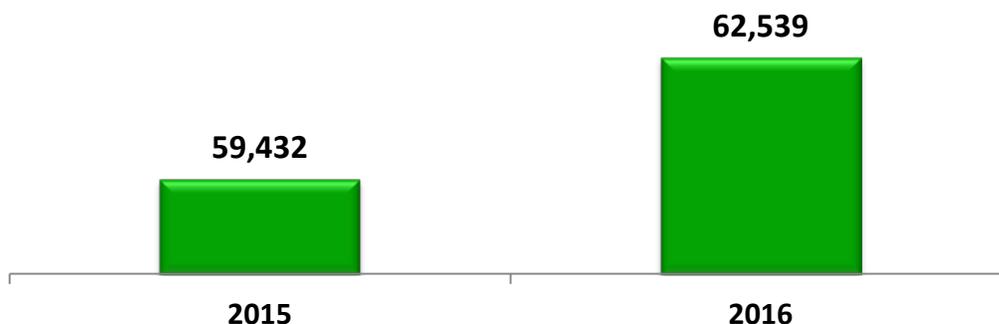
Chart AD-6: Social Security Payments and Federal Minimum Wage
U.S., 2016



https://www.washingtonpost.com/graphics/2017/national/seniors-financial-insecurity/?utm_term=.8c8a9852e306

As shown in Chart AD-7, the number of households in Davidson County receiving Social Security has increased by over 3,000 persons between 2015 and 2016.

Chart AD-7: Number of Households Receiving Social Security
Davidson County, 2015, 2016



Source: U.S. Census Bureau, 2015, 2016 American Community Survey

Job Related Injuries and Deaths

A risk associated with older persons working longer is that workplace accidents and death rates are higher for older adults than other age groups according to a report *Workplace Accident Death Rate Higher for Older Workers*. An analysis by the Associate Press, noted that getting older and the physical challenges that come with aging could make work place injury including fatal accidents more prevalent among older workers. The report highlighted that 35% of fatal workplace accidents involved a worker 55 years or older when compared to the fatality rate for all workers which decreased over the past ten years.

<https://apnews.com/d310412d77e04943a878e1fb453149b0>

State of Well-Being - Rankings for Older Americans

A report by Gallup-Healthways, *State of American Well-Being* surveyed adults age 55 and older in each state to rate their overall well-being and compared the results to their younger age cohorts. The report concluded that older Americans fared better than younger people in the following areas:

- Purpose – Liking what you do each day and being motivated to achieve your goals
- Social – Having supportive relationships and love in your life
- Financial – Managing your economic life to reduce stress and increase security
- Community – Liking where you live, feeling safe and having pride in your community
- Physical – Having good health and enough energy to get things done

The report indicated that older Americans were more likely to have health insurance, smoke less, were satisfied with their standard of living, and had a greater sense of purpose and social well-being than younger persons. Hawaii had the highest state rankings for overall older Americans well-being and West Virginia had the lowest ranking.

Tennessee is ranked 40th of the 50 states in Older Adults well-being survey, with their highest ranking in Community (15th liking where you live, feeling safe and having pride in community well-being). Ranking criteria are shown in the graphic below.

2015 Rank	Well-Being Index Score	Purpose Rank	Social Rank	Financial Rank	Community Rank	Physical Rank
40. Tennessee	63.0	21	35	40	15	46

http://info.healthways.com/hubfs/Gallup-Healthways%20State%20of%20American%20Well-Being_2015%20Older%20Americans_vFINAL.pdf

Income, Poverty and Health Insurance

According to the United States Census Bureau report on *Income, Poverty and Health Insurance Coverage in the U.S. 2016*, adults age 65 and over were the only major population group to have an increase in the number of people in poverty. The number in poverty age 65 and over increased from 4.2 million in 2015 to 4.6 million in 2016.

Other nationwide findings from the report included:

- The Supplemental Poverty rate declined for most age groups, but for persons age 65 and over the Supplemental Poverty Rate increased from 13.7% in 2015 to 14.5% in 2016
- The poverty rate for women age 65 and over was 10.6% and for men age 65 and over was 7.6%
- More than half of the population 55.7% participated in employer-based health insurance plans
- 19.4% of the population participated in Medicaid
- 16.7% of the population participated in Medicare
- 16.2% of the population purchased insurance directly
- 4.6% of the population had military coverage

<https://census.gov/newsroom/press-releases/2017/income-poverty.html>



Disability Status

As shown by the Table AD-1, disability increases with age and ambulatory difficulties (trouble with walking) is the most prevalent form of disability for persons age 75 and over.

Table AD-1: Percentage of Persons with a Disability by Age
Davidson County, 2016

	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Self-Care Difficulty	Independent Living Difficulty
Under 5 years	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%
5 to 17 years	0.7%	1.1%	0.0%	0.0%	0.0%	0.0%
18-64 years	2.0%	2.7%	4.4%	5.4%	2.1%	3.8%
65 years and over	15.5%	8.6%	9.0%	24.6%	9.8%	16.1%
75 years and over	24.2%	11.6%	14.9%	39.4%	17.3%	27.9%

Source: U.S. Census Bureau, 2016 American Community Survey Table S1810

7 Facts about Americans with Disabilities from the Pew Research Center found:

- Older Americans are significantly more likely than younger Americans to have a disability
- While there is little difference between men and women in the likelihood of having a disability, there are differences by race and ethnicity. Asian (6.9%) and Hispanics (8.8%) were less likely to report having a disability. American Indians or Alaskan Natives (17.7%) were more likely to report having a disability.
- The most common types of disability involve difficulties with walking or independent living.
- Some states, counties and cities are more likely than others are to have residents with a disability.
- Disabled Americans earn less than those without a disability.
- Disabled Americans have lower rates of technology adoption.



<http://www.pewresearch.org/fact-tank/2017/07/27/7-facts-about-americans-with-disabilities/>

The Technology Gap

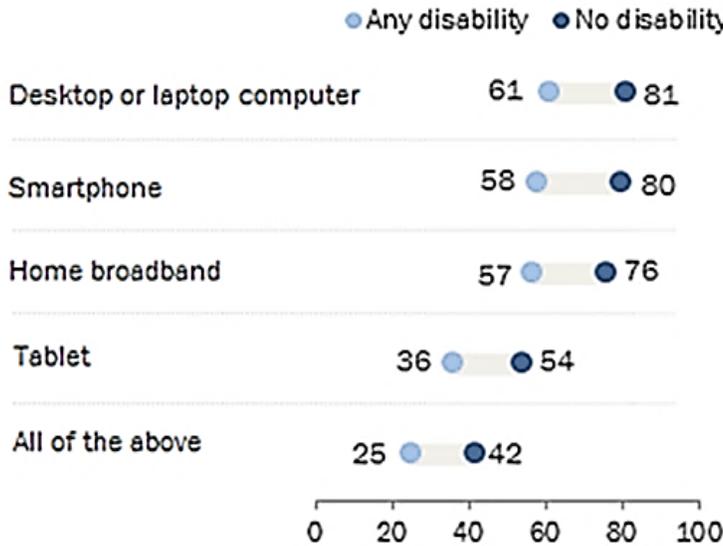
There is a growing divide between people with a disability and those without a disability going online or using smartphones. A Pew Research report *Disabled Americans are less likely to use Technology* indicates in a survey conducted September 29 through November 6, 2016 that people with a disability are three times less likely to go online compared to persons without a disability. In addition, persons with a disability are 20% less likely to subscribe to broadband services at home.

People ages 18-64 with a disability have higher rates of use with broadband services and digital devices than people age 65 and over who have a disability. These differences may be a result of the younger generation with a disability coming of age when technology usage became more prevalent and user-friendly over the past twenty-five years.

As shown by Chart AD-8, ownership of a desktop or laptop computer, smartphone, home broadband or tablet is lower for persons with a disability than for those without a disability.

Chart AD-8: Home Broadband and Tech Devices by Disability Status

U.S., 2016



Source: *Disabled Americans are less likely to use Technology*

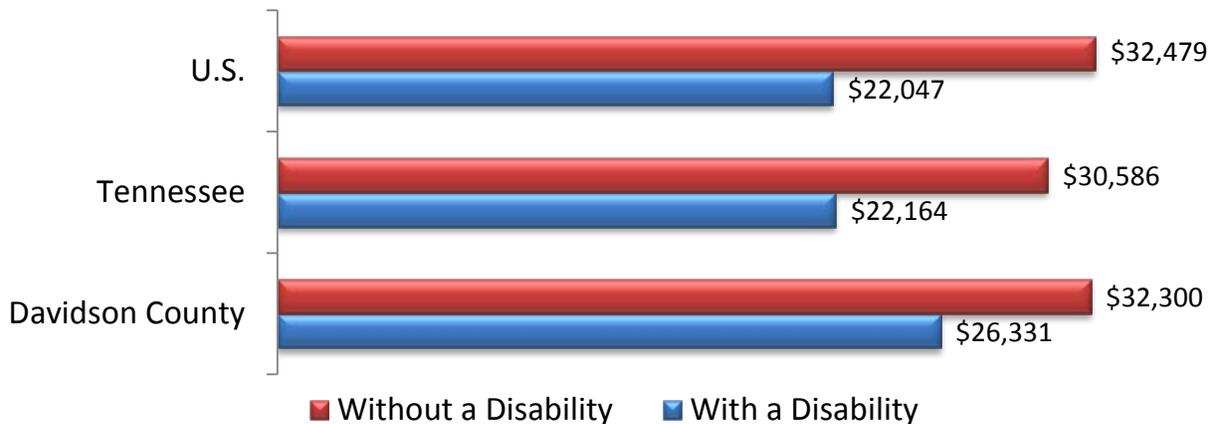
<http://www.pewresearch.org/fact-tank/2017/04/07/disabled-americans-are-less-likely-to-use-technology/>

Disability Earnings

Persons with a disability earn less than persons without a disability in Davidson County, as shown in Chart AD-9. Median annual earnings for persons with a disability are lower in both the U.S. and in Tennessee when compared to persons without a disability.

Chart AD-9 : Median Annual Earnings by Disability Status

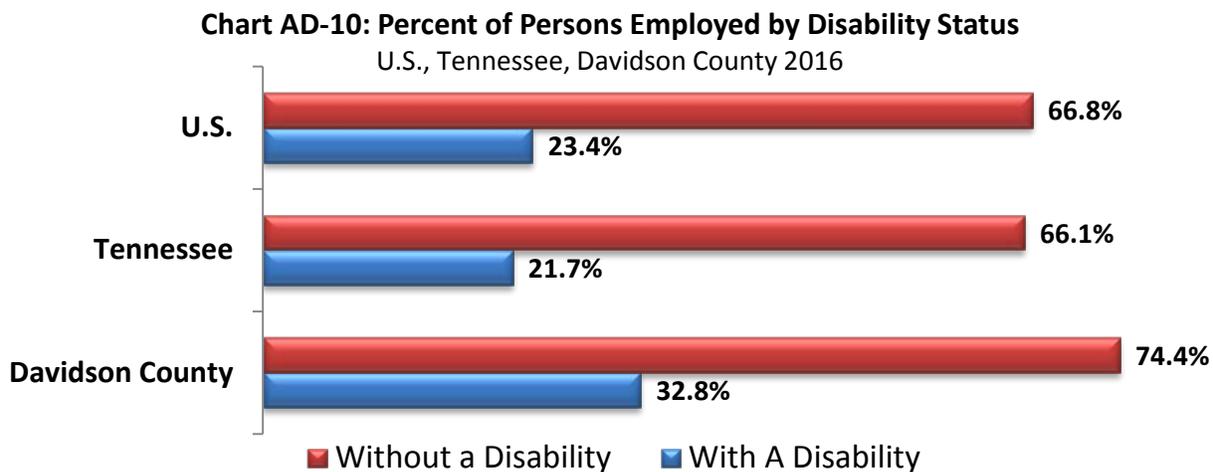
U.S., Tennessee, Davidson County 2016



Source: U.S. Census Bureau, 2016 American Community Survey

Disability and Employment

People with a disability are less likely to be employed than persons without a disability, as shown in Chart AD-10. Davidson County's employment rates for people with a disability (32.8%) are higher than Tennessee (21.7%) and the U.S. (23.4%).



Source: U.S. Census Bureau, 2016 American Community Survey

Elder Abuse and Neglect

The National Center for Victims of Crime reports that older people experience disproportionately higher rates of victimization and are at a higher risk of morbidity and mortality than older adults who are not victims of abuse and neglect.

Obstacles that older victims can face when receiving assistance from service providers include:

- Lack of awareness of signs and symptoms of abuse and neglect
- Inadequate or inappropriate information and referrals
- Lack of knowledge about how to deal with the Court System
- Lack of awareness of signs of financial exploitation

The National Center for Elder Abuse *Research and Statistics* reports that the impact of elder abuse victims includes:

- Physical – wounds, body injuries, broken bones, bruises
- Psychological – depression, emotional symptoms, psychological distress
- Financial- economic loss, exploitation
- Social – isolation, fear of perpetrators
- Hospitalizations – victims of elder abuse are more likely to be admitted to hospital than non-victims
- Medical Cost – increased cost of injuries

The report suggests a coordinated, systematic approach is needed to address elder abuse and exploitation.

<https://ncea.acl.gov/whatwedo/research/statistics.html#impact>

TennCare CHOICES Long-Term Services and Support (Eligibility for TennCare CHOICES)

To qualify for TennCare CHOICES a person’s income must be less than \$2,205 per month and total assets cannot be more than \$2,000 excluding primary residence, and can medically qualify for nursing home care. TennCare CHOICES enrollees are classified by groups:

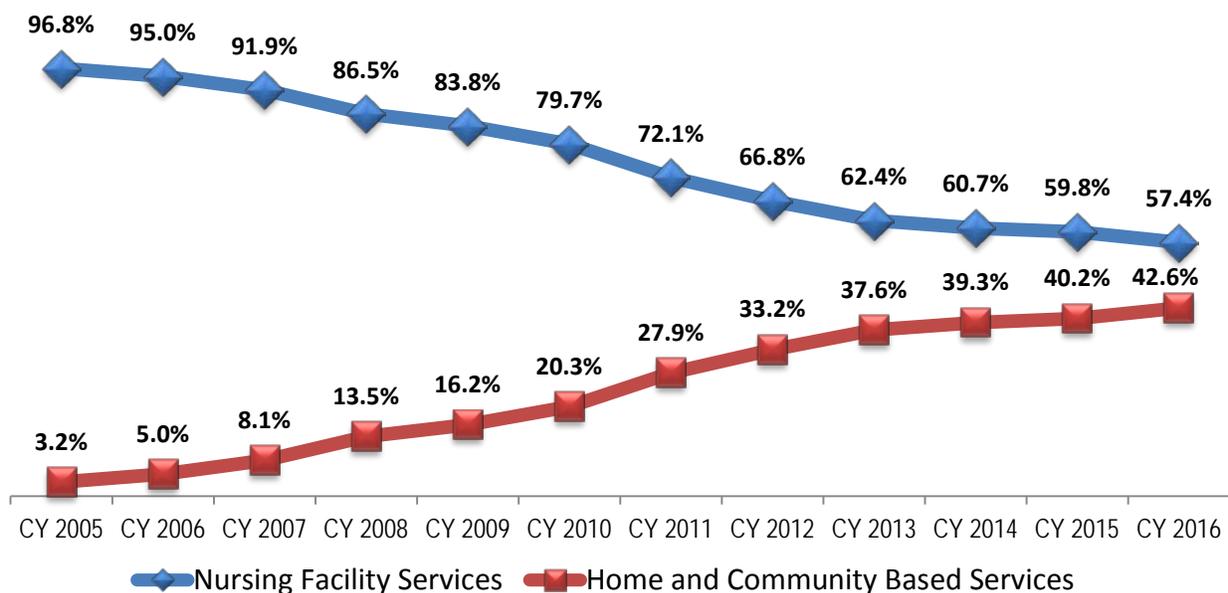
- CHOICES Group 1 – Any age person needing Nursing Home Care
- CHOICES Group 2- Adults age 21 and over who have a physical disability who qualify to receive nursing home care but elect to receive care at home
- CHOICES Group 3 – Adults age 21 and over who don’t qualify for nursing home care, are Supplemental Social Security Income (SSI) eligible but would benefit from home care to prevent or delay nursing home placement

<https://tn.gov/tenncare/article/to-qualify-for-choices>

Since 2005, Long-Term Services and Support for people who are disabled and older Tennesseans have become better balanced between nursing facility placement and home and community based services. Prior to 2005, nursing facility placement was used almost exclusively for persons needing supportive services. The percent of nursing facility placement has continued to decrease since then.

As of August 2017, 57.4% of TennCare Choices enrollees were in Nursing Facilities, with 42.5% of enrollees in Home and Community Based Services. Chart AD-11 shows the gradual shift from almost exclusive use of nursing facilities toward community care. This is considered a positive shift, as most aging adults prefer to age in their home and community.

Chart AD-11: TennCare Long-Term Care Enrollment
Tennessee 2005-2016



Source: TennCare Long-Term Services and Supports Program
<https://www.tn.gov/tenncare/topic/ltss-governors-dashboard-graphs>

Aging in Place

According to a report by the National Institute on Aging, *Aging in Place: Growing Old at Home*, older adults want to remain in their own homes and communities. The report indicates some strategies to assist older adults as they age in place. These strategies include:

- Planning ahead to stay in the home by talking with family members, medical professionals and caregivers.
- Identifying supports that can help with aging in place to insure personal care, household chores, meals, money management, medication management so that these issues are addressed early.

The report identifies some common concerns expressed by older adults who choose to age in place such as the ability to get around at home for those with mobility problems, transportation to the grocery or doctor, choosing what types of activities to become involved with, maintaining contact with friends, overall safety, appropriate housing with community resources for the elderly.

<https://www.nia.nih.gov/health/aging-place-growing-old-home>

A survey conducted by Senior Helpers, a national provider of in-home care, *New Survey Finds Adult Children Want Their Parents to Age At Home* found that 85% of Baby Boomers (born 1946-1964) and Generation Xers (born 1965-1980) preferred for their parents to age at home instead of in a nursing home. The survey also showed that Baby Boomers are concerned about being able to care for aging parents due to their own family responsibilities. Most of the Baby Boomers and Generation Xers surveyed were comfortable talking with aging parents about long-term care options and indicated that aging parents had a more positive experience aging at home instead of in an assisted living facility.

<https://www.forbes.com/sites/robinseatonjefferson/2017/04/30/new-survey-finds-adult-children-want-their-parents-to-age-at-home/#1d06bb60b44b>

AARP Survey

According to the 2016, *AARP Member Opinion Survey*, top concerns expressed by survey respondents included:

- Having Social Security in the future
- Staying mentally sharp
- Having Medicare in the future
- Living a healthy lifestyle
- Having health insurance
- Paying for health care
- Consumer fraud
- Declining physical health
- Aging in home
- Continuing to drive and get around

AARP surveys members periodically with the previous survey conducted in 2012. The 2016 survey responses indicate members concerns have been consistent over time with health and financial security remaining top priorities in both surveys.

https://www.aarp.org/content/dam/aarp/research/surveys_statistics/politics/2016%20mos/2016-initial-summary-ext.pdf

Centers for Disease Control – Older American’s Health and Facts about Falls

According to the Centers for Disease Control and Prevention report on *Older Persons’ Health*:

- Life expectancy at age 65 for both sexes is an additional 19.3 years. Life expectancy for men age 65 and over is 18 years more with women expected to live longer at an additional 20.5 years
- 8.8% of persons age 65 and over smoke
- 36.2% of men age 65-74 are obese and 26.8% of men over age 75 are obese
- 40.7% of women age 65-74 are obese and 30.5% of women over age 75 are obese
- 63.4% of men age 65-74 have hypertension and 72.3% of men over age 75 have hypertension
- 64.3% of women age 65-74 have hypertension and 79.9% of women age 75 and over have hypertension

The Leading causes of death among persons age 65 and over are:

- Heart disease
- Cancer
- Chronic lower respiratory disease

<https://www.cdc.gov/nchs/fastats/older-american-health.htm>

A report by the Centers for Disease Control, *Important Facts about Falls* indicates:

- One out-of-four older adults fall each year
- Of those who fall one-in-five results in a serious injury, broken bones or head injuries
- Emergency rooms treat more than 2.8 million older adults for falls each year
- Falls result in 300,000 hospitalizations for hip fractures
- Falling once doubles your chance for falling again
- Fall injuries are estimated to result in medical costs of \$31 billion annually

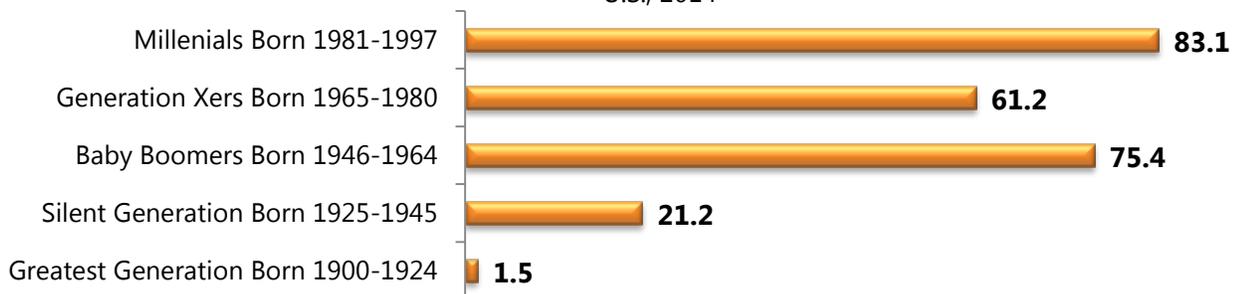
Causes of falls include lower body weakness, difficulty walking and balancing, vision problems, foot pain, home hazards and medication.

<https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>

As shown by Chart AD-12, the Baby Boomers (persons born between 1946 and 1964) represent the second largest number of people living in the United States. According to a report by the U.S. Census Bureau *Millennials Outnumber Baby Boomers and Are Far More Diverse*, Millennials surpassed Baby Boomers as the largest segment of the United States population in 2014.

Chart AD-12: Estimated Number of People Living by Generations (millions)

U.S., 2014



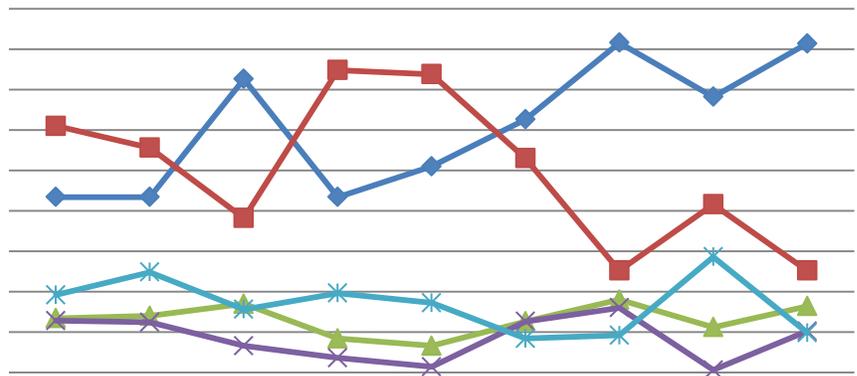
<https://census.gov/newsroom/press-releases/2015/cb15-113.html>

Grassroots Community Survey

In 2017, the greatest unmet need in Home and Community Based Services Chart AD-13 was help paying for childcare (45.7%) up from the 2016 survey responses (39.1%).

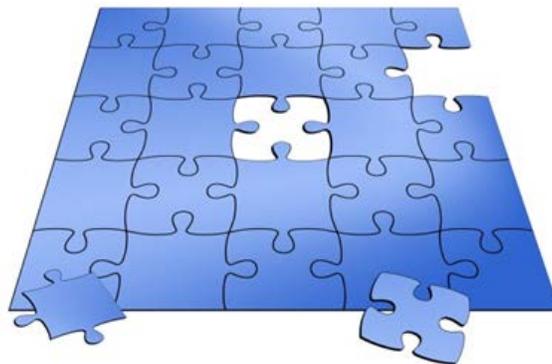
The 2017 Grassroots Community Survey showed increased responses for childcare closer to home (13.2%) and more infant care (10.1%) compared to the 2016 survey results, 10.6% and 5.3% respectively. The identified need for homemaker services for relative caregiver of children showed a decline in 2017 (9.9%) from (19.3%) in 2016.

Chart AD-13: Greatest Unmet Need in Home and Community Based Services
Grassroots Community Survey, 2009-2017



	2009	2010	2011	2012	2013	2014	2015	2016	2017
◆ Help Paying for Childcare	26.7%	26.7%	41.3%	26.7%	30.5%	36.3%	45.8%	39.1%	45.7%
■ Homemaker for Elderly/Disabled	35.5%	32.8%	24.1%	42.4%	41.9%	31.5%	17.6%	25.8%	17.6%
▲ Child Care Closer to Home	11.7%	12.0%	13.5%	9.2%	8.3%	11.3%	14.0%	10.6%	13.2%
× More Infant Care	11.4%	11.2%	8.3%	6.8%	5.7%	11.3%	13.0%	5.3%	10.1%
✧ Homemaker for Relative Caregiver of Children	14.6%	17.4%	12.8%	14.8%	13.6%	9.2%	9.6%	19.3%	9.9%

Source: 2009-2017 Metro Social Services Grassroots Community Survey



Food and Nutrition

Key Findings

- The primary causes of hunger in Davidson County are low-wages, high housing costs and poverty.
- According to Feeding America, a nationwide network of food banks and food pantries providing emergency food assistance, 107,750 individuals in Davidson County were food insecure in 2015.
- In 2016, 21% of persons age 60 and over in Tennessee were food insecure.
- In 2016, Second Harvest Food Bank of Middle Tennessee provided 41,960 food boxes.
- In 2016, 11.8% of Davidson County residents received Supplemental Nutrition Assistance Program (formerly Food Stamps) benefits.
- In 2016, according to the Center of Budget and Policy Priorities, 25% of waiters/waitresses, 33% of cooks, and 28% of cashiers in Tennessee depend on Supplemental Nutrition Assistance Program (SNAP) benefits.
- In 2016, 27,910 participants in Davidson County received Women, Infant and Children (WIC) Program Services, a slight decrease from 2015.
- In 2017, Metro Action Commission provided 280,000 meals to eligible children through the Summer Food Service Program. During the school year, the Metropolitan Nashville Public Schools serves 8.4 million school lunches and 4 million breakfast meals.
- Metro Social Services 2017 Grassroots Community Survey participants indicated Supplemental Nutrition Assistance Program benefits are the greatest unmet need in food and nutrition.



Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.

U.S. Department of Agriculture

Who is likely to be hungry?

Older adults age 65 and over who rely on Social Security as their main source of income and children are more likely to experience food insecurity than other demographic groups. This section will provide data and information from sources to identify why this group is disproportionately affected by a lack of access to healthy and affordable food.

Hunger in Davidson County

The U.S. Conference of Mayors publishes an annual report on the causes of hunger and homelessness by surveying selected cities. The *2016 Hunger and Homelessness Survey/A Status Report on Homelessness and Hunger in America's Cities* indicated that several of the cities surveyed reported an increase in the number of requests for emergency assistance by an average of 2%. It decreased in other cities, while the demand remained the same in Nashville, Chicago, Cleveland, Dallas, Salt Lake City and Seattle.

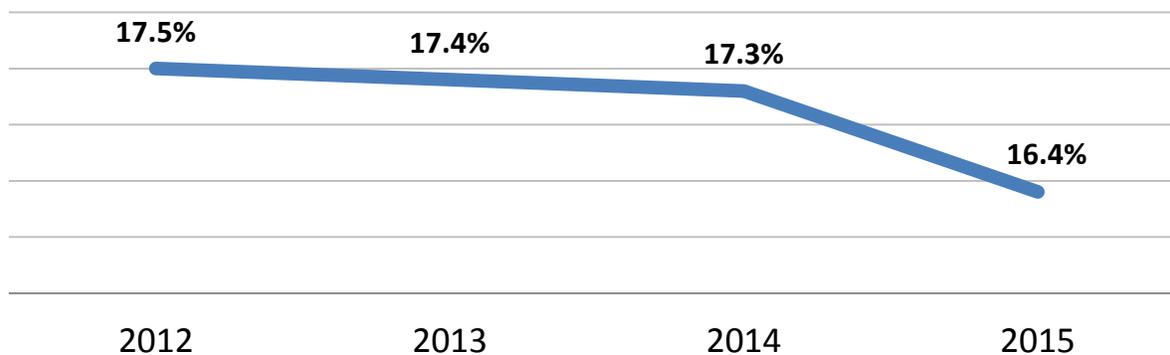
Among the cities surveyed, 88% indicated that low wages were one of the primary causes of hunger in their cities. In Nashville, in addition to low wages, the high cost of housing was also identified.

<https://endhomelessness.atavist.com/mayorsreport2016>

Food Insecurity in Davidson County

As shown in Chart F-1, food insecurity rates in Davidson County have declined from 17.5% in 2012 to 16.4% in 2015. While the overall food insecurity rate (the percentage of the population that experienced food insecurity at some point during the year) has declined, 20% of children in Davidson County are still food insecure. Feeding America's Map the Meal Gap study estimates that 107,750 individuals in Davidson County were food insecure at some point in 2015.

Chart F-1: Food Insecurity Rate
Davidson County, 2012-2015



Source: Feeding America

<http://www.feedingamerica.org/research/map-the-meal-gap/2015/2015-mapthemealgap-exec-summary.pdf>

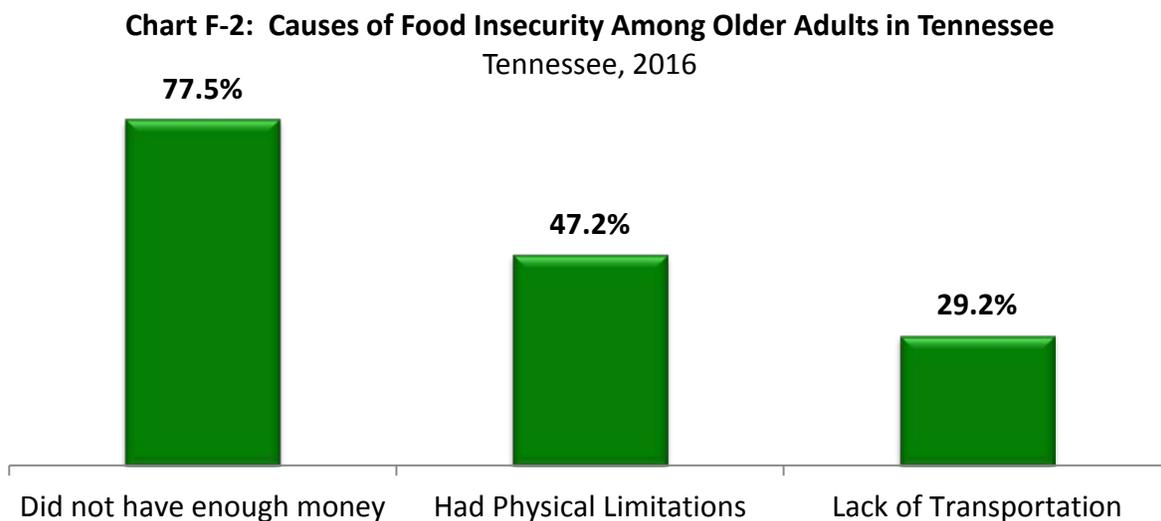
Data from Feeding America (2014) indicated that there were 112,050 Davidson County residents who were food insecure. The Map the Meal Gap project indicated that there was an annual food budget shortfall of \$60.2 million in Davidson County. It reported that in the U.S., there were 48.1 million food insecure people, with an annual food budget shortfall of \$24.6 billion.

<http://map.feedingamerica.org/county/2014/overall>

Food Insecurity Among Older Adults in Tennessee

The 2016 Tennessee Commission on Aging and Disability report, *Tennessee State Plan on Aging* indicated that 21% of older adults were food insecure across Tennessee for various reasons. Food insecure older adults are more likely to suffer from depression, are at increased risk for heart attack rates, are more likely to develop asthma and increased rates of congestive heart failure than older adults who are food secure.

As shown in Chart F-2, 77.5 % of older Tennesseans reported not having enough money as their main cause of food insecurity, 47.2% had physical limitations and 29.2% indicated a lack of transportation.



Source: Tennessee Commission on Aging and Disability Tennessee State Plan on Aging October 1, 2017- September 30, 2021

https://www.tn.gov/assets/entities/aging/attachments/State_Plan_Public_Hearing.pdf

Food Insecurity Among Children in Tennessee

The Tennessee Department of Human Services' Help End Child Hunger in Tennessee initiative reports that 25% of Tennessee children face hunger every day. The Child and Adult Care Food Program is a federally funded program that is administered by the Tennessee Department of Human Services to provide reimbursement for eligible meals served to participants who meet age and income requirements.



These reimbursements for nutritious foods are at care institutions as well as family or group day care. It notes, "Well-nourished children are healthier, more attentive, and have better mental performance than children who are undernourished." TDHS initiatives also include the Summer Food Service Program, described below.

<http://www.tn.gov/humanservices/article/child-and-adult-care-food-program1>

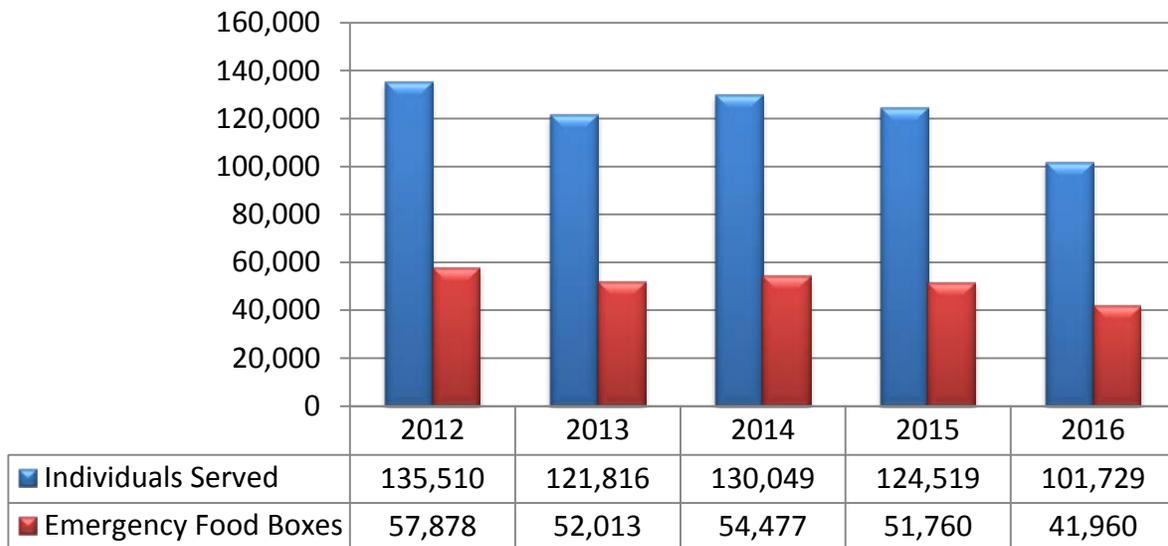
Second Harvest Food Bank of Middle Tennessee

Second Harvest Food Bank of Middle Tennessee provides emergency meals, food boxes, children/senior backpack meals and SNAP enrollment in its 46-county service area. This past year Second Harvest Food Bank of Middle Tennessee opened a new Davidson County site at the Madison Hispanic-American Seven Day Adventist site, which includes offering Sunday hours and Spanish speaking volunteers.



In addition, Second Harvest Food Bank of Middle Tennessee perishable distribution program offering fresh fruits and vegetables to area non-profit organizations, in which it distributed over 337,000 pounds of perishable food during fiscal year 2016-2017. As shown in Chart F-3, while the number of emergency food boxes and individuals served has fluctuated over the past five years, there continue to be hungry people and families in Middle Tennessee despite a growing economy in most of the counties served.

Chart F-3: Emergency Food Distribution
FY 2012-2016



Source: Second Harvest Food Bank of Middle Tennessee

Supplemental Nutrition Assistance Program – SNAP

SNAP, formerly Food Stamps, provides nutritional assistance benefits to eligible children, persons with a disability and older adults. SNAP benefits supplement monthly food budgets for low-income individuals and families with the goal of improving nutrition and health.

As shown in Chart F-4, the percentage of households receiving SNAP assistance in Davidson County is lower than both the state of Tennessee and the United States.

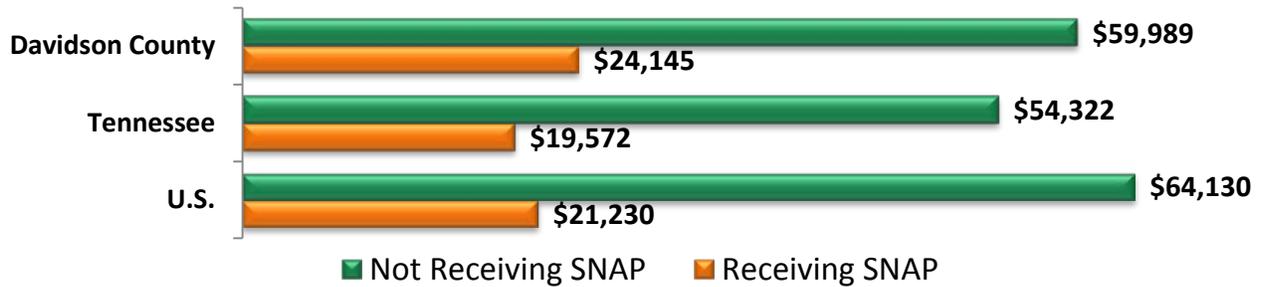
Chart F-4: Percentage of All Households Receiving SNAP Assistance
U.S., Tennessee, Davidson County 2016



Source: 2016 American Community Survey

As shown in Chart F-5, there is a wide disparity in the median household income for those who receive SNAP and those who do not in Davidson County. According to the 2016 American Community Survey, SNAP households had a median household income of \$24,145 compared to a much higher median household income of \$59,989 for households that did not receive SNAP benefits. The households that do not receive SNAP in Davidson County have household incomes 2.5 times as much as the households that receive SNAP. In the U.S., the households that do not receive SNAP have incomes 3 times as much as those that do receive SNAP.

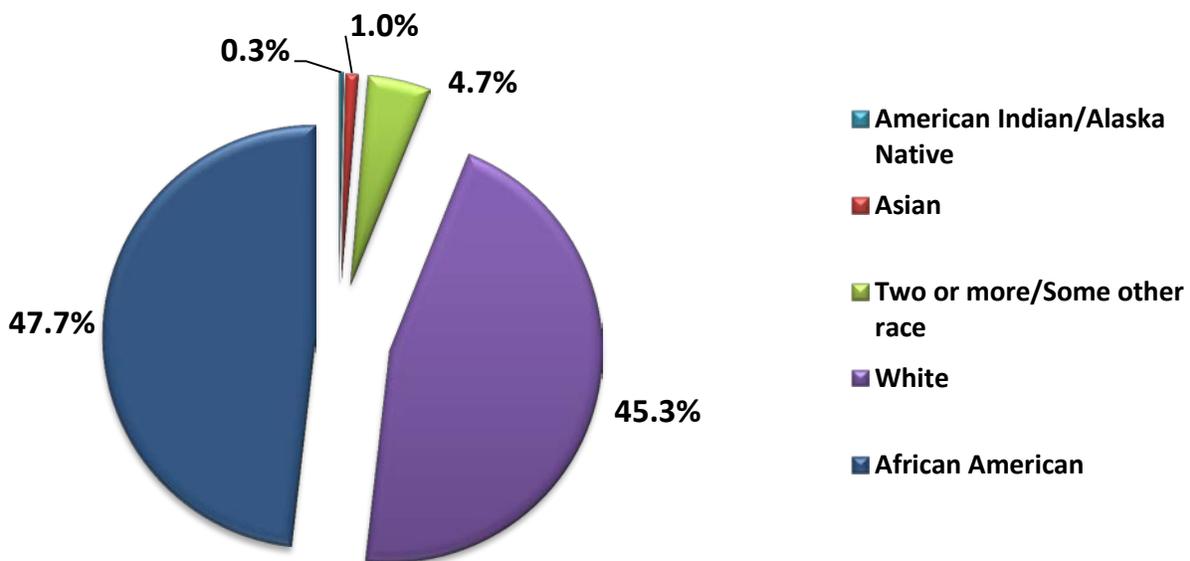
Chart F-5: Median Household Income by Receipt of SNAP Assistance
U.S. Tennessee, Davidson County 2016



Source: 2016 American Community Survey

Chart F-6 shows that 47.7% of African American households receive SNAP benefits, although they comprise only about 26% of households in Davidson County. The chart shows that 45.3% of white Nashvillians receive SNAP benefits, while they make up 68.2% of households. The reason that African American residents receive SNAP benefits at a higher rate is that African Americans also tend to have lower incomes, as discussed in a previous section. Among Hispanic/Latino households, 13.1% received SNAP and make up 10.1% of Davidson County's population.

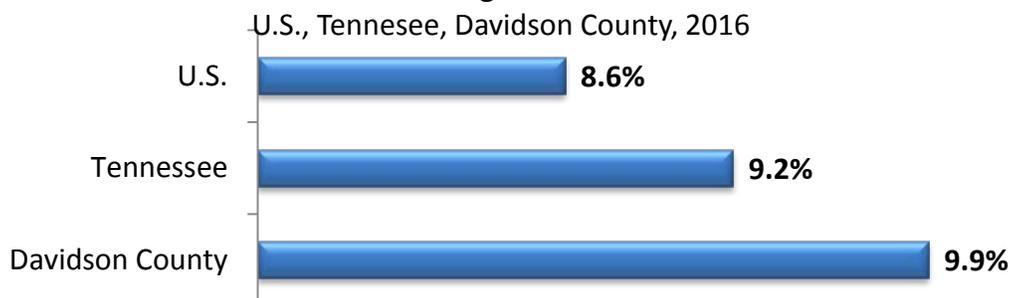
Chart F-6: Households Receiving Food Stamps/SNAP
Davidson County, 2016



Source: 2016 American Community Survey

As shown in Chart F-7, a number of households that have incomes below the poverty level do not apply for or use SNAP benefits even though they may be eligible. There are many possible reasons for this, which could include reluctance to accept government benefits, stigma associated with the program or lack of awareness that households are eligible.

Chart F-7: Percentage of Households Below the Poverty Level Not Receiving SNAP benefits



Source: 2016 American Community Survey

The reasons for not participating in SNAP are particularly true for older adults. Many seniors face barriers related to mobility, technology, and stigma. Some other reasons for why seniors do not apply for SNAP benefits may include the following:

- Did not know they were eligible
- Too embarrassed to sign up
- Transportation barriers
- Small benefit amounts



According to the report, *Food Stamps Can Cut Seniors Health Care Costs, But Most Aren't Using Them*, Supplemental Nutrition Assistance Program benefits can have health implications for older adults. Some of the benefits of using Supplemental Nutrition Assistance Program include lowering health care cost, improving health outcomes and reducing food insecurity among older adults. The report indicated that other benefits include significantly reducing the likelihood of nursing home admission, shortened hospital stays and reduced Medicare and Medicaid costs.

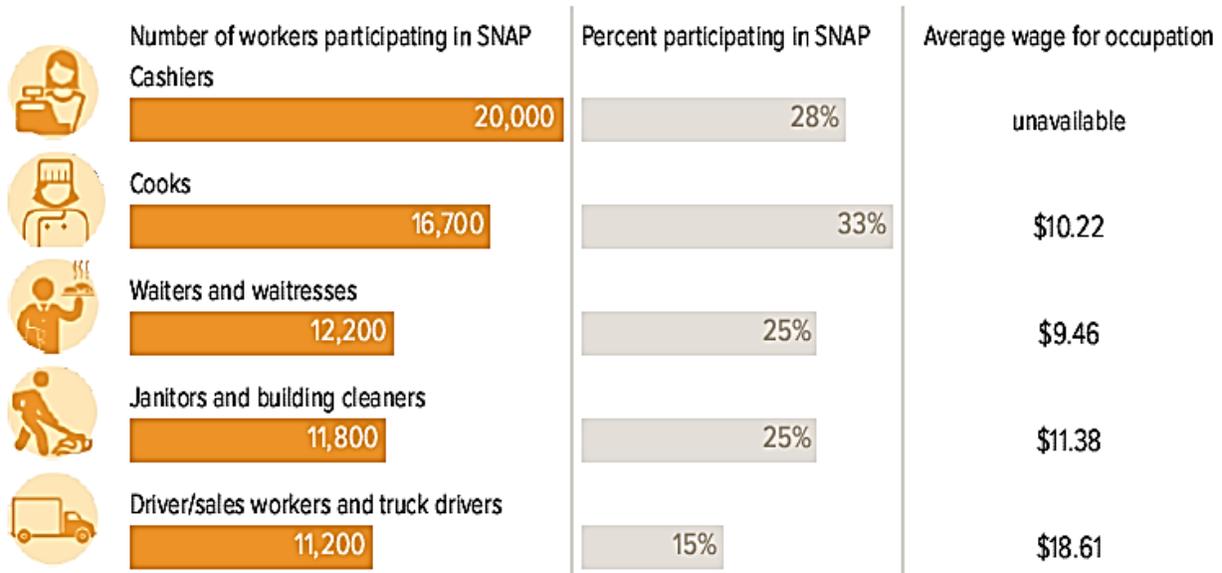
<http://www.governing.com/topics/health-human-services/gov-study-food-stamps-medical-costs-health.html>

SNAP and Service Industry Workers

A September 2017 fact sheet by the Center on Budget and Policy Priorities documented the number of workers in every state that are on SNAP benefits due to their low earnings. It indicates that SNAP helped 1 in 8 workers in Tennessee put food on the table. This is particularly true for persons employed in service industry jobs who rely on SNAP benefits to supplement their food budgets.

These service industry occupations typically pay low wages but are necessary to provide the labor force to attract investments that enable a city to grow. The graphic below for Tennessee shows that many people employed in lower paying occupations rely on SNAP benefits to feed themselves and their families.

Top Occupations Among Tennesseans Participating in SNAP by Number of Workers

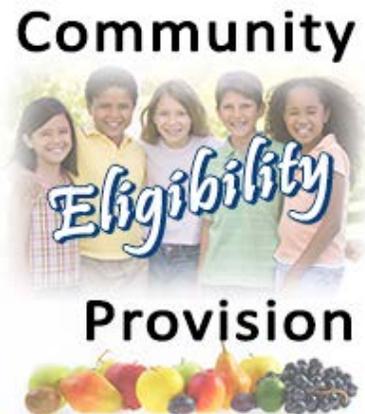


https://www.cbpp.org/sites/default/files/atoms/files/factsheets_8-31-17fa_tn.pdf

Community Eligibility Provision Program for School Lunches

For decades, students who met income eligibility guidelines were able to receive meals at free or reduced rates. For many years, about 75% of Metro Nashville Public School students were eligible for free or reduced priced breakfast and lunches.

Because of the potential stigma attached to the students from low-income families, the National School Lunch Program developed the Community Eligibility Provision (CEP). Community eligibility simplifies the enrollment process for high-poverty schools by enabling school districts to eliminate individual student meal applications to reduce school administrative costs.



CEP does not require that individual students meet the income eligibility, as long as they attended schools in which at least 40% of students were eligible. Metro Nashville Public Schools began participating in CEP during the 2014-2015 school year, so that all students in those schools receive breakfast and lunch at no cost.

Benefits to Metro Nashville Public Schools from the Community Eligibility Provision include:

- Alleviate the burden on families by eliminating household applications – administrators, parents and students no longer have to complete meal applications annually.
- Reduce Stigma – students receiving free or reduced price meals are no longer easily identifiable by other students.
- Increase the number of children eating breakfast – Community Eligibility Provisions allows all students to have access to breakfast and lunch regardless of their ability to pay. Students who are well nourished are better prepared to learn.

- Target students in need – as many families struggle with high housing costs, low-wage jobs and other basic living expenses, the Community Eligibility Provision meals allows families to supplement their food budget by having students get meals at schools.

http://www.tennessee.gov/assets/entities/education/attachments/cep_fact_sheet.pdf

<http://mnpsnutritionservices.org/index.php?page=communityeligibility&sid=0105151608459305>

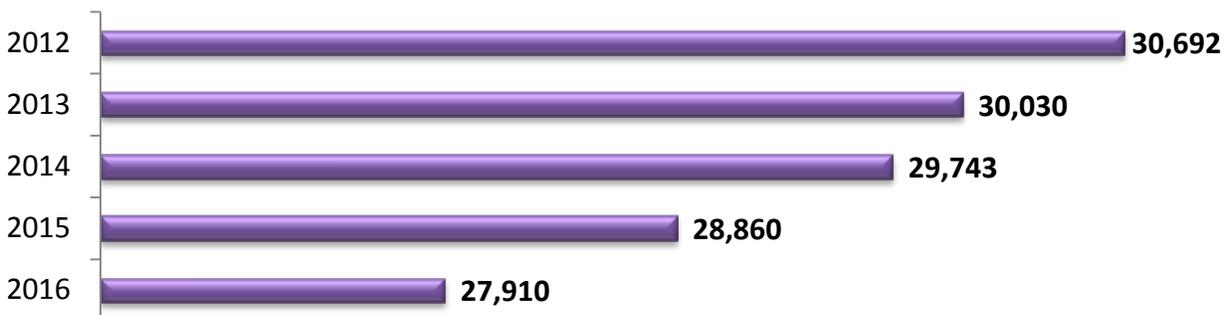


Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants and Children Supplemental Food Program provides nutrition education, food vouchers and breast feeding education to eligible program participants. Eligible participants include pregnant and post-partum women, infants, and children up to age five who meet income requirements.

Chart F-8 shows the number of unduplicated participants receiving WIC services. The decline in Women Infant and Children program participation may be attributed to national, state and local trends in declining birth rates and fewer women enrolling their infants and children in WIC.

Chart F-8: Number of WIC Unduplicated Participants
Davidson County, 2012-2016



Source: Metropolitan Public Health Department Women Infants and Children Program

Summer Food Service Program

Metro Action Commission in partnership with area non-profits, schools and community-based agencies provides summer meals for school age children during the months Metro Schools are not in session. National, state and local data shows that Summer Food Service Program meals served far fewer meals than during the school year.

According to the No Kid Hungry Center for Best Practices *Unmet Need in the Summer Meals Program*, it is estimated that 85% of students eligible for free or reduced priced lunches during the school year do not receive Summer Food Service Programs meals. Barriers to participation include transportation, limited number of feeding sites, limited funding and bureaucratic hurdles.

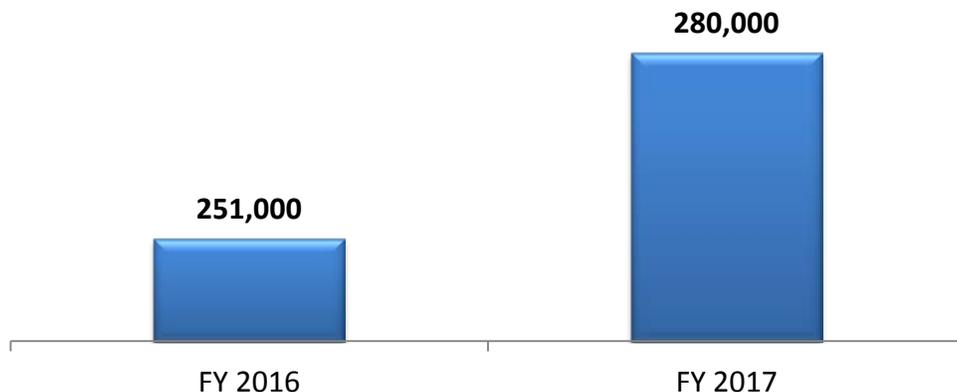
https://www.nokidhungry.org/files/pdf/2015/Summer/Unmet_Need1-15-15.pdf

In 2017, Metro Action Commission provided 280,000 meals to eligible children through the Summer Food Service Program. By contrast, Metropolitan Nashville Public Schools serves 8.4 million school lunches and 4 million breakfast meals during the school year.



Chart F-9, shows the number of meals provided by Metro Action Commission’s Summer Food Service Program in FY 2016 and FY 2017. Metro Action Commission deployed a mobile food bus in FY 2017 to provide meals to school age children who were not able to access summer meals.

Chart F-9: Meals Served Summer Food Service Program
Davidson County 2016, 2017

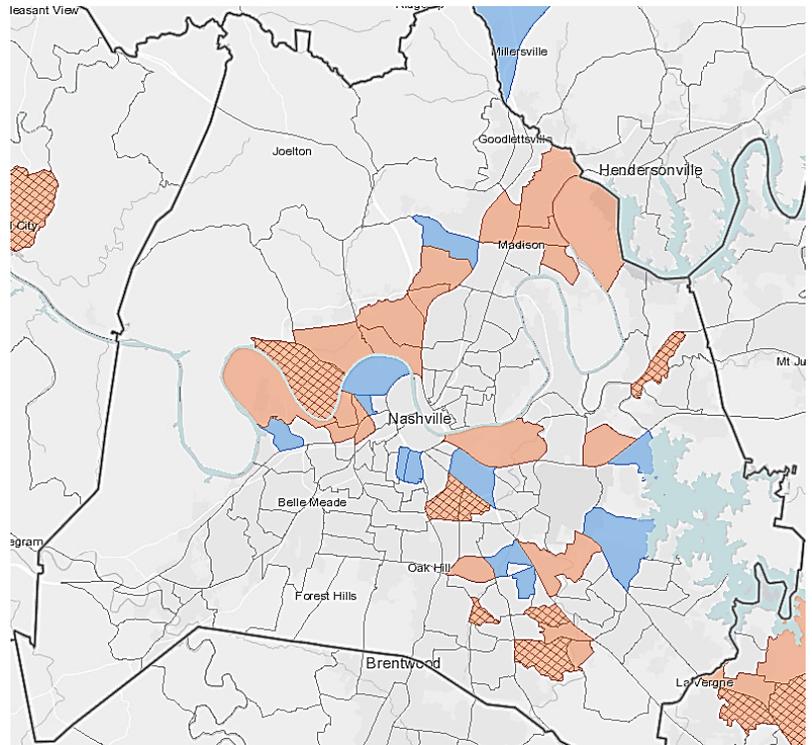


Source: Metropolitan Action Commission

Food Deserts

Geographic mobility in Davidson County has resulted in changes in the areas identified as food deserts. Often brought about because of economic circumstances (gentrification, job changes, etc.), this map from Community Commons shows the location in food deserts. The areas with shading and crosshatching were areas that were added as food deserts in 2015, while areas in blue were no longer considered to be in food deserts as of 2015.

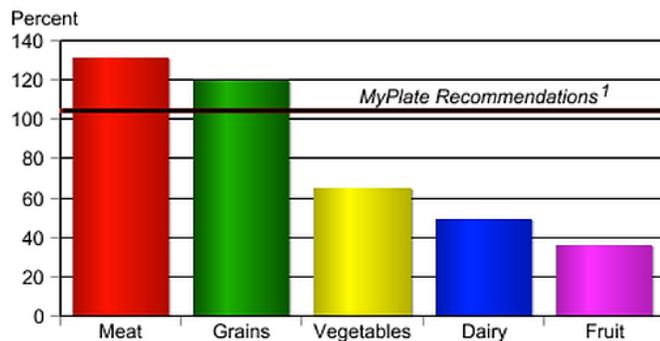
Food Desert Census Tracts, Change, 1 Mi. / 10 Mi. FARA 2010-2015



<https://www.communitycommons.org/2017/02/data-update-food-deserts/>

Food in America

American diets are out of balance with dietary recommendations
In 2012, Americans consumed more than the recommended share of meat and grains in their diets but less than the recommended share of fruit, dairy, and vegetables



Note: Rice and durum flour data were discontinued and thus are not included in the grains group. Food availability data serve as proxies for food consumption.

¹Data based on a 2,000-calorie diet.

Source: Calculated by ERS/USDA based on data from various sources (see Loss-Adjusted Food Availability Documentation). Data as of February 2014.

<https://www.vox.com/a/explain-food-america>

A report from Vox, *40 maps that explain food in America*, shows how complicated food has become, particularly in the U.S., where an obesity epidemic coexists with food insecurity. The report shows how the U.S. was founded on agriculture, how the percent of the American workforce in agriculture has plummeted in the past century, the decrease in the number of farms (a net loss of 90,000 farms in 5 years), and the increase in farm output, etc.

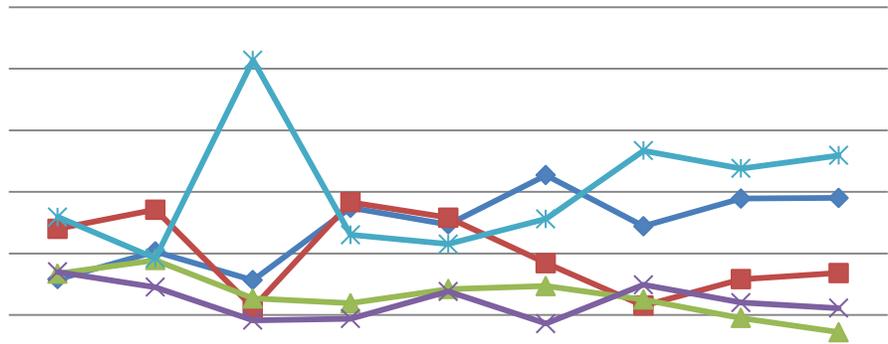
Other maps show that many farmers do not make a living from their farms, the consumption by states or counties of different types of food and more.

The chart at left shows the American diet is out of balance with dietary recommendations, with inadequate consumption of vegetables, dairy and fruit.

Grassroots Community Survey

The 2017 Grassroots Community Survey of participants indicated that food stamps (35.9%) followed by food boxes/pantries (29%) were the greatest unmet need for food and nutrition as shown by the graph below. The pattern of priorities has been consistent for the past several years, following a spike in the identified need for Food Stamps/SNAP in 2011.

Chart F-10 : Greatest Unmet Need in Food and Nutrition
Grassroots Community Survey 2009-2017



	2009	2010	2011	2012	2013	2014	2015	2016	2017
◆ Food Boxes/Food Pantries	15.8%	20.3%	15.6%	27.4%	24.7%	32.7%	24.4%	28.9%	29.0%
■ Food for Elderly or Disabled Persons	24.0%	27.1%	11.2%	28.3%	25.8%	18.4%	11.5%	15.8%	16.8%
▲ Food for Infants and Young Children	16.7%	18.9%	12.7%	11.9%	14.2%	14.7%	12.5%	9.5%	7.2%
✕ Food for School Children	17.0%	14.5%	9.1%	9.4%	13.8%	8.6%	14.9%	12.0%	11.1%
✱ Food Stamps	25.9%	19.2%	51.4%	23.0%	21.5%	25.6%	36.7%	33.8%	35.9%

Source: Metropolitan Social Services, Grassroots Community Survey



Health

Our Community Health Assessment: Time for Nashville's Routine Check-up!



CHAPTER CONTRIBUTORS

Tracy Buck, *Metro Public Health Department*
Dr. Raquel Qualls-Hampton, *Metro Public Health Department*
Dr. William Paul, *Metro Public Health Department*
Dr. Abraham Mukolo, *Metro Public Health Department*
Nickolas J. Lindeman, *Nashville Area Metro Planning Department*
Max Baker, *Greater Nashville Regional Council*

HEALTH SECTION OUTLINE

Nashville/Davidson County – Time for our Routine Check-up!

- I. Look at us grow! Population expansion in Nashville/Davidson County
 - 1.1 Background
 - 1.2 American Community Population Estimates Compared With Local Estimates
 - 1.3 The Influence of Population Growth on Health & Well-being

- II. 2018 Community Health Assessment utilizing MAPP
 - II.A. Background (definitions and re-cap)
 - II.B. 2017 Indicator Update: Recognizing how well we have done to know where to do
 - II.B.1. *CELEBRATING IMPROVEMENTS IN HEALTH AND WELL-BEING*
 - II.B.2. *HAVE OUR LOCAL EFFORTS INFLUENCED POPULATION BASED HEALTH ESTIMATES?*
 - II.B.3. *OUR PAST EFFORTS CAN INFORM FUTURE CHANGE*
 - II.B.4. *HOW TO MEASURE CHANGE WHEN DATA IS UNAVAILABLE*

- III. Conclusion

Nashville/Davidson County – Time for our Checkup!

For the last six months, health and healthcare agencies have been gearing up for the upcoming community health assessment (CHA), which occurs every five years. This is an exciting time as we can better understand the health and well-being of those who live, work, play and worship in our county and plan to celebrate our successes and work to improve health areas of need. A community health assessment systematically examines the health status of a specific population. Health indicators, measures designed to summarize data and information about a priority health topic, are selected because they are actionable and comparable to other similar cities, the state and nation. The ultimate goal of a CHA is to create strategies that will address our communities' health needs and the associated issues.

During this process, it is critical to evaluate the success and challenges of our efforts during our most recent CHA, August 2013 through July 2014, and the Community Health Improvement Plan (CHIP) developed to address identified health needs. This chapter will highlight our region's growth and its associated challenges, particularly as it relates to health and well-being. We will highlight our assessment plans, with a concise review of our previous indicators and programs designed to improve health based on our 2013-2014 CHA. Our concluding section will "map" out our plans for the next 2018 CHA, including new and innovative assessment activities and links to county health data.

I. Look at us grow! Population expansion in Nashville/Davidson County

Davidson County and the surrounding ten- county region have and are expected to grow significantly over the next several decades. The Metropolitan Planning Office predicts another million people in our region by 2035. Rapid growth brings great opportunities and challenges. Since 2012, we have been planning and working with numerous community agencies to identify issues that influence health, such as green space, housing and transportation.

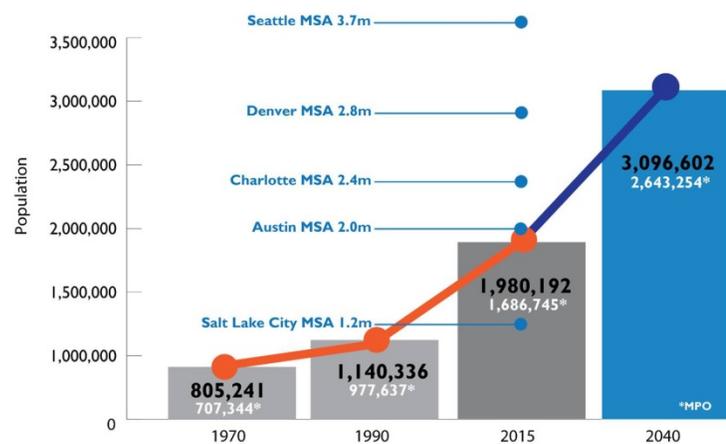
1.A. Background

In May 2017, the Tennessean estimated an average of 100 people moved to Nashville per day during the 2015-2016 calendar year, making Davidson County the largest county in the state of Tennessee¹. This growth was also seen during 2013-2014 (average of 93 people per day) and 2014- 2015 (average of 100 people per day) – bringing an average of 89 people per day since 2010¹. The Nashville Area Metropolitan Planning Organization predicts the population in the region will approach 2 million by the next census of 2020 (Nicholas J. Lindeman, economic and systems data analysis).¹ Of course, this estimate varies, depending on source and accounting for natural growth (e.g., birth and death).

Regardless of methodology of calculation, Davidson County is experiencing a population growth and a transformation in terms of art, culture, labor force and the services offered.² The natural consequence of this transformation is the influence on health – perceptions of health, health beliefs and practices, approaches to health promotion and when, where and how residents choose to seek treatment and prevention. Monitoring

Figure I.1

Growth Trend across the 10-County Region



Citation: Baker, M., Lindeman, NJ. Nashville Area Metro Planning Office (MPO), Greater Nashville Regional Council. <http://www.nashvillempo.org/growth/>

these changes and influences of growth on health is the duty of the Metro Health Department – and we are up for the task!

1.B. Census Population estimates versus local estimates

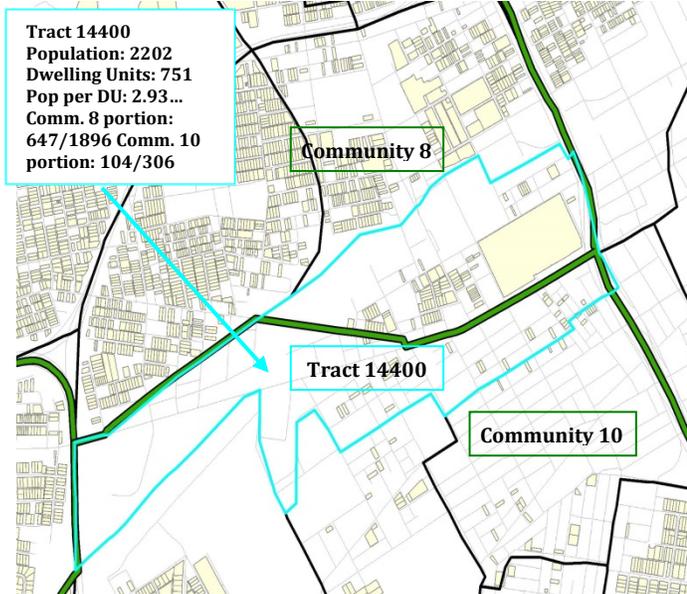
Each year, the U.S. Census Bureau’s American Community Survey (ACS) gathers social, economic, housing and demographic data on the county and its people. This data is critical to understanding how and where states and local communities are changing. By randomly selecting homes (specific addresses), ACS focuses on

geographic coverage that will provide a good picture of the community and a representative sample of the population³. Local agencies use ACS estimates to direct funds and services to areas with the greatest need. However, with Nashville’s recent growth, ACS estimates may not fully capture our population swelling, according to Lindeman.

Figure I.2

The Population Assignment Process

Using a US Census data to estimate Population Growth



Citation: Lindeman, NJ. Nashville Area Metro Planning Office (MPO), Greater Nashville Regional Council.

Since 2006 and as recent as December 2017, the Metro Planning Department incorporates building permits, assessment data and data from the decennial census to re-calculate local population estimates and provide a reliable and accurate set of small-area estimates. Specifically, 5-year household population estimates from Census Block Groups are assigned to parcels, or addresses, with dwelling units. Each Block Group’s household population is divided by the number of dwelling units located within that Block Group. This gives a household population per dwelling unit value for each Block Group. Then, for each parcel with dwelling units within the Block Group, the household population per dwelling unit is multiplied by the number of dwelling units on the

parcel (see Figure I.2). These values can be summed for any desired geography and provide a reliable estimate of household population. Finally, the new estimate is combined with 2010 Census data to provide a new, final total population estimate. Modified local population estimates led to a successful challenge of the Census population estimates in 2006-2007.

Davidson County and its surrounding regions are not the first to locally estimate its expanding population. From Denver, Colorado to Atlanta, Georgia, local jurisdictions heavily rely on modified population estimates to address residential and commercial needs⁴. Fully understanding our communities’ population growth is essential to meeting associated health needs and ensuring our city’s current plan will maintain the well-being of our residents.

1.C. The Influence of Population Growth on Health & Well-being

Growth and progress are exciting; concurrent is the complication of expansion, such as risks to city infrastructure and physical assets, environmental damage and social instability. Public health officials are compelled to quickly modify policies and programs to adjust for, not only a growing population, but also an aging population – both births and deaths. For example, new residents require jobs and housing. Some arrive in Nashville because of job opportunities and others are arriving looking for employment. Employment opportunities are a positive outcome of city growth, but unfortunately, not all positions provide equal economic

prosperity. Some employers may convert one full-time position into two part-time positions, saving money on benefits and higher salaries. More than 20% of adults in poverty are employed and 36.3% of Nashville residents are poor or considered working poor. Many workers must piece together several low-wage jobs to make ends meet.⁵ Working longer hours or atypical schedules can affect sleep and increase risk of injury (on or off the job), affect mood, increase stress, lessen time with family and impact overall quality of life.⁶

The Davidson County housing market has been affected the most by the effects of growth. Finding an affordable home within the county is a challenge for new and existing residents. Many in the Nashville housing market find themselves “cost-burdened,” paying more than 30% of income in rent. Urban neighborhoods are gentrifying rapidly; low and moderate income residents are forced to relocate to the far edges of the county or out of the county, where there is limited access to services.⁵

Health insurance coverage is an area of considerable policy attention at the federal, state, and local levels. There are about 67,000 uninsured adults in Nashville, a number that has declined in recent years, as more people were able to get insurance due to the Affordable Care Act. Since the Tennessee legislature chose not to expand Medicaid services, many residents struggle to find affordable health insurance coverage. Nashville has a wealth of safety net health care providers but there are gaps in the system —both in resources and in available services.

Transportation troubles continue to rise to the top of the region’s list of shared problems. In our community, use of personal vehicles is the norm rather than mass transit. Population growth means increasing traffic during rush and non-rush hours. Traffic congestion increases vehicle emissions, degrades ambient air quality and can have a negative impact on drivers’ morbidity and mortality.⁷ Longer commutes are associated with higher weight, lower fitness levels and higher blood pressure – which are all predictors of heart disease, diabetes and certain cancers.⁸ Creating an efficient transportation system is not just about moving people to and from locations, it is an opportunity to invest in a system that will relieve traffic congestion, connect neighborhoods, and increase access to services for all Nashville residents. The new transit plan proposes to build and improve the current transit options in Nashville and expand light rail. Cities, who adopted expanded transportation systems to mediate population growth, saw reduced congestion, commute times decreased, an increase in (transit) jobs, and more residents walking and biking – accessing services regardless of economic capabilities.⁹

<http://www.transitfornashville.com>

Figure I.3
Social Determinants of Health



Source: “*Gathering Wisdom*”, First Nations Health Conference, Canada; *Why Hunger* Website: <https://whyhunger.org/social-determinants-who-decides/>

In summary, population growth directly (and indirectly) influences the factors that affect health – social determinants of health (see Figure I.3). While choices and behaviors contribute to health, health is also determined by factors outside our control, like employment opportunities, affordable, safe housing,

transportation and the ability to be mobile when needed. These factors explain why some residents are healthier than others. Metro Public Health Department leads the community effort to better understand the effect of population growth, the social determinants of health, and the interactive effects on physical, mental, emotional health and social well-being in our community. With more than a dozen hospitals, health centers, non-profits and community organizations at the table, in 2018, we will conduct another check-up on Nashville/Davidson County residents, following up with a plan to improve public health infrastructure to shore up our continued growth.

II. 2018 Community Health Assessment: Looking backward to move forward

The upcoming community health assessment will be the largest, most comprehensive assessment of health and well-being in Davidson County history! Davidson County health professionals and community are represented and engaged in assessment planning as well as dissemination of results. This health assessment will identify key health problems as well as assets – answering the big questions: *where are we, where do we want to go, and how do we get there*. While planning our future assessment, MPH D will take a moment or two to review our current efforts and how well we have done in implementing our previous Community Health Improvement Plan (CHIP). This section will review, in brief, the CHA process and examine indicators that measure the work and dedication of nearly four years of community programs.

2.A. Understanding the Process: MAPP

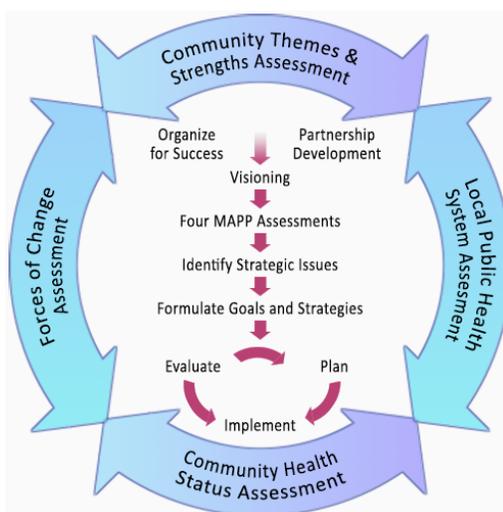
Leading and implementing a community health assessment is a massive undertaking. The process must be comprehensive, inclusive and systematic. Fortunately, the National Association of County & City Health Officials (NACCHO) provides a roadmap by which all local areas can follow. Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to the community health assessment (CHA) and development of the improvement plan (CHIP), based on data gathered (see Figure II.1).¹⁰ The critical first step is to engage, gather and collaborate with the community.

The 2018 *Healthy Nashville Health Improvement Partnership: Mapping Strategies for Nashville’s Health* is a comprehensive approach to planning, gathering, and assessing collaboratively in order to form a complete picture of Nashville’s health. This health assessment is unique from previously conducted assessments. Specifically, this assessment is collaboratively directed by partners in Nashville that are also required to conduct a community health needs assessment. These partners – our partners – are leading the planning efforts for this yearlong endeavor under the oversight of the Healthy Nashville Leadership Council (HNLC), a mayoral appointed body that is responsible for strategic assessment, planning and implementation for the health of Nashville/Davidson county residents.

The partners committed to this health assessment process are Metro Public Health Department, Saint Thomas Health, Vanderbilt University Medical Center, Neighborhood Health, Matthew Walker Community Health Center, Connects Health, and Metro Social Services. Each of these partner agencies represents the **Core Team**.

Figure II.4

Mobilizing for Action through Planning and Partnerships Overview Model
National Association of County & City Health Officials (NACCHO)



Source: NACCHO, MAPP Framework-Clearing-House-Marketing and Communication.¹⁰

The Core Team of partners is responsible for the day-to-day work of the process. They elected to use the Mobilizing for Action through Planning and Partnership (MAPP) method for conducting the upcoming assessment for two main reasons:

1. MAPP provides a thorough, relevant framework for community health improvement planning at the local level, and;
2. Places a strong emphasis on community engagement and collaboration for system-level planning after identifying assets and needs.

The MAPP framework helps communities prioritize health issues, identify resources for addressing them, and take action to improve conditions that support healthy living. The process is iterative and integrates previous and current assessments.¹⁰ Health Equity has been intentionally incorporated into the process. The MAPP process consists of six phases and each is necessary to gather the complete picture of the health of the community.

The phases are 1) Organize for Success, 2) Visioning, 3) MAPP Assessments, 4) Identify Strategic Issues, 5) Formulate Goals and Strategies, and 6) Action Cycle (see Figure II.4).¹⁰ The third phase focuses on assessment, measurement of current health status. This process involves more than surveys and counts. Involving four community-wide assessments, in the Assessment phase we will collect both quantitative and qualitative data to provide a comprehensive picture of health in our community. Table II.1 expounds on this all-inclusive assessment, providing examples of the critical questions each assessment seeks to answer.

Table II.1
Strategically Collect Data: MAPP Assessments
NACCHO, MAPP Framework

Assessment Name		Assessment Description	Example of questions answered by assessment
CHSA	Community Health Status Assessment	Identifies priority community health and quality of life issues important to community members.	<i>"How healthy are our residents?" "What does the health status of our community look like?"</i>
CTSA	Community Themes & Strength Assessment	Identifies assets in the community, providing a deep understanding of residents' important issues	<i>"What is important to our community?" "How is quality of life perceived in our community?" "What assets do we have that can be used to improve community health?"</i>
LPHSA	Local Public Health System Assessment	Measures all organizations and entities that work together to deliver the essential public health services.	<i>"What are the components, activities, competencies, and capacities of our local public health system?" "How are the Essential Services being provided to our community?"</i>

Assessment Name	Assessment Description	Example of questions answered by assessment
FoC Forces of Change Assessment	Identifies forces (e.g., legislation, technology, etc.) that may affect the community, opportunities and threats associated with these forces.	"What is occurring or might occur that affects the health of our community or the local public health system?" "What specific threats or opportunities are generated by these occurrences?"

Source: The Assessments, MAPP Framework, NACCHO.
<http://archived.naccho.org/topics/infrastructure/mapp/framework/phase3.cfm>¹⁰

These four assessments form the core of the MAPP process. Upon completion, qualitative and quantitative data are gathered, reviewed and synthesized to answer the key questions: *what issues are critical to the success of the local public health system and what fundamental policy choices or critical challenges must be addressed in order for the community to achieve its vision?* Assessment findings will direct the identification of strategic issues that either represent or influence underlying health challenges. The remainder of the MAPP process (*Strategic Issues, Goals/Strategies and Action Cycle* stages) accentuates strategic planning, goal setting with indicator development, and planning for action.¹⁰

The final document ties the six phases together, providing the five-year action plan – the Community Health Improvement Plan (CHIP). Part of the plan, included in the final (*Action Cycle*) stage is evaluation. The MAPP process as well as planned activities should be continuously monitored to ensure fidelity and achievement of goals. As we plan for our upcoming CHA and CHIP, we take a moment to evaluate our 2015-2019 CHIP indicators, the programs initiated to improve them and where we stand in achieving our goals.

2.B. 2015-2019 CHIP Indicator Update

Monitoring the progress of community initiatives, interventions and policy changes creates opportunities for celebration and informs continuous improvement. The existing Community Health Improvement Plan (CHIP) was executed by a range of community partners, executing varied programs and interventions designed to advance each priority area.

Figure II.5
Community Health Assessment Priority Areas
Nashville/Davidson County, 2015-2019



The community identified three priority areas (see Figure II.5) and specific measureable indicators with associated data sources that measure specific aspects of each priority area. For example, the percentage of

workers who commute to work is one of six indicators selected to measure change in the priority area maximize build & natural environments. Indicators or measures help the community monitor change – gauging success or continued challenges.

Monitoring indicators is vital to confirming decisions on programs and allocation of resources were executed appropriately. As we move forward with the 2019 improvement plan, it is important to review how our current efforts influenced areas of needs identified in our 2014-2019 improvement plan. Each of the 2015-2019 CHIP indicators are evaluated below and grouped as those showing *improvement (green)*, *no change (yellow)*, or *worsening (red)* since the initiation of the current CHIP (for more information on any indicator, please see HealthyNashville.org).

2.B.1. GREEN: CELEBRATING IMPROVEMENTS IN HEALTH AND WELL-BEING

INDICATORS SHOWING IMPROVEMENT



Percent of workers commuting by public transportation^{1,5}

2013		2015
2.1	➔	2.3

↑ 9.5%

{Maximize Built/Natural Environments}

Domestic violence incidents³
rate per 1,000 population

2013		2016
16.4	➔	14.9

↓ 10.1%

{Support Mental/Emotional Health}

Percent of low-income renters spending 30%+ of household income on rent^{1,2}

2013		2016
50.3	➔	45.8

↓ 9.8%

{Health Equity}

Annual ozone air quality⁴
Grade provided by American Lung Association

2013		2015
5.0	➔	3.0

↓ 66.0%

{Maximize Built/Natural Environments}

Data notes:

- 1 Source: American Community Survey
- 2 Indicator, maintained by Conduent Healthy Communities Institute, is a measure of financial hardship and can account for disparity in disposable income available to support health. This indicator is the average over a five year period (moving average) for Davidson County (e.g., 2009-2013, 2012-2016)
- 3 Source: Tennessee Bureau of Investigation
- 4 Source: data provided by Conduent Healthy Communities Institute and is based on the average annual number of days ozone levels exceeded U.S. standards during the three year measurement period. The five-point grading scale was used for the distribution (Green = <2; Yellow = 2 - 3; Red = >3)
- 5 Workers over the age of 16 years who commute to work via public transportation

Several community initiatives popped up as a result of our previous CHIP. Specifically, the city of Nashville’s concerted effort to increase public transportation use by workers. Metro Transit Authority (MTA) developed a program called *Easy Ride* that allows employers to purchase transit pass cards for their employees. This encourages employees to use the Metro bus system to/from work trips as well as trips during the work day. The program expanded to include trips on Regional Transportation Authority (RTA) vehicles including vanpools

and the Music City Star train. This program allows employers to pay up to \$130 per month for their employees' transit expenses. This payment is a pre-tax benefit just like medical, dental and 401(k).

Workers using this transit option assist in reducing the number of vehicle trips and can use the transit time for other uses, such as reading or working; allowing them to arrive at work in a less stressed state. Walking to transit helps people meet their daily recommended physical activity. People who walk to transit in large urban areas with a rail system are 72% more likely to transit walk 30 minutes or more per day than those without a rail system.¹¹

Walk Bike Nashville offers to local businesses the *Travel Green* program that provides education to help grow the walking and biking culture. They work with businesses to provide information and guidance on expanding their active transportation culture through Lunch-and-Learns and promoting an active transportation culture within the business.

Metro Public Health Department (MPHD) promoted the physical health and welfare of the public by protecting and enhancing the quality of the ambient air in Nashville. MPHD's Air Pollution Control Division collaborates with commercial and industrial sources to utilize air pollution control technologies and work practices. Continuous inspections guarantee control measures remain in place. Additionally, MPHD's *Vehicle Inspection Program* ensures registered vehicles meet allowable emission standards. Owners with vehicles that are unable to pass inspection are required to repair the vehicles or remove them from the fleet. As these cars are replaced with newer vehicles, emissions continue to trend downward.

Nashville Organized for Action and Hope (NOAH) is a multi-racial, interdenominational faith led coalition comprised of congregations, community organizations, and labor unions working to give voice to traditionally marginalized people in the Nashville community. They play a prominent role in community discussions of economic equity, jobs and affordable housing. They were instrumental in advocating for Metro Council creation of the Ad-Hoc Affordable Housing Committee. The committee heard testimony from the Healthy Nashville Leadership Council (HNLC) on the health benefits of mixed-income housing during the Council deliberations on the Inclusionary Zoning Ordinance. Health language from the position paper and testimony was included in the approved ordinance.

NOAH and other community organizations continue to monitor affordable and safe housing in Nashville/Davidson County as the effects of gentrification become more prominent every day. Weather, in the form of high temperatures and low humidity, is a large contributor to ozone formation. At the initiation of our 2015-2019 CHIP, we experienced an exceptionally warm and dry summer in 2012. The 2013-2015 data returned Davidson County to levels last seen in 2009-2011. The nearly 70% decrease is largely a function of removing 2012 from the 3-year average calculations.

2.B.2. YELLOW: HAVE LOCAL EFFORTS INFLUENCED POPULATION BASED HEALTH ESTIMATES?

Walk Bike Nashville is leading the effort in Nashville to increase workers who bike or walk to work. One way is through their free bicycle education program, Walk Bike University. The workshops provide information on bicycle skills, bicycle maintenance, pedestrian advocacy, and various other bicycle and pedestrian issues. This knowledge is important in increasing the number of bicyclists and pedestrians in our community.

Each of these workshops is led by a bicycle instructor who is certified through the League of American Bicyclists. Walk Bike Nashville offers the training for volunteers. The percent of workers who bike to work is too small to detect a significant difference.

INDICATORS SHOWING NO CHANGE



Income inequality^{1,7} (GINI coefficient)

2013	2016
0.476	0.481

↑ 1.3%
{Health Equity}

Workers who BIKE to work¹

2013	2015
0.3	0.2

↓ 50.0%*

{Maximize Built/Natural Environments}

Families experiencing severe housing problems^{6,8}

2013	2017
18.2	18.2

No change
{Health Equity}

Workers who WALK to work¹

2013	2015
1.9	2.0

↑ 5.3%

{Maximize Built/Natural Environments}

Data notes:

- 6 Source: County Health Rankings
 - 7 Indicator ranges from 0 to 1, with the higher index indicating higher income inequality, defined as one person has all the income and others have none.
 - 8 Indicator measures households with at least one of the four housing problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities.
- * Small estimates yielding unstable difference estimates

The GINI coefficient is the most commonly used income inequality indicator. Researchers claim this measure may be sensitive to specific changes. For example, extreme changes in the middle of the income distribution (between 0.4 and 0.6) may be harder to detect and interpret than small changes in the lower or upper part of the income distribution.¹² Several other measures of income inequality exist, such as the Atkinson index, that offer more meaningful understanding of differences in income inequality changes over time.¹³

Definition – Gini Index

The Gini index measures the extent to which the distribution of income (or, in some cases, consumption expenditure) among individuals or households within an economy deviates from a perfectly equal distribution. (OECD)

Distribution of family income - Gini index measures the degree of inequality in the distribution of family income in a country. The more nearly equal a country's income distribution, the lower its Gini index. (CIA World Factbook)

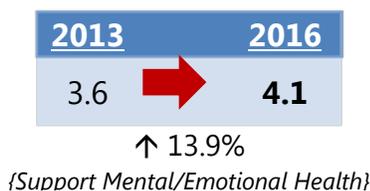
The housing indicator, families experiencing severe housing problems, showed no change during the CHIP period – quite different compared to the other housing indicator (see page 8). With the work of **NOAH** and other community organizations, residents experiencing overcrowding, high housing costs and lack of kitchen or plumbing facilities did not experience the same improvement. A hypothesis for this finding could be that one indicator measure is more sensitive to gentrification and quality of housing compared to income to rent ratio.

II.B.3. RED: STILL WORKING TO IMPROVE HEALTH IN DAVIDSON COUNTY

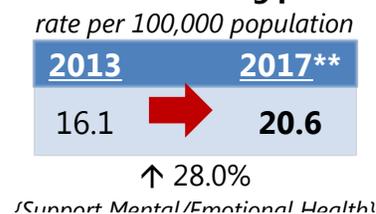
**INDICATORS
SHOWING
WORSENING**



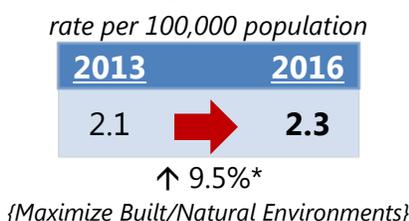
Reported child abuse cases⁹



Death rate due to drug poisoning¹⁰



Pedestrians involved in accidents¹¹



Data notes:

9 Source: Annie E. Casey Foundation

10 This indicator is the average over a five year period (moving average) for Davidson County (e.g., 2011-2013, 2014-2016)

11 Source: Mortality File, Davidson County – provided by Tennessee Department of Health

** 2017 estimates are provisional data, Metro Medical Examiner’s Office, analyzed by the Division of Epidemiology, MPHD.

ACE Nashville – Adverse Childhood Experiences

Indicators listed in this section have worsened since the initiation of the 2015-2019 CHIP. Nevertheless, community work is ongoing to address these indicators. For example, Nashville began work regarding Adverse Childhood Experiences (ACEs). *ACE Nashville*, a collective impact group, was formed in September 2015 in response to the 2015-2019 CHIP and as a public health response to childhood adversity.

The mission of ACE Nashville is to prevent and mitigate the lifelong impact of childhood adversity, which will improve the safety, health and prosperity of our community. Their vision is for Nashville, and Tennessee, to be a safe, stable, and nurturing community for all. Workgroups focus on strengthening trauma-informed care and services, advocating for policy changes to prevent and mitigate ACEs, empowering families and communities to promote resilience, and improving health, academic, and economic outcomes for children and adults through shared data, continuous quality improvement and collective impact.

ACE Nashville partnered with MPHD and the HNLC to plan and host the 2016 and 2017 Healthy Nashville Summits, focused on ACEs. They have also been instrumental in increasing the number of public health system partners and employees promoting the application of trauma-informed care within their organizations. Additionally, the *Davidson County Child Fatality Team* (CFR) continues to meet monthly, as mandated by law, reviewing all deaths in children under the age of 17 years. The CFR Team’s goal is to identify modifiable conditions that can prevent additional child deaths.

Opioid Crisis

Davidson County, MPHD and the state of Tennessee have taken a proactive stance on the opioid crisis. Like many counties, Davidson County experienced an increase in drug overdoses and death. According to the Tennessee Department of Health Drug Overdose Dashboard, Davidson County saw a 74% increase in the opioid overdose mortality rate (14.0 per 100,000 – 2013; 26.0 per 100,000 – 2016), compared to the state increase of 53.4%.¹⁴ MPHD hired a full-time staff member to examine the problem and assist the community in developing a plan to address the crisis.

Traffic and Pedestrians

Metro Public Works proactively addressed Nashville intersections that have posed the most problem for pedestrians. New traffic patterns were implemented in several of areas including “The Scramble” on lower Broadway; all vehicle traffic stops to allow pedestrians time to cross the streets before resuming vehicle flow. In other hot spots, additional traffic signals have been put in place where roads are prone to pedestrian crossings. Many changes are recent and will take time to detect a change in this indicator.

II.B.4. HOW TO MEASURE CHANGE WHEN DATA IS UNAVAILABLE

INDICATORS SHOWING....



Indicator	Estimate
People experiencing homelessness	36.3 ¹² per 10,000 population
Land used for farming	-16% ¹³
Adults with mental illness	20.4% ¹⁴
Dependence/abuse of illicit drugs or alcohol	8.3% ¹⁴

Data notes (for more information, see www.HealthyNashville.org):

- 12 Source: US conference of Mayors, 2014 is the most recent data. Estimate represents count of homeless individuals on a selected night in January of specific year.
- 13 Source: Department of Agriculture represents percentage change in acres of land used for farming purposes in the community over the last five years. Latest data available is 2012.
- 14 Source: National Survey on Drug Use & Health, SAMHSA. Latest available data is 3 year interval estimate, 2012-2014

Data

One of the core functions of public health is to monitor the health status of local populations. Public health data drive local program, fiscal and policy decision making. Data sources for four of the 17 indicators did not provide recent estimates at the local level. Without access to local data, it is impossible to track change – positive or negative. At the initiation of the CHIP, the selected data sources provided information on an annual basis. For example, the percentage of adults with mental illness and adults who dependent/abuse illicit drugs or alcohol were estimated from the National Survey on Drug Use and Health (NSDUH), sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Each year SAMHSA would calculate an

estimate for the Davidson County region (including the 10 surrounding counties) using small area estimation techniques. In 2014, SAMHSA stopped providing these estimates.

Although there are other data sources that estimate mental illness and substance dependency at the local or county level, utilizing the same data source to monitor an indicator is critical. This consistency allows for comparability across multiple years and across jurisdictions (e.g., comparing our county to another like-size county). While we are unable to measure progress for these four measures, we learned to select multiple data sources for an indicator in our upcoming CHA/CHIP, ensuring better and consistent tracking of progress. Annual updates on the objectives and associated indicators are available on www.healthynashville.org.

III. Conclusion

MPHD and its community partners gained insight during the 2015-2019 CHA-CHIP process and the evaluation of indicators. We learned more could be accomplished when we work together and less is not necessarily more when it comes to data. The current CHA process, *Healthy Nashville Health Improvement Partnership: Mapping Strategies for Nashville's Health* is in the *Organizing* phase (see Figure II.4). Visioning activities are underway at the time of writing this chapter for the Community Needs Evaluation. A complete calendar of assessments is planned for 2018 and can be found on www.healthynashville.org.

Community members are encouraged to participate in as many assessments as possible. Assessment results will guide the community health improvement plan (CHIP).

Community partners involved in this effort will create implementation plans aligned with their organization mission; however, all will address the same priority issues revealed through the assessment process. Implementation plans will be developed in 2019 with implementation to begin in 2020. Full reports as well as data estimates will be posted on the healthynashville.org website – stayed tuned for more local health data!



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Housing

Key Findings

- Nashville has been rated by gobankingrates.com as the city whose cost of living has increased most rapidly of 50 largest cities examined, primarily due to housing costs.
- An indicator of the tight real estate market is that homeowners valued their homes 23% higher in 2016 than in 2015.
- Both owner and renter vacancy rates decreased from 2015-2016, continuing a trend since 2010.
- The number of units for which building permits were issued for multi-family buildings with five or more units increased from 2015-2016. There were increases in the unit numbers of 1-unit attached and detached dwellings, 5-9 unit buildings, and 20+ unit buildings.
- In 2016, 22% of owners and 43.7% of renters were cost burdened, paying more than 30% of household income for rent and utilities – 90,531 Davidson County households are cost burdened.
- In 2016, the estimated housing wage for Davidson County was \$18.44, which would have required working two and one-half minimum wage jobs to avoid paying more than 30% of income for housing.
- Continuing a trend since July 2013, Housing and related expenses topped the needs requested by Metro Social Services clients in Calendar 2017 (89.1% January-September). During the same nine-month period, 75.1% of Metro Social Services clients surveyed indicated a need for Case Management/Counseling.
- Data analyzed by Arch Mortgage Insurance Company led them to predict that home prices would fall in two years in the Nashville MSA.
- For the third year in a row, accounting firm PwC ranked Nashville among the top ten U.S. real estate markets.

It is hard to argue that housing is not a fundamental human need. Decent, affordable housing should be a basic right for everybody in this country.

The reason is simple: without stable shelter, everything else falls apart.

Evicted: *Poverty and Profit in the American City*, 2016 [Pulitzer Prize]

Introduction

This Housing section provides data about housing needs, including local housing demographics and trends, surveys of need, housing market data, barriers to affordable housing, etc. Unless noted, American Community Survey 1-year estimates were used because they are appropriate for multi-year comparisons. The Census Bureau explains when to use 5-year and 1-year estimates online.

<https://www.census.gov/programs-surveys/acs/guidance/estimates.html>

Housing is increasingly expensive in Nashville. An August 2016 blog, *Housing Perspectives* from the Harvard Joint Center for Housing Studies, examined the uneven housing recovery among U.S. Metro areas. The Nashville metro statistical area (MSA) housing market prices are shown to have increased at or above the mid-2000s peak. The article indicates that the Nashville area 2016 current home prices had grown over 90% more than prices in 2000. Arch Mortgage Insurance Company (Arch MI) published *Housing and Mortgage Market Review* in Fall 2017. The article explains the methods used to determine that the hottest housing markets, including the Nashville-Davidson–Murfreesboro–Franklin MSA, would remain strong through 2018. However, it predicts a 35% probability that home prices will fall here in two years, due to housing prices increasing faster than incomes. The article includes other housing and employment data and predictions.

Increasing housing costs have outstripped wages in Davidson County. Online personal finance resource company gobankingrates.com studied the 50 biggest cities in the U.S. to determine how much money would be needed to “live comfortably”. Of the ten cities where they ranked the cost of living as rising most rapidly, Nashville was number one. GoBankingRates’ *The Cost of Living is Quickly Rising in these U.S. Cities* (June 19, 2017) and *You’ll Need This Much Money to Live Comfortably in the 50 Biggest Cities in America* (April 5, 2017) stated that a salary of \$70,150 would be needed to live comfortably, an increase of \$9,135 from 2016-2017. The article claims that this is primarily due to the increase in the cost of housing.

<http://housingperspectives.blogspot.com/2016/08/what-explains-uneven-recovery-in-house.html>

https://mi.archcapgroup.com/Portals/1/Documents/hammr/HaMMR_Fall2017.pdf

<https://www.gobankingrates.com/saving-money/cities-cost-living-rising-fastest/11/>

<https://www.gobankingrates.com/making-money/money-live-comfortably-biggest-cities-2017/>

<https://create.piktochart.com/output/25901135-october-2017-greater-nashville-market-data>

Additional Information:

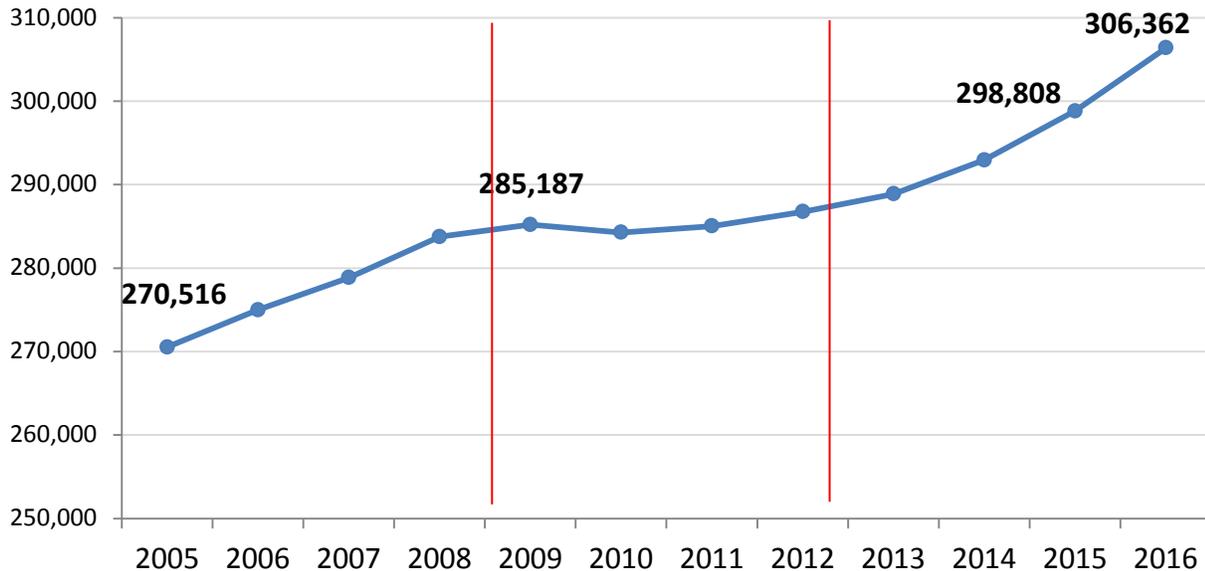
- RealPage *Top Markets for Quarterly Completions in 3Q 2017* – discusses multifamily construction in the 100 largest Metro area markets, including Nashville. <https://www.realpage.com/mpf-research/top-markets-quarterly-completions-3q-2017/>
- PwC *Emerging Trends in Real Estate® Outlook for 2018* indicated that Nashville is in the top ten real estate markets for the third year in a row, moving from sixth to ninth position. <https://www.pwc.com/us/en/asset-management/real-estate/emerging-trends-in-real-estate.html>
- Blog sites of interest: <https://www.urban.org/urban-wire>, <https://citiesspeak.org/category/housing/>, <https://www.livingcities.org/blog/>, <http://www.nhcopenhouse.org/>



Housing Demographics

Chart H-1 shows the number of housing units, both occupied and unoccupied, in Davidson County by year. The Census Bureau’s American Community Survey (ACS) estimated that there were 306,362 total housing units in 2016. This is an increase over 2015. Census housing units include not only single-family homes but also units in multi-family buildings and other kinds of housing if occupied as someone’s usual place of residence.

Chart H-1: Number of Housing Units
Davidson County, 2005-2016



Source: 2016 American Community Survey Table B25001

Housing types in Davidson County by percentage are shown in the table below. There were increases in 1 unit, 5-9 unit, and 20+ unit buildings from 2015-2016. There was a decrease in 10-19 unit buildings.

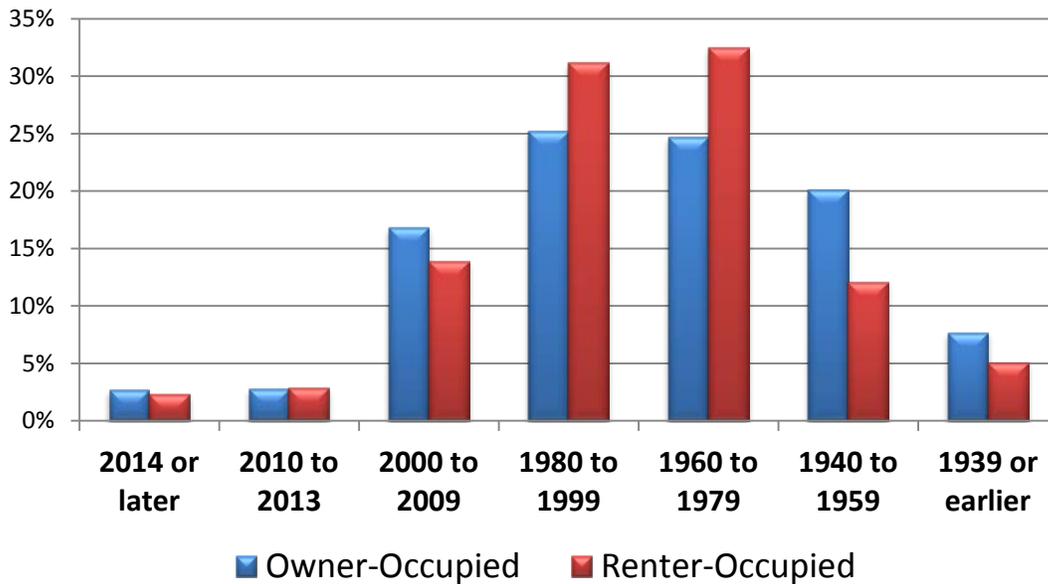
Table H-1: Housing Units by Type
Davidson County, 2011-2016

	2012	2013	2014	2015	2016
1-unit, detached	53.0%	54.0%	53.0%	52.6%	53.1%
1-unit, attached	8.0%	8.0%	8.0%	6.2%	7.0%
2 units	5.0%	5.0%	7.0%	5.8%	5.7%
3 or 4 units	4.0%	4.0%	3.0%	3.8%	3.8%
5 to 9 units	8.0%	7.0%	6.0%	6.8%	7.2%
10 to 19 units	10.0%	10.0%	9.0%	10.8%	8.5%
20 or more units	11.0%	11.0%	13.0%	12.5%	13.3%
Mobile home	2.0%	2.0%	1.0%	1.4%	1.3%

Source: 2016 American Community Survey Table DP04

Chart H-2 shows the age of the housing stock in Davidson County in 2016, according to the 2016 American Community Survey. Approximately half of both the owner-occupied and the renter-occupied housing were built in 1979 or before (38 years old or older in 2017), supporting the need for affordable housing preservation.

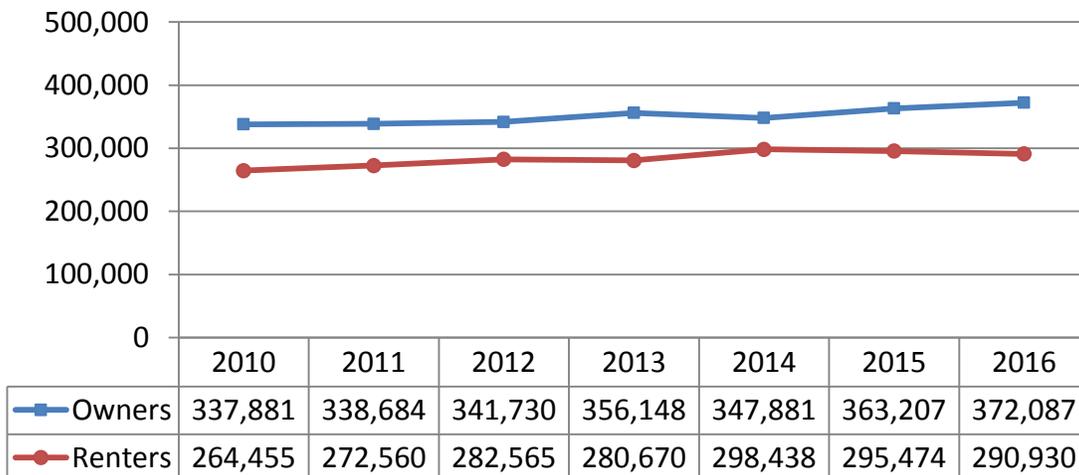
Chart H-2: Age of Housing Stock by Year Built
Davidson County, 2016



Source: American Community Survey Table S2504

Ownership began increasing again from 2014 to 2016, while renting declined in the same period. Some see this recent trend as indicative of Millennials buying starter homes, many in the suburbs. The owner and renter population in occupied housing is shown in Chart H-3.

Chart H-3: Population in Occupied Housing Units – Owners and Renters
Davidson County, 2010 – 2016



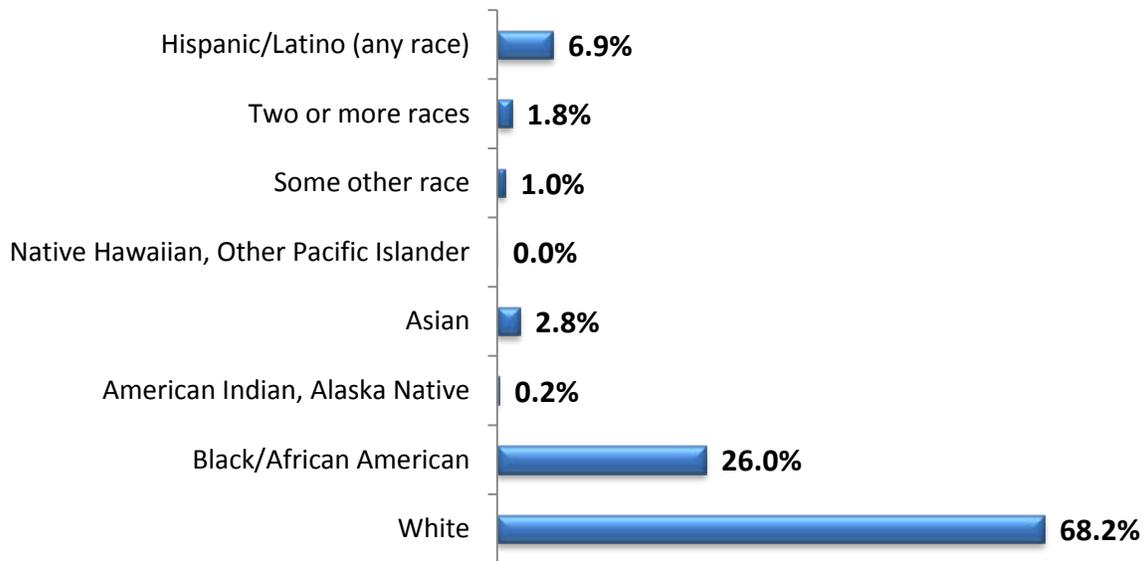
Source: 2016 American Community Survey Table B25008

According to the 2016 American Community Survey, of the 306,362 total housing units in Davidson County, 281,967 (92%) were occupied. There were 150,725 (53.5%) owner-occupied units and 131,242 (46.5%) renter-

occupied units. Chart H-4 shows the number of householders by race. The Black/African American and White races comprise 94.2% of the householders Davidson County.

Chart H-4: Householder by Race and Hispanic/Latino Ethnicity

Davidson County, 2016



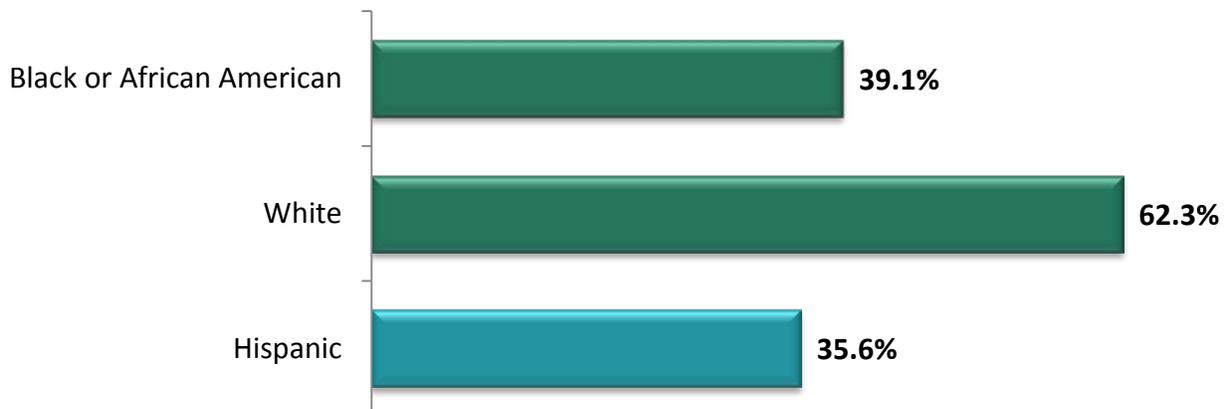
Source: 2016 American Community Survey Tables B25006

For simplicity, the largest two racial categories are provided in some charts because the combination of the Black or African American and White populations comprises 92.0% of Davidson County's total population. The Hispanic ethnicity is 10.1% of Davidson County's population, with the remaining 89.9% non-Hispanic/Latino.

Charts H-5 shows the rate of homeownership is significantly lower for the Black/African American race and the Hispanic ethnicity than it is for the White race. Homeownership is widely acknowledged as the way most families accumulate wealth through equity and transfer wealth to other generations.

Chart H-5: Homeowners by Race/Ethnicity

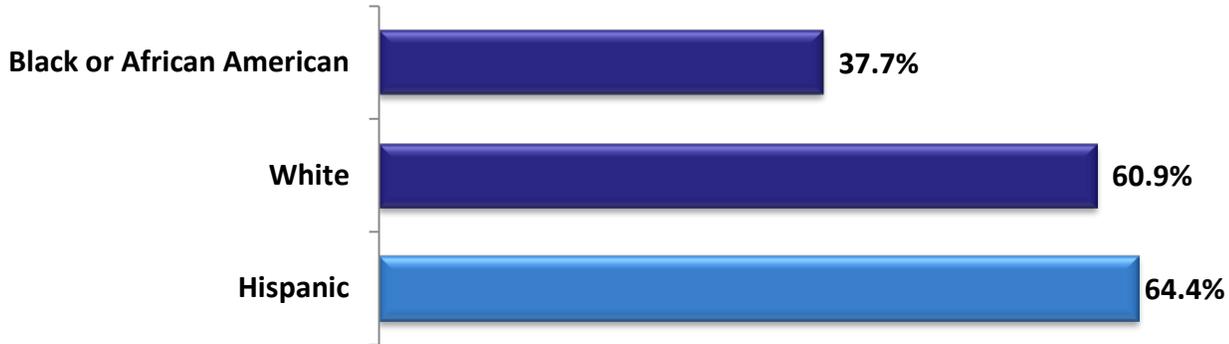
Davidson County, 2016



Source: 2016 American Community Survey

Chart H-6 shows that the Black or African American race and the Hispanic ethnicity rent at a much higher rate than the White population. By renting, families neither accumulate wealth through equity nor acquire property that could be passed to the next generation.

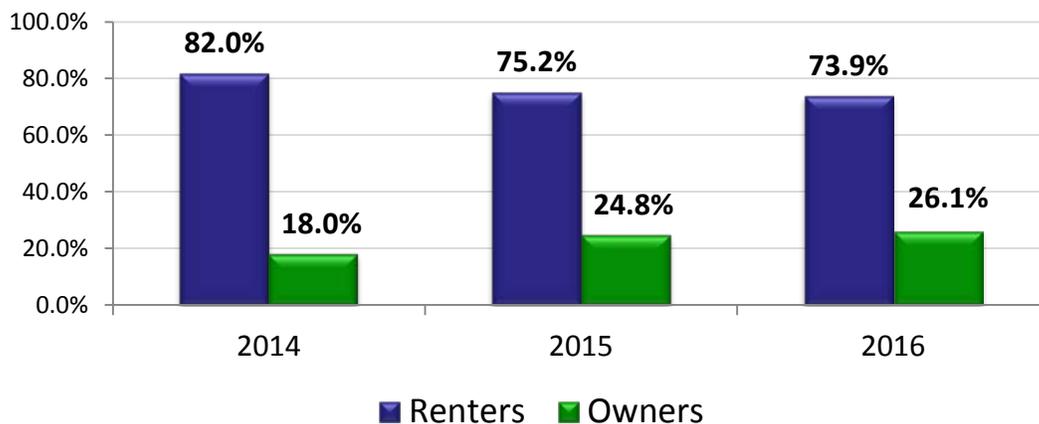
Chart H-6: Renters by Race/Ethnicity
Davidson County, 2016



Source: 2016 American Community Survey

Of Davidson County family households below poverty, the great majority were renters 2014-2016, as shown in Chart H-7. The percentage of renters in poverty declined during this period while the percentage of owners in poverty rose.

Chart H-7: Tenure of Families in Poverty
Davidson County, 2014-2016



Source: 2016 American Community Survey, Table B17019

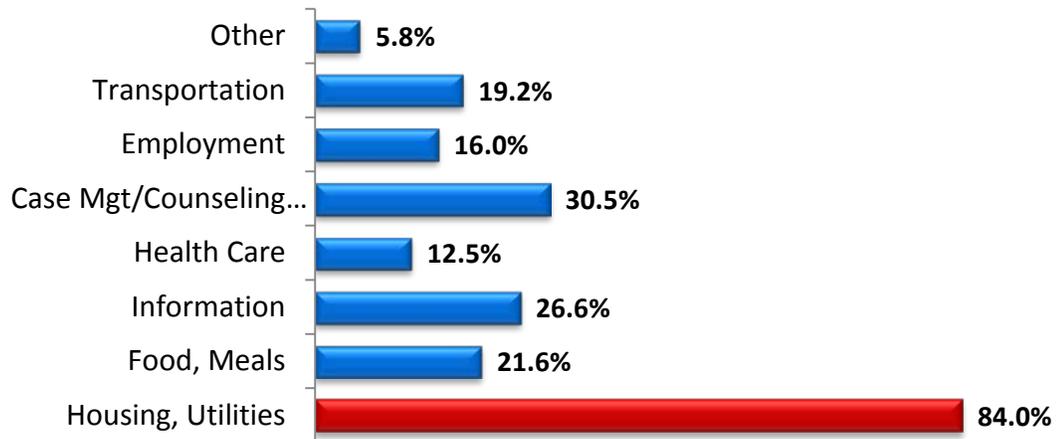
Housing Need

Clients who come to Metro Social Services (MSS) are asked to indicate their needs on a short anonymous checklist of service categories. From survey inception July 2013 through October 2017, 4,384 clients responded to this reception desk survey. Of those respondents, 3,682 (84%) checked the Housing and Related Expenses category, indicating that category as one of their need areas, 1,336 indicated a need for Case Management/Counseling help, and 1,168 wanted information about other agencies or benefits. Chart H-8

shows the percentages of people choosing each need category. The percentages total more than 100% because respondents could choose more than one category.

Chart H-8: MSS Front Desk Survey of Client Needs

Davidson County, July 2013 – October 2017

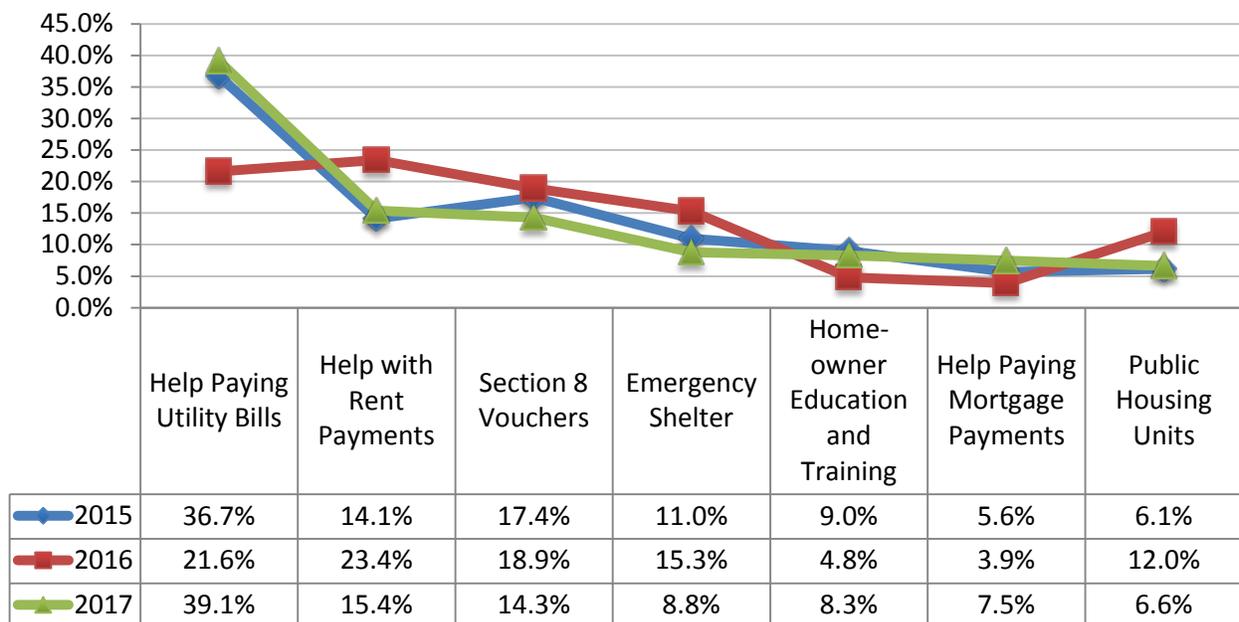


Source: Metropolitan Social Services

Each year since 2010, Housing and Related Expenses has been one of the top two need categories identified by people in the MSS Grassroots Community Survey. Respondents in 2015 and 2017 indicated a need for help with utility bills, (such as LIHEAP from Metropolitan Action Commission). This is likely because most respondents were MAC clients, and in 2017, all respondents were MAC clients. Chart H-9 shows the percentage of respondents selecting each housing need category.

Chart H-9: Grassroots Community Survey Ranking of Housing Needs

Davidson County, 2015-2017



Source: Metropolitan Social Services, 2017 Grassroots Community Survey

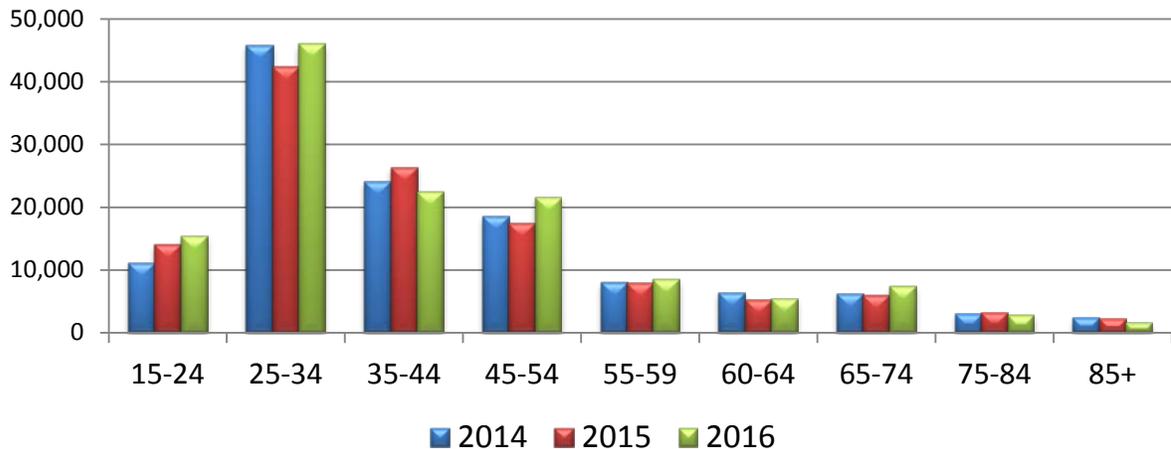
Housing Market

A Pew Research article in July 2017 titled *More U.S. households are renting than at any point in 50 years* states that the number of U.S. households that rent increased from 31.2% in 2006 to 36.6% in 2016, near the high of 37% in 1965. Pew also states that in 2016, 65% of the nation's households headed by people under age 35 are rental households.

<http://www.pewresearch.org/fact-tank/2017/07/19/more-u-s-households-are-renting-than-at-any-point-in-50-years/>

Chart H-10 shows the number of renter occupied units by age of renter, with the greatest number being ages 25-34.

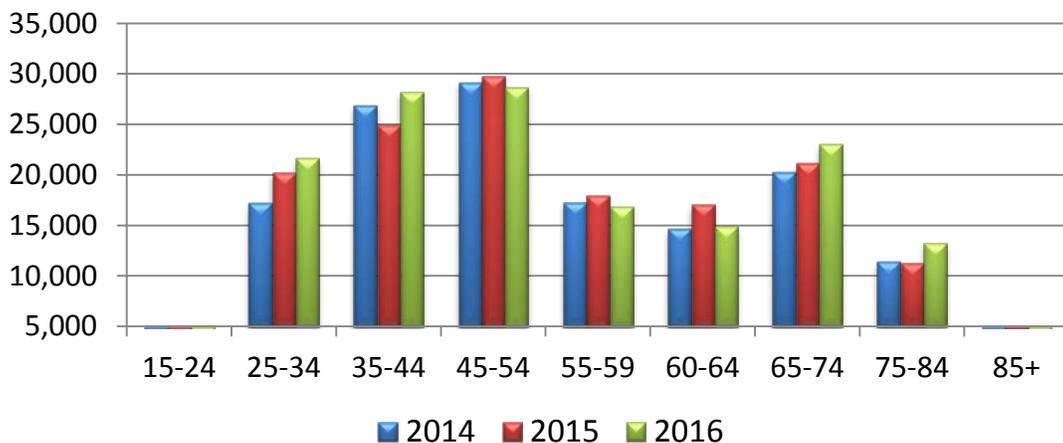
Chart H-10: Renter Occupied Units by Age Range of Renter
Davidson County, 2014-2016



Source: 2016 American Community Survey Table B25007

Chart H-11 shows the number of units owned units by age range of owner for 2014-2016. Owned units by residents age 25-44 and ages 65-84 increased in 2016. Some Millennial residents may be buying their first homes and older homeowners may be downsizing.

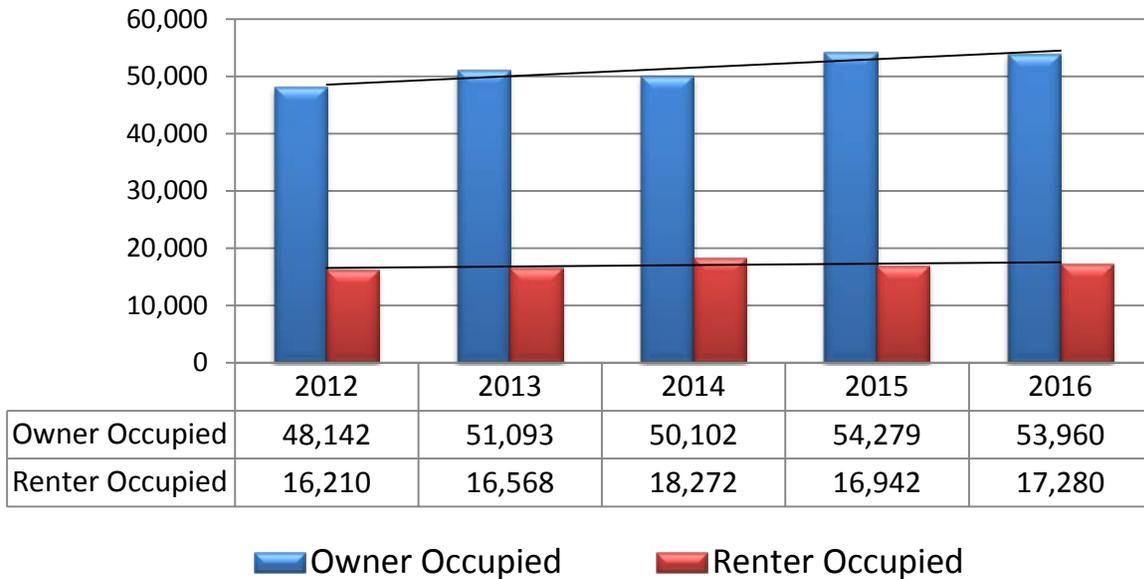
Chart H-11: Owner Occupied Units by Age Range of Owner
Davidson County, 2014-2016



Source: 2016 American Community Survey Table B25007

Chart H-12 shows that from 2012-2016, the share of units rented by people age 60 and over increased slightly, and the share of units owned increased by 5,818.

Chart H-12: Number of Units Rented and Owned by Residents Age 60 and Over
Davidson County 2012-2016



Source: 2016 American Community Survey Table B25007

The Need for Affordable, Accessible, & Service Enriched Housing for Older Adults, THDA, May 2017.

<https://s3.amazonaws.com/thda.org/Documents/Research-Planning/Research-Publications/Older-Adult-Housing-Report.pdf>

There is strong competition among buyers that keep home prices high and out of reach of many potential homeowners. There are various explanations proposed for the shortage of housing units for sale, including continued purchases of single-family homes by investors for the rental market and owners who still owe more on their mortgages than the price the sale of their homes would bring. Other factors include the number of homes off the market in foreclosure and lack of new construction and inventory, especially for affordable housing units such as starter homes.

The Nashville area housing market continued to be attractive to investors and developers because of the tight house market and high rents. In July 2017, Ten-X, an online real estate marketplace, published a report of the top single-family housing markets from its ranking of the top fifty in the U.S. Nashville ranked number one followed by Orlando, Fort Worth, Dallas, and San Antonio. The report shows Nashville's year-over-year home price growth was 11.9% with a home sales growth in the same period of 7.4%.

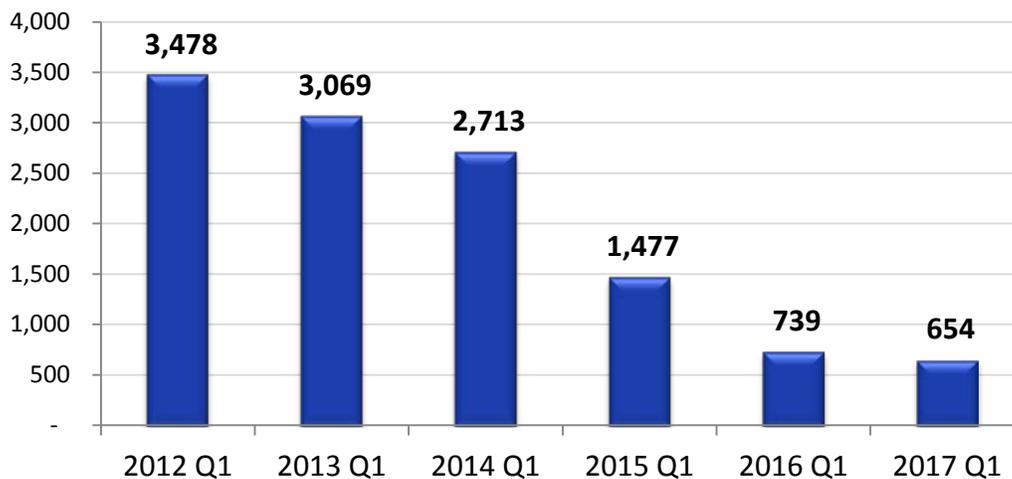
In the market highlights section, Ten-X states that prices have improved over twenty consecutive quarters, increasing almost 12% over the past year, almost 40% more than the prior peak. Part of the upward pressure on housing cost is the increase in population, which the report states was almost three times the U.S. rate.

<https://mediaroom.ten-x.com/2017-07-11-Cities-in-Tennessee-Florida-and-Texas-Top-Ten-Xs-List-of-Summers-Hottest-Single-Family-Markets>

In a March 2017 online article *U.S. Home Inventory Hits Record Low Since Housing Market Began Turnaround In 2012*, online real estate resource company Trulia indicated that the Nashville housing market inventory experienced a 66.6% decrease from quarter one 2012 to quarter one 2017. The report indicated that Nashville is among the ten hottest housing markets in the U.S. and that the housing stock is not enough supply for the increasing demand. Factors inhibiting supply in Nashville’s market include increased labor cost, increased material cost, high land cost, and increased population.

Trulia’s *Inventory and Price Watch* provides information about existing starter homes (marketed by lower price and smaller size specifications to suit the requirements of first-time homebuyers). Chart H-13 shows their data for the Nashville MSA, with an 81% decrease in ‘starter’ home inventory.

Chart H-13: Starter Home Inventory
Nashville MSA, Quarter 1, 2012 – Quarter 1, 2017



[http://info.trulia.com/download/Trulia InventoryPriceWatch 100Metro Mar2017.xlsx](http://info.trulia.com/download/Trulia%20InventoryPriceWatch%20100Metro%20Mar2017.xlsx)

<http://info.trulia.com/2017-03-22-Trulia-U-S-Home-Inventory-Hits-Record-Low-Since-Housing-Market-Began-Turnaround-In-2012>

Additional information:

- Housing trends and data may found at the CoreLogic Insights Blog: <http://www.corelogic.com/blog>. For a one-time registration to access all CoreLogic Research downloads, go to http://www.corelogic.com/about-us/researchtrends/homeowner-equity-report.aspx?WT.mc_id=pbw_170921_qcwAI#.WcqKU02WxnI
- *Housing Market Profiles*, Nashville-Davidson–Murfreesboro–Franklin, HUD Office of Policy Development and Research (PD&R), <https://www.huduser.gov/portal/periodicals/USHMC/reg//Nashville-HMP-March17.pdf>
- *Tuition, Jobs, or Housing: What’s Keeping Millennials at Home?* New York Federal Reserve, Staff Report No. 700, November 2014, Revised July 2017. https://www.newyorkfed.org/medialibrary/media/research/staff_reports/sr700.pdf

An August 2017 two-part article, *The Housing Shortage Part I: Boomers Holding On To Inventory and Part II Starter Homes Disappear*, by Realtor.com®, stated that the U.S. housing market inventory is undergoing its worst shortage in 20 years. Using data from an online survey the company sponsored of 1,054 randomly selected U.S. homeowners, the report cites two reasons: “Boomers’ reluctance to sell and homes fitting current family needs”. The survey was specifically designed to investigate causes of the national housing inventory deficit.

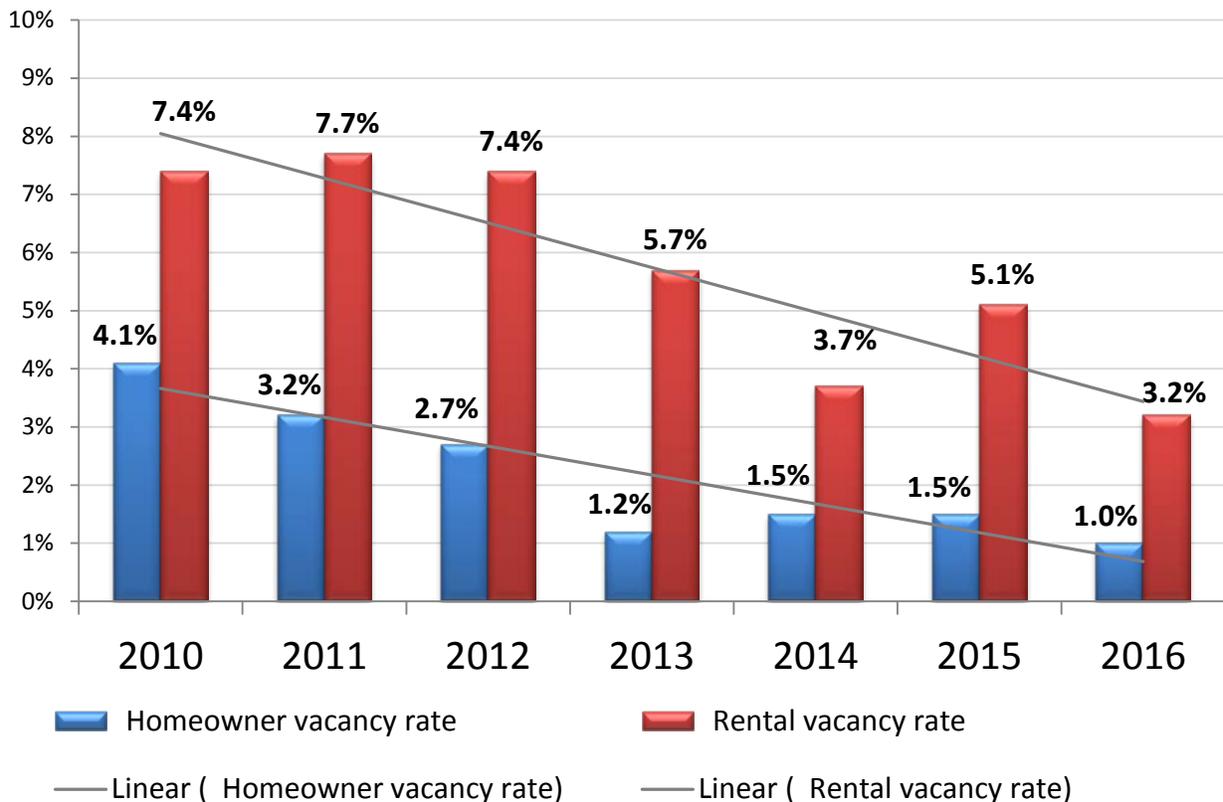
In *Housing Shortage Part II: Starter Homes Disappear*, Realtor.com® describes housing unaffordability by comparing incomes and home prices. It states that home prices have increased more than three times faster than income since 2011, and that median list prices have increased 48% at the same time. However, median household income only grew by 15%. Even though incomes grew early in the recovery, the gap with home prices/income gap was obvious after 2013.

<https://research.realtor.com/housing-shortage-boomers/>
https://research.realtor.com/housingshortage_starterhomes/



Chart H-14 shows that vacancy rates decreased for both owners and renters, meaning fewer units were available to those seeking housing. Renter vacancy rates declined more than owner vacancy rates from 2015 to 2016.

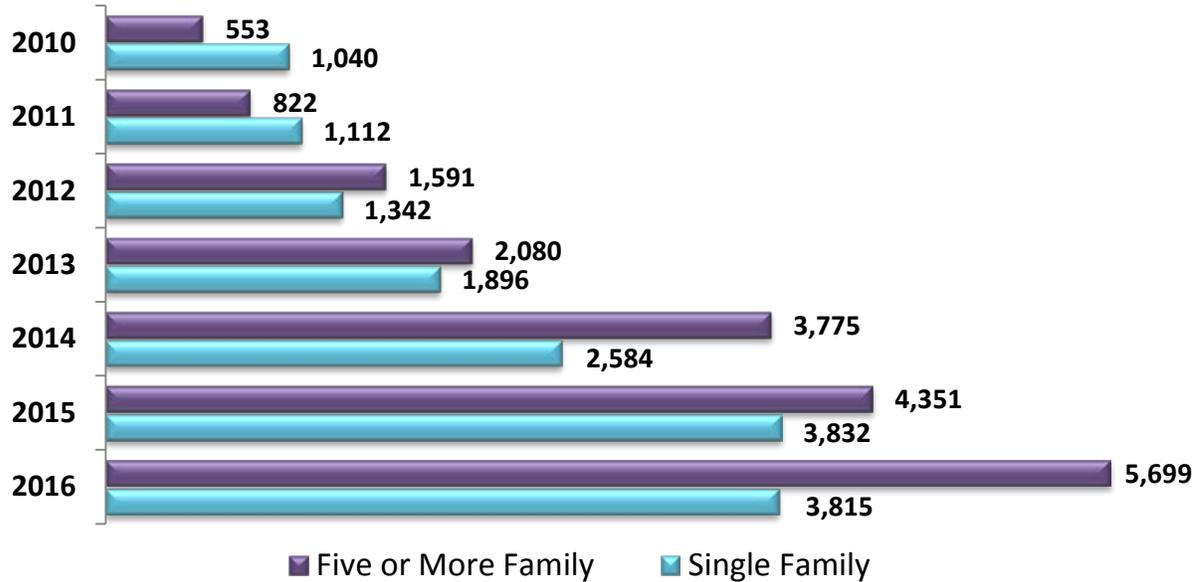
Chart H-14: Homeowner and Renter Vacancy Rates
 Davidson County, 2010-2016



Source: 2016 American Community Survey Table CP04

Building permits issued in Davidson County for five or more units increased in 2016 by 30.9% from 2015. Permits for single-family dwellings remained about the same. Chart H-15 shows the number of units for reported building permits issued in Davidson County for single-family dwellings and buildings with five or more units.

Chart H-15: Number of Units for Reported Building Permits Issued
Davidson County, 2010-2016



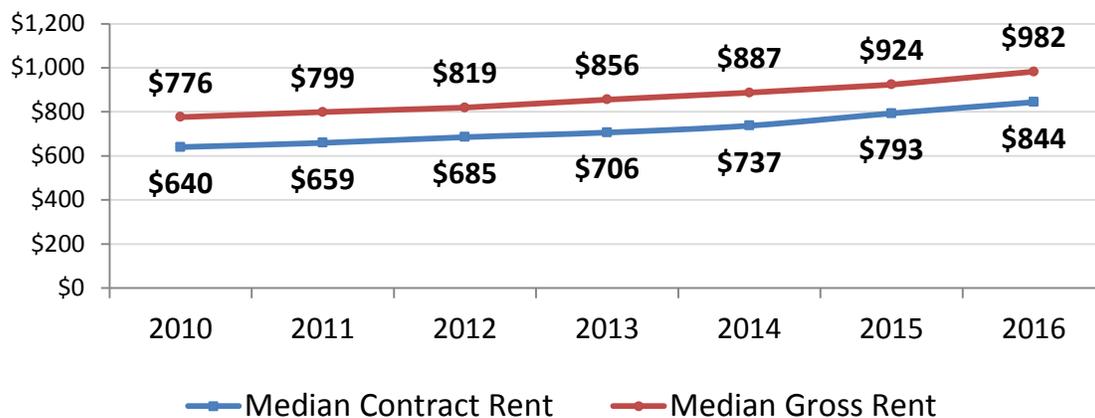
Source: U. S. Department of Housing and Urban Development <https://socds.huduser.gov/permits/index.html>

Current map information about Davidson county building permits by number issued, density by Council District, and permit type can be found online.

<https://data.nashville.gov/Licenses-Permits/Building-Permits-Issued/3h5w-q8b7>

Chart H-16 below shows the Contract and Gross rent paid by people in Davidson County in 2016. From 2010-2016, median Gross Rent increased by 26.5%. Chart H-19 shows actual Nashville rents, as calculated by RentJungle.com.

Chart H-16: Annual Median Contract and Gross Rent
Davidson County, 2010-2016



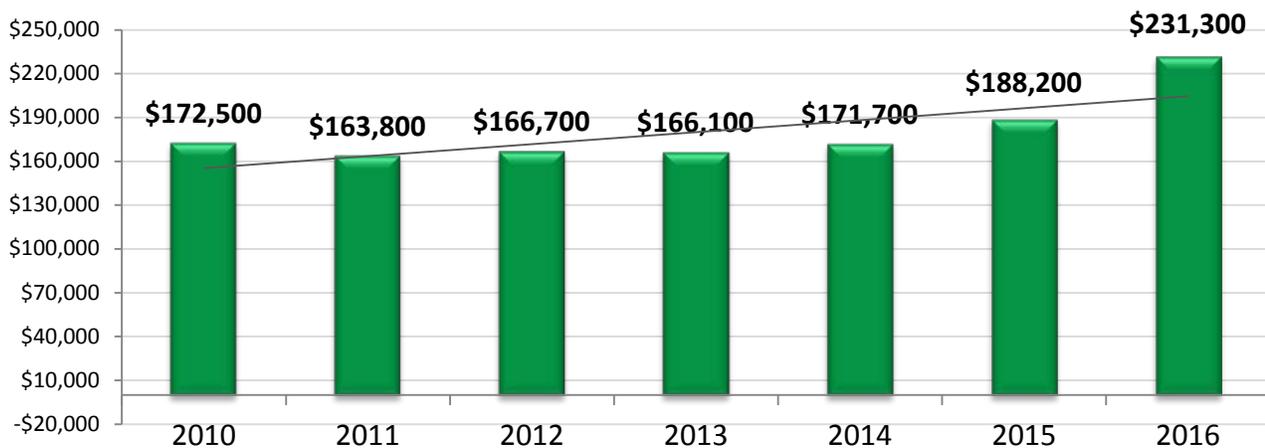
Source: 2015 American Community Survey Tables B25058, B25064

The Census defines **Contract Rent** as the “monthly rent agreed to or contracted for, regardless of any furnishings, utilities, fees, meals, or services that may be included”.

Gross Rent is the “amount of the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.), and is intended “...to eliminate differentials which result from varying practices with respect to the inclusion of utilities and fuels as part of the rental payment”.

The Census asks owners for owners’ estimates of the value of their homes. The Census definition is “Value is the respondent’s estimate of how much the property (house and lot, mobile home and lot, or condominium unit) would sell for if it were for sale. For vacant units, value was the price asked for the property.” Chart H-17 shows the valuation of homes in Davidson County from 2006 through 2016. The owners valued their homes 22.9% higher in 2016 than in 2015.

Chart H-17: Median Reported Home Values
Davidson County, 2010-2016



Source: 2016 American Community Survey Table DP04

Affordability Barriers

A Bureau of Labor Statistics article, *Spending Habits of Urban consumers and ‘Blue-collar’ Consumers Living in Urban Areas, 1984-2015* (January 2017, *Beyond the Numbers*) indicated that during this period, the Consumer Price Index-Urban for shelter in the U.S. increased, with rent increasing 24.8% and owner-equivalent-rent increasing 24.2%.

<https://www.bls.gov/opub/btn/volume-6/spending-habits-of-urban-consumers-and-blue-collar-consumers-living-in-urban-areas-1984-and-2015.htm>

Using data updated in April 2017, the Urban Institute calculated that there were 14 non-subsidized units for every 100 Extremely Low Income (ELI) renter households in Davidson County (ELI households have incomes at or below 30% of their area median income or the current poverty guideline).

http://apps.urban.org/features/rental-housing-crisis-map/?utm_source=iContact&utm_medium=email&utm_campaign=Urban%20Institute%20::%20Newsletter&utm_content=Urban+Update+05%2F04%2F2017
<http://nlhc.org/press/releases/7544>

In 2016, 90,531 Davidson County households were cost burdened, paying more than 30% of their income for housing expenses. Chart H-18 reflects the 33,170 owners and 57,361 renters identified as cost burdened by Census household income categories. In 2016, an estimated 22.0% of owners were cost burdened as were an estimated 43.7% of renters.

Chart H-18: Number of Cost Burdened Households by Tenure and Income
Davidson County, 2016



Source: 2016 American Community Survey Table B25106

The National Low Income Housing Coalition annual report titled *Out Of Reach* has extensive information about rental affordability and specifics for states, Metropolitan Statistical Areas, and counties. The 2017 report states that the 2-bedroom rental unit minimum Housing Wage for Davidson County was \$18.44, up from \$17.79 in 2016. The data about Davidson County is shown in Table H-3.

Table H-3: Income Needed to Rent a 2-Bedroom Unit
Davidson County, 2017

2016 FAIR MARKET RENT	\$925
Hourly Wage Needed	\$18.44
Annual Income Needed	\$38,360
Full-Time Jobs Needed	2.5
30% of AMI	\$20,610
Affordable Rent at 30% AMI	\$515

http://nlihc.org/sites/default/files/oor/OOR_2016_Housing-Wage-Map.pdf

http://nlihc.org/sites/default/files/oor/OOR_2015_FULL.pdf

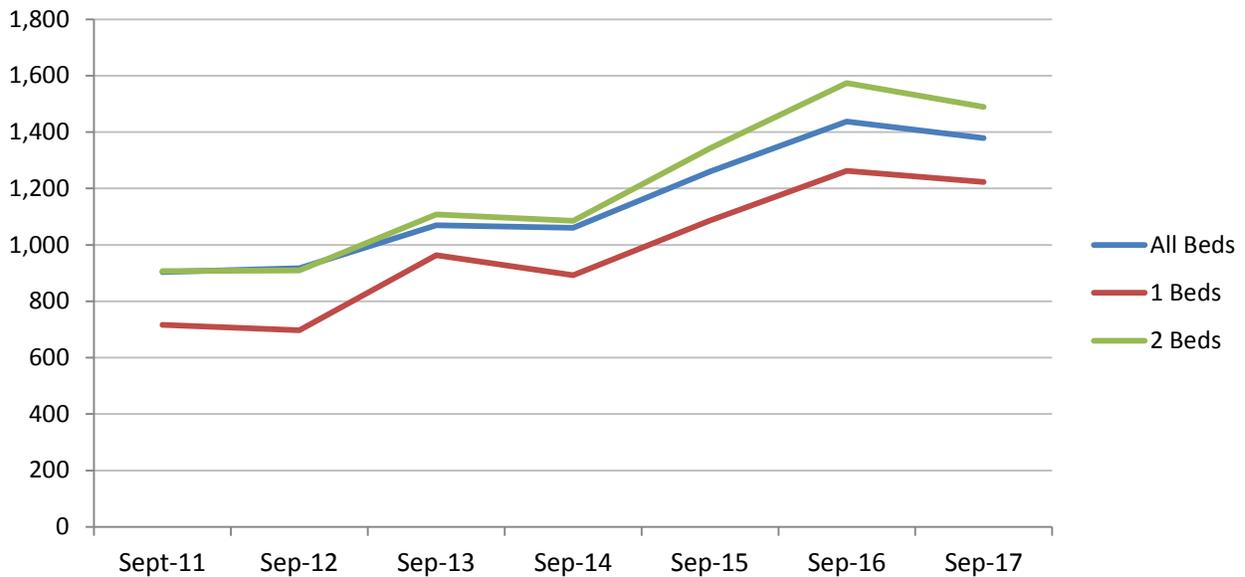
The National Low Income housing Coalition also publishes an interactive Housing Wage Calculator that gives the hourly and annual wage needed to afford monthly rent without paying more than 30%, and the number of work hours needed at minimum wage. The information is given for each state.

<http://nlihc.org/library/wagecalc>

Rentjungle.com (now called Rainmaker Insights) maintains rental market data of approximately 1 million listings geo-coded by latitude and longitude, claiming to collect data for about 80% of all listings in the U.S. Chart H-19 shows the rising Davidson County rental listing average prices for September in years 2012-2016.

According to Rainmaker Insights September 2017 numbers, the Nashville apartment average rent was \$1,379, down by 1.45% from the month before in August 2017 (\$1,399), and down by 4.21% from a year before in September 2015 (\$1,437).

Chart H-19: Average Rental Listing Prices
Davidson County, September, 2012-2017



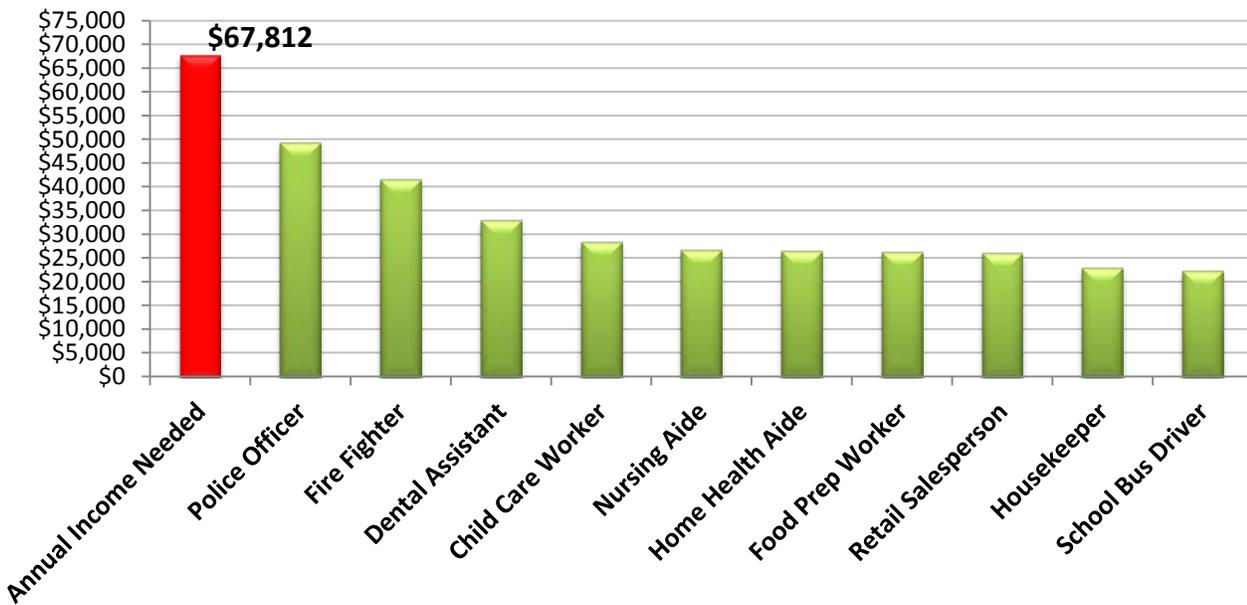
Source: Rainmaker Insights
<https://www.rentjungle.com/average-rent-in-nashville-rent-trends/>



Many occupations are necessary for our community's economic sustainability. The annual income needed to afford the median house cost as calculated in the *Paycheck-To-Paycheck* database is shown in red in the chart below. The National Housing Council's 2017 *Paycheck-To-Paycheck* interactive database allows users to select areas and occupations to look at median incomes compared to housing costs.

The cost of home ownership and a sample of occupations and salaries in the Nashville MSA are shown in Chart H-20.

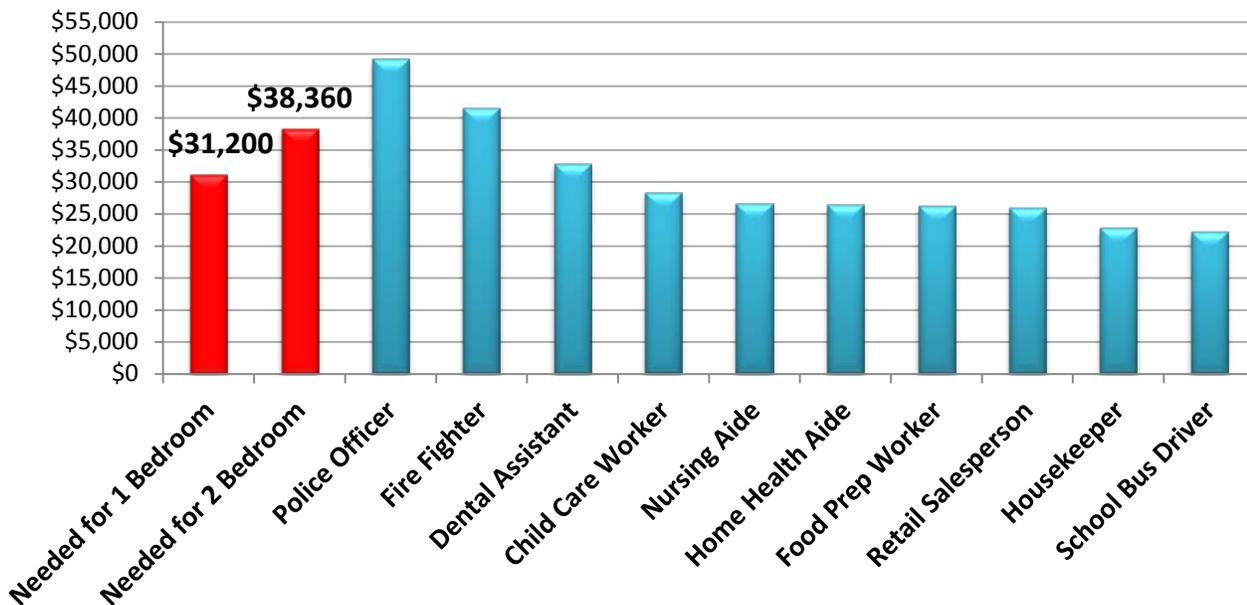
Chart H-20: Median Ownership Cost and Median Salaries for Various Jobs
Nashville MSA, 2017



Source: Paycheck-To-Paycheck database, <https://www.nhc.org/paycheck-to-paycheck/>

Chart H-21 shows the median rental cost of 1- and 2-bedroom apartments and the median area wages for the same jobs as in Chart H-21 above.

Chart H-21: Median Rental Cost and Median Salaries for Various Jobs
Nashville MSA, 2017

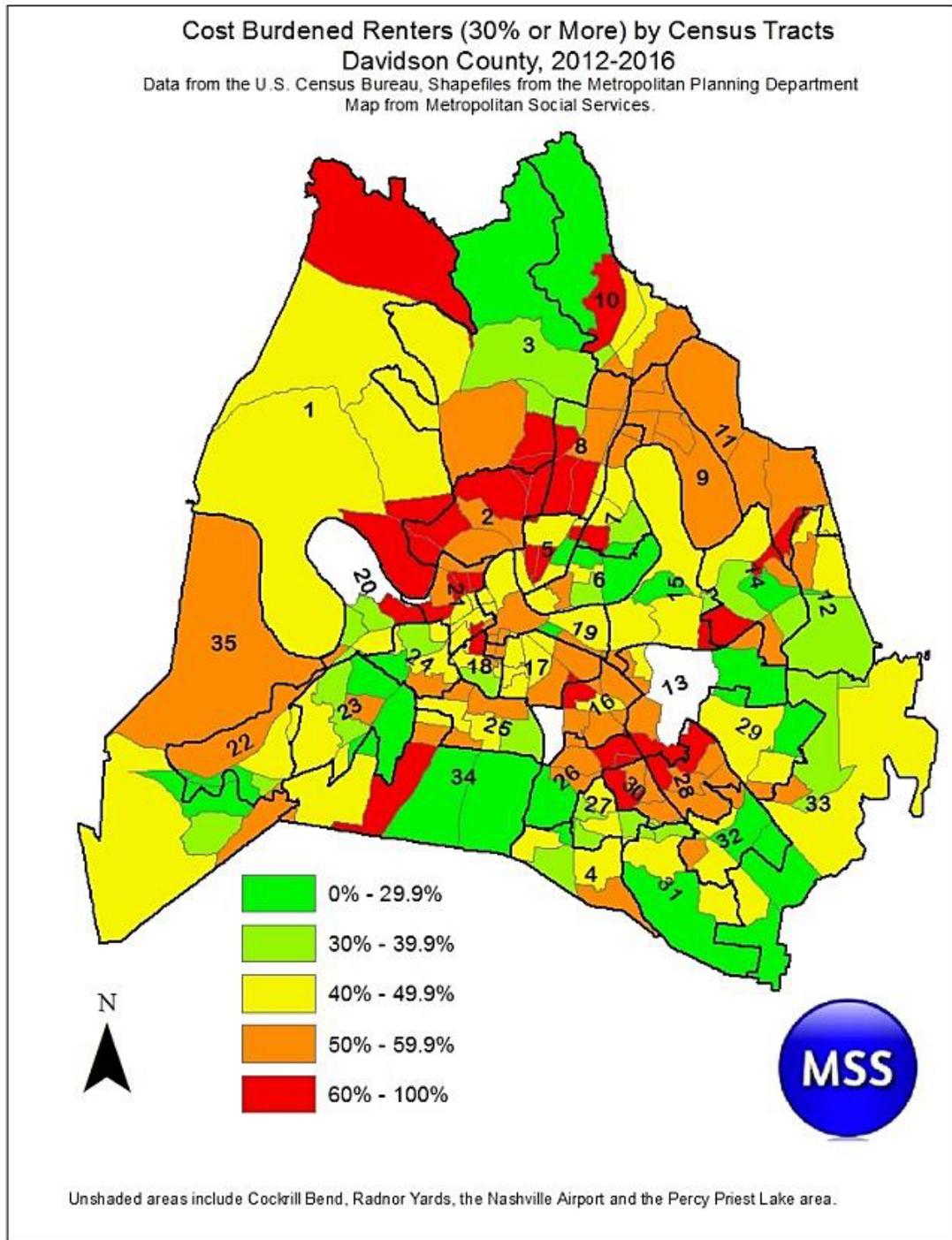


Source: Paycheck-To-Paycheck database, <https://www.nhc.org/paycheck-to-paycheck/>

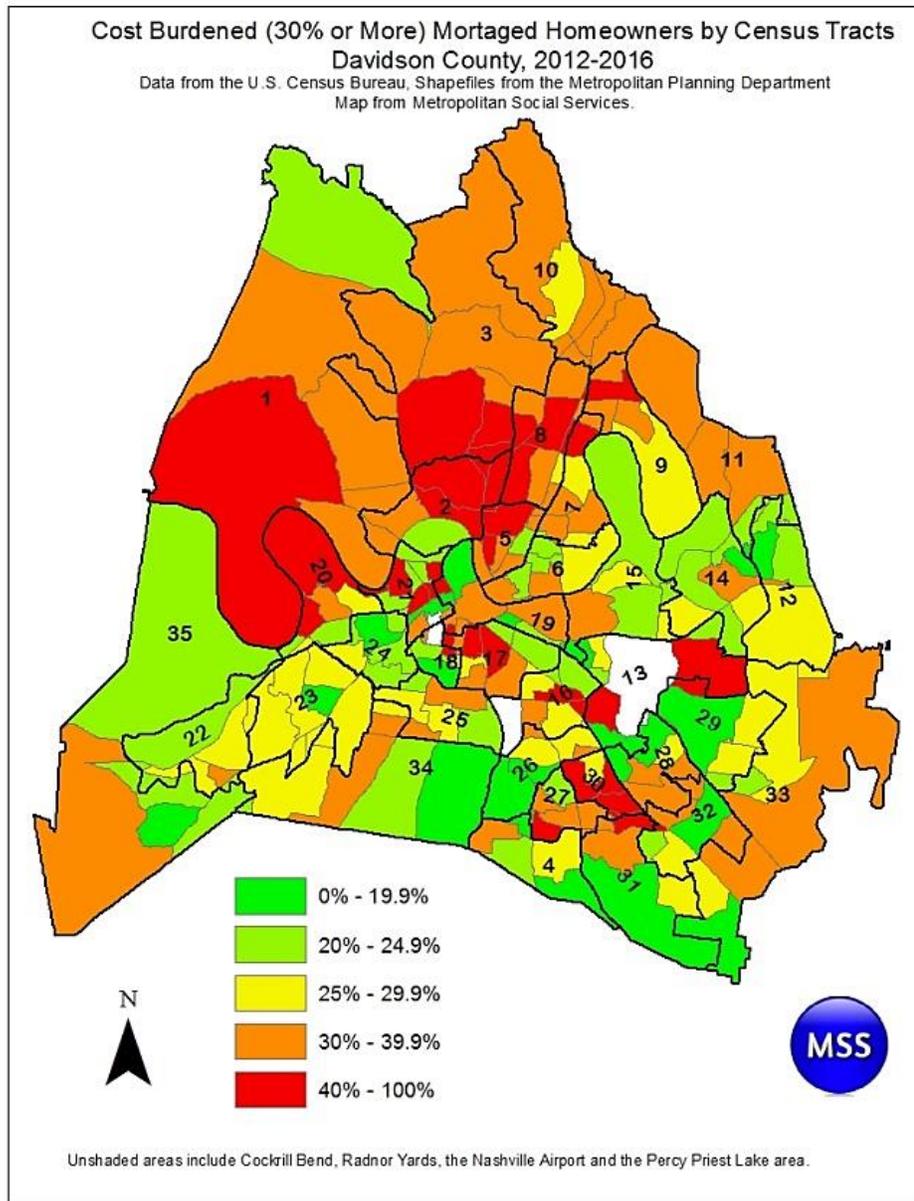
The map below shows the location of cost burdened renters in Davidson County using the 2012-2016 American Community Survey 5-Year Summary and the map below at right shows the same information for homeowners. The 5-year estimates are not averages, but are determined by statistical methods to be the ACS estimate that most closely reflects the actual numbers. An explanation of when to use 5-year and 1-year estimates available from the Census Bureau online.

<http://www.census.gov/programs-surveys/acs/guidance/estimates.html>

Cost Burdened Renters by Census Tract
Davidson County, 2012-2016



The map below shows the location of cost burdened homeowners with mortgages in Davidson County using the 2012-2016 American Community Survey 5-Year Summary.



Additional Information

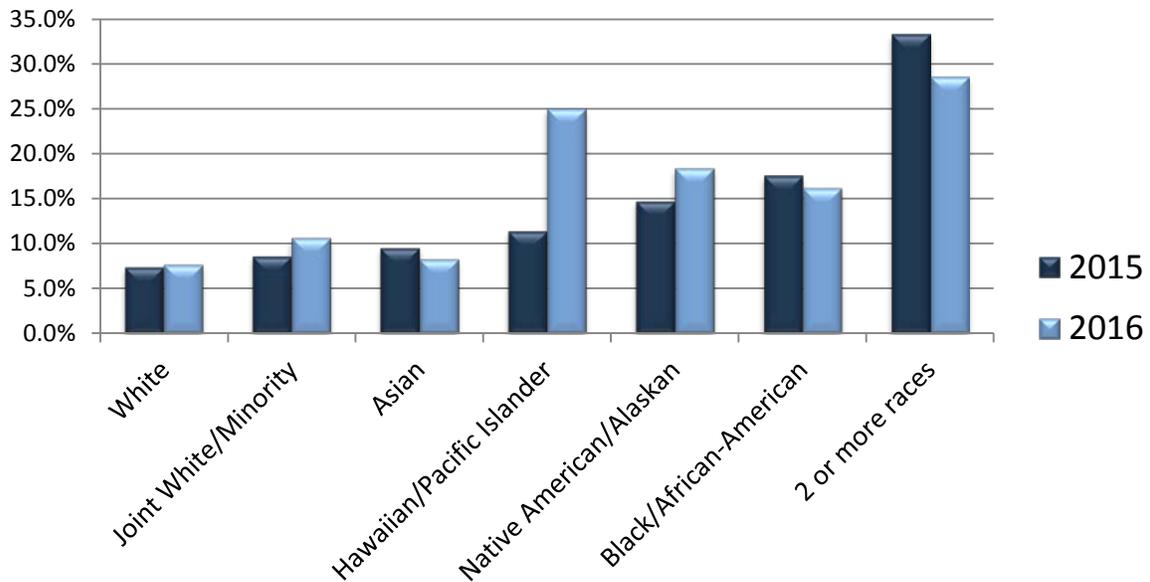
- *Multifamily Affordability: Market Conditions and Policy Perspectives*
http://www.freddiemac.com/multifamily/pdf/mrp_affordable.pdf

Racial and Ethnic Barriers

Chart H-22 shows the percentage of 2015 and 2016 loan applications received and denied for conventional home-purchase loans by race of applicant. The Federal Financial Institutions Council (FFIEC) aggregated the data. The rule-writing authority for the Home Mortgage Disclosure Act resides with the U.S. Consumer Financial

Protection Bureau (CFPB), and requires lending institutions to report public loan data. In 2016, 616 loan applications were received by banking institutions in the Nashville MSA by Latino/Hispanic applicants. Of these, 140 were denied (22.7%).

Chart H-22: Percent of Loan Applications Denied by Race
Nashville/Davidson-Murfreesboro-Franklin, 2015-2016



Source: Federal Financial Institutions Council
<https://www.ffiec.gov/hmdaadwebreport/aggwelcome.aspx>

Public Housing

From September 13 to September 19, 2017, MDHA opened the waiting list for Section 8 Housing Choice Vouchers (HCV). According to their Rental Assistance Department during that 7-day period MDHA accepted 15,966 applications. MDHA serves over 7,000 families with Vouchers. The HCV waiting list is not on a first-come, first-served basis. Questions about criteria for selection from the waiting list should be addressed to MDHA at (615) 252-6500, or section8@nashville-mdha.org.

In 2016, the Metropolitan Housing and Development Agency (MDHA) provided coordination assistance to the local agencies that collectively comprise Nashville’s homeless services Continuum of Care (COC), including helping coordinate the annual HUD Point-In-Time (PIT) count. The HUD-published 2016 PIT count for COC TN-504 Nashville/Davidson may be found at this web address:

https://www.hudexchange.info/resource/reportmanagement/published/CoC_Dash_CoC_TN-504-2016_TN_2016.pdf

Two items about HUD funding for Nashville-Davidson County dated 10/17/2017 may be found at the web addresses below. The first is a one-page summary showing funding by Program and Program Funds Status. The second is a 2016 Cross Program Funding matrix showing amounts and percentages for the top five activities for our county from 2013-2015, activities by percentage since 1994, and activities completed in the five years prior for Homebuyer, Rehabilitation, and Rental activities.

https://www.hudexchange.info/resource/reportmanagement/published/CPD_Funding_Grantee_Dash_NASH-TN_TN_20171017.pdf

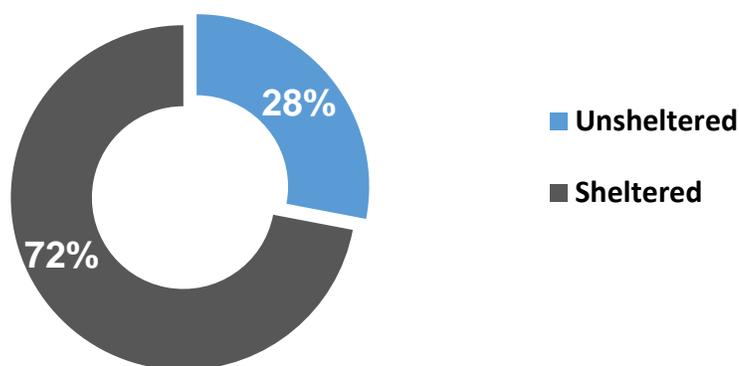
https://www.hudexchange.info/resource/reportmanagement/published/CPD_Funding_Grantee_Matrix_NASH-TN_TN_20171017.pdf

Metropolitan Homelessness Commission

Nashville is working as a community to strengthen our approach to homelessness by building a **Housing Crisis Resolution System**. This will allow Davidson County to move from a collection of partnerships to a systems approach, with the capacity to prevent homelessness whenever possible, or to ensure that homelessness is a rare, brief, and non-recurring experience. A critical component of a functioning Housing Crisis Resolution System is a strong Coordinated Entry System (CES). CES is a system-wide approach that serves to assess all persons experiencing a housing crisis to help identify, prioritize and connect them with the appropriate housing and support service resources as quickly as possible. CES helps match individuals with the right services and housing type, based on their specific needs and circumstances. This improves their chances of succeeding in finding and maintaining housing.

Nashville's 2017 Point in Time (PIT) count, a federally required one-night census of people experiencing literal homelessness (defined as living in emergency or transitional shelter, on the streets or other place not meant for human habitation). Through the count, 2,337 people were enumerated who experienced literal homelessness during the night of January 26, 2017. Of these, 655 individuals (28%) were unsheltered, while the remaining 1,682 (72%) were in emergency or transitional shelter on the night of the count, as shown in Chart H-23.

Chart H-23: Type of Homelessness Experienced during 2017 PIT Count
Davidson County, 2017 (n=2337)



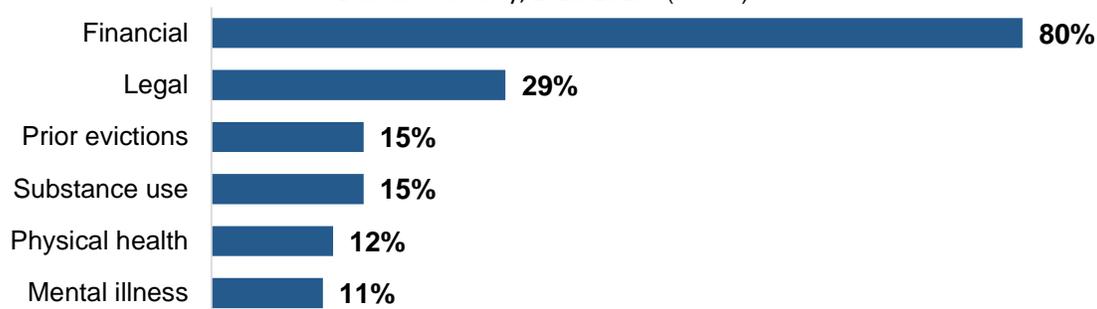
Source: Metropolitan Homelessness Commission

The PIT count provides a snapshot of literal homelessness on one night of the year. It can help communities plan for the daily needs of people experiencing literal homelessness and measure progress toward federal benchmarks. However, in order to support an effective Housing Crisis Resolution System that addresses the needs of all people experiencing *any* type of housing crisis, multiple data sources are needed. Real-time data are particularly important to responding to the immediate needs of people experiencing homelessness. To that end, the community maintains several By-Name Lists to plan for and prioritize the needs of our most vulnerable residents.

The Metropolitan Homelessness Commission's (MHC) outreach team has conducted interviews with unsheltered individuals to identify some of the most substantial barriers to securing housing. Of the 178 individuals interviewed, 80% reported financial barriers; this included not having income, or not having *enough* income to secure housing (shown in Chart H-24). There was significant overlap among barriers reported, and most individuals (65%) reported more than one barrier. For instance, of those who reported financial barriers, almost 25% also reported legal barriers (e.g., felonies, minor infractions, and being on the sex offender registry) to securing housing. Importantly, because the data are self-reported, individuals may under-report on sensitive topics like legal issues, substance use, and mental illness.

Chart H-24: Housing Barriers for Unsheltered Individuals

Davidson County, 2016-2017 (n=178)



Source: Metropolitan Homelessness Commission

A particularly vulnerable subpopulation is individuals experiencing chronic homelessness. These individuals have a disabling condition (e.g., mental illness, physical disability, substance use) and have lived in a shelter or place not meant for human habitation for one year or longer, or have experienced four separate episodes of homelessness over the past three years which added up to one year or more. On the night of the 2017 PIT count, 601 individuals were identified as chronically homeless, the majority of whom (64%) were unsheltered. This group was overrepresented among the unsheltered population; while they represented only 26% of the overall count, they accounted for 58% of the unsheltered count.

Recognizing the need for additional supports for people experiencing chronic homelessness, MHC and the Metropolitan Transit Authority (MTA) have collaborated on an innovative new project, *Drive to End Chronic Homelessness*. A 2010 study released by the U.S. Department of Housing and Urban Development (HUD) identified lack of transportation as a significant barrier to accessing mainstream benefits and housing services. <https://www.huduser.gov/portal/publications/StrategiesAccessBenefitsServices.pdf>

Drive to End Chronic Homelessness will help people overcome this barrier by providing up to 500 free annual bus passes for individuals 18 or older who experience, or are at risk of, chronic homelessness. In order to obtain bus passes, individuals must be actively working with a housing navigator who has received a standard community training provided by MHC. Housing navigators are outreach workers, social workers, and case managers at approximately 20 service provider agencies who assist people with their transition from homelessness to permanent housing. *Drive to End Chronic Homelessness* began distributing bus passes in October 2017. As of January 11, 2018, 158 people have received bus passes through the program. Of these, 92% have been homeless for 12 or more months in the past three years, indicating heightened vulnerability and need among this population.

These are only a few of the many data sources that our community utilizes to address the needs of people experiencing homelessness in Nashville. Efforts are currently underway, through the Davidson County Continuum of Care's Data Committee, to identify and integrate all of the available data sources. This will provide a more complete picture of the state of homelessness in Nashville and serve as the backbone for future planning and coordination efforts.

The 2017 Annual Homeless Assessment Report (AHAR) to Congress issued December 2017 may be found at this web address: <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>

<https://www.nashville.gov/Social-Services/Homelessness-Commission.aspx>

Workforce

Key Findings

- The unemployment rate measures the share of the labor force that is currently not employed and is actively looking for work. The unemployment rate in Davidson County continued trending down, and the lowest rate of 2017 was recorded in May at 2.1%, considerably lower than the unemployment rates experienced during the Great Recession.
- A lower unemployment rate may not reveal underlying weaknesses of the labor market.
- The economic recovery continues to shrink the unemployment rate to levels that economists would consider even below full employment. Unfortunately, that recovery has not been equally shared across the population.
- Despite Blacks/African American residents experiencing the largest annual unemployment rate decline in Davidson County compared to the year before, in 2016 their unemployment rate of 6.1% is still 2.6 percentage points higher than that of White residents.
- In 2016, workers with less education continued to experience a higher unemployment rate compared to those with higher levels of education, even as the labor market is considered to have reached full employment.
- Persons with disabilities are also more likely to experience higher unemployment rate than people who do not have disabilities. The unemployment rate for people with disabilities in Davidson County was 8.1% compared to that of people with no disability at 3.8% in 2016.
- Education, health care, and social assistance continued to be the leading industry category at 23.1% in 2016 and has been the leading industry for the last 9 years.
- Despite an improved economy after recovery from the recession, many workers did not experience improved earnings, especially those at the bottom in earnings. In fact, the share of the national income paid to workers has been falling since the 1980s.
- The stagnant wages of many workers effectively contributed to the falling living standards of those households, and has pushed many workers to seek public assistance in order to supplement their earnings.
- African-Americans are more likely than Whites to be arrested, convicted and face longer sentences. As a result, many face long-term difficulties in finding employment, housing, and the capacity to participate other life improving opportunities.

Introduction

Workforce encompasses a number of activities that include the training of workers to meet the demand for skilled workers that can meet the needs of businesses in a certain market. Jobs have traditionally promoted economic and financial security. However, the structural transformation of the American labor market in the

last few decades has negatively affected the real earnings of many workers. Changes in technology, globalization, and the weakening of the workers' ability to bargain collectively has created conditions that destabilized households and produced economic hardships for large segments of American workers.

Despite recording the lowest rates of unemployment in Davidson County since the end of the Great Recession, the recovery has not been equally shared across populations. Blacks, youth, workers with low educational attainment, people with a disability, and the formerly incarcerated continue to experience higher unemployment rates than their counterparts. Furthermore, the sectors that lead most of the job recovery through growth are in industries that have low-wage jobs. Some in service industries require non-standard and unpredictable work schedules. Workers in these industries have seen erosion of employer-offered benefits and volatile incomes.

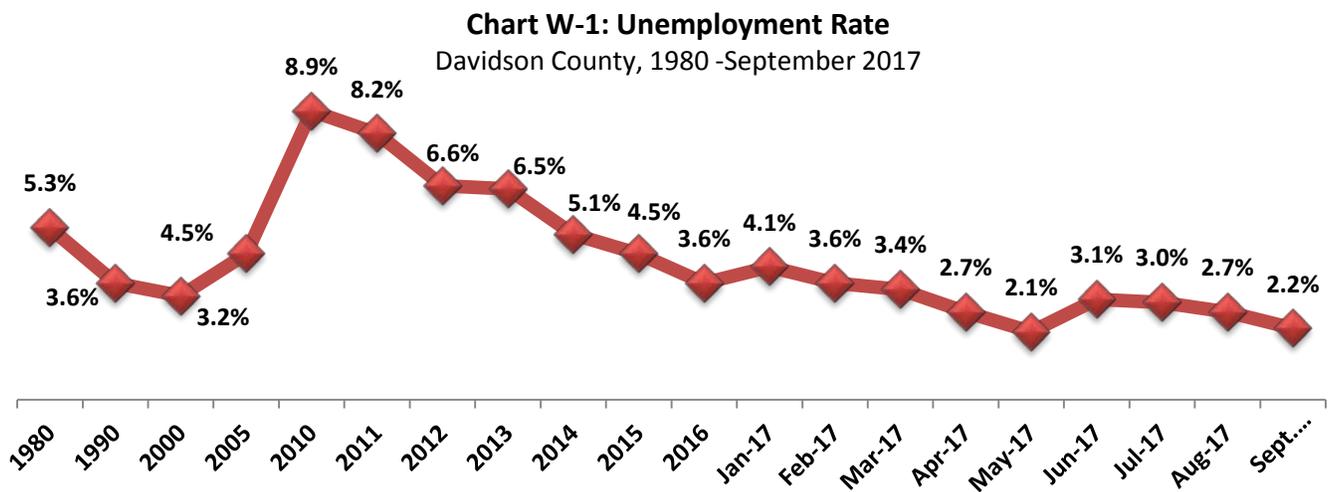
The stagnant wages of many workers contributed to the falling living standards of those households, which necessitated many workers to seek public assistance to supplement their earnings, at a time safety net programs are shrinking. Decreased purchasing power of worker earnings pushed some of them to use alternative lending establishments, such as payday loans in order to meet their financial needs.

It is an undisputed fact that incarceration has negatively contributed to the declining labor-force participation of prime-age men. Minorities are more likely than Whites to be arrested, convicted and receive longer sentences. As a result, many face long-term difficulties in finding employment, housing and ability to participate in other life improving opportunities. Structural economic and legislative changes create circumstances in which many workers face economic and financial insecurity as they struggle to make ends meet.

Unemployment

For many working households, employment is the bedrock foundation for supporting families and securing financially stable households. When workers experience unemployment or struggle to find adequate jobs, they lose their ability to maintain housing, obtain healthcare benefits, feed their families, and pay their bills.

The unemployment rate measures the share of the labor force that is not currently employed and is actively looking for work. It is also an important indicator of the state of the labor market. As shown in Chart W-1, the unemployment rate in Davidson County continued trending down, and the lowest rate of 2017 was recorded in May at 2.1%, far lower than the unemployment rates experienced during the Great Recession.



Source: Tennessee Department of Labor and Workforce Development

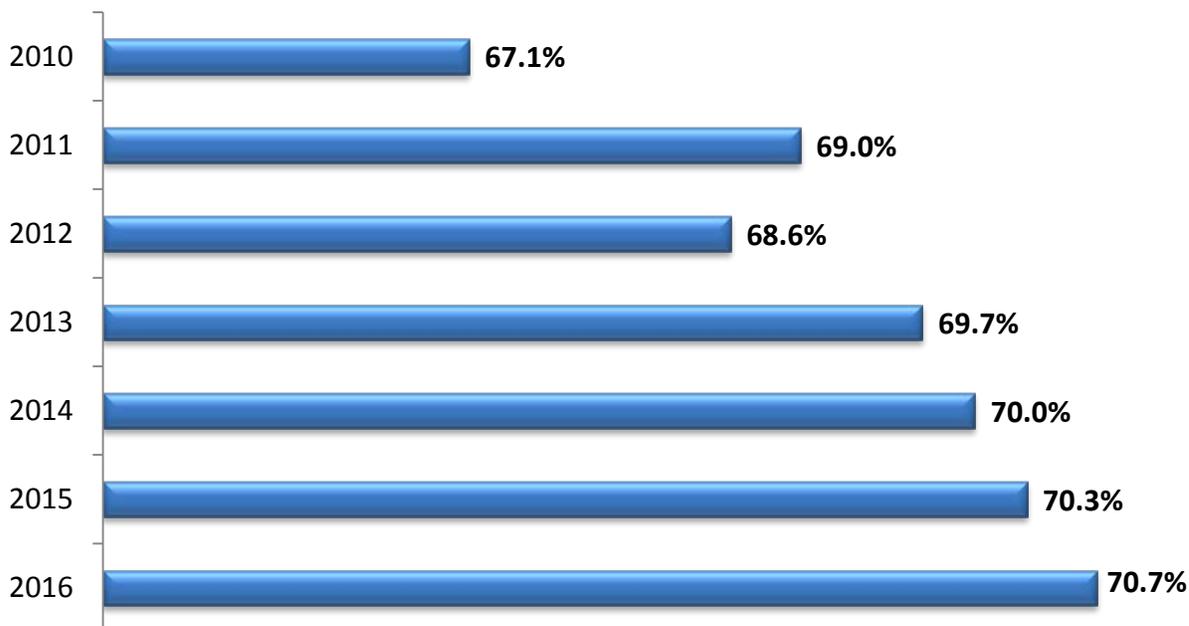
According to the Tennessee Department of Labor and Workforce Development, there were 8,600 unemployed people in Davidson County in September 2017 with 0.23 as the ratio of number of unemployed per job opening.

In some cases, a lower unemployment rate may not reveal underlying weaknesses of the labor market. These include factors such as people who left the workforce because they could not find job opportunities that fit their interests and abilities, plus stagnant wages in many industries. Another measure that shows the health of the labor market is the labor force participation, which represents the relative amount of labor resources available to an economy.



As shown in Chart W-2 below, the 2016 labor force participation rate for Davidson County was 70.7%. Although it is an insignificant increase compared to 2015 when it was 70.3%, it is however a noticeable improvement looking back during the peak of the Great Recession when it stood at 67.1% in 2010.

Chart W-2: Percent in Labor Force
Davidson County, 2010-2016

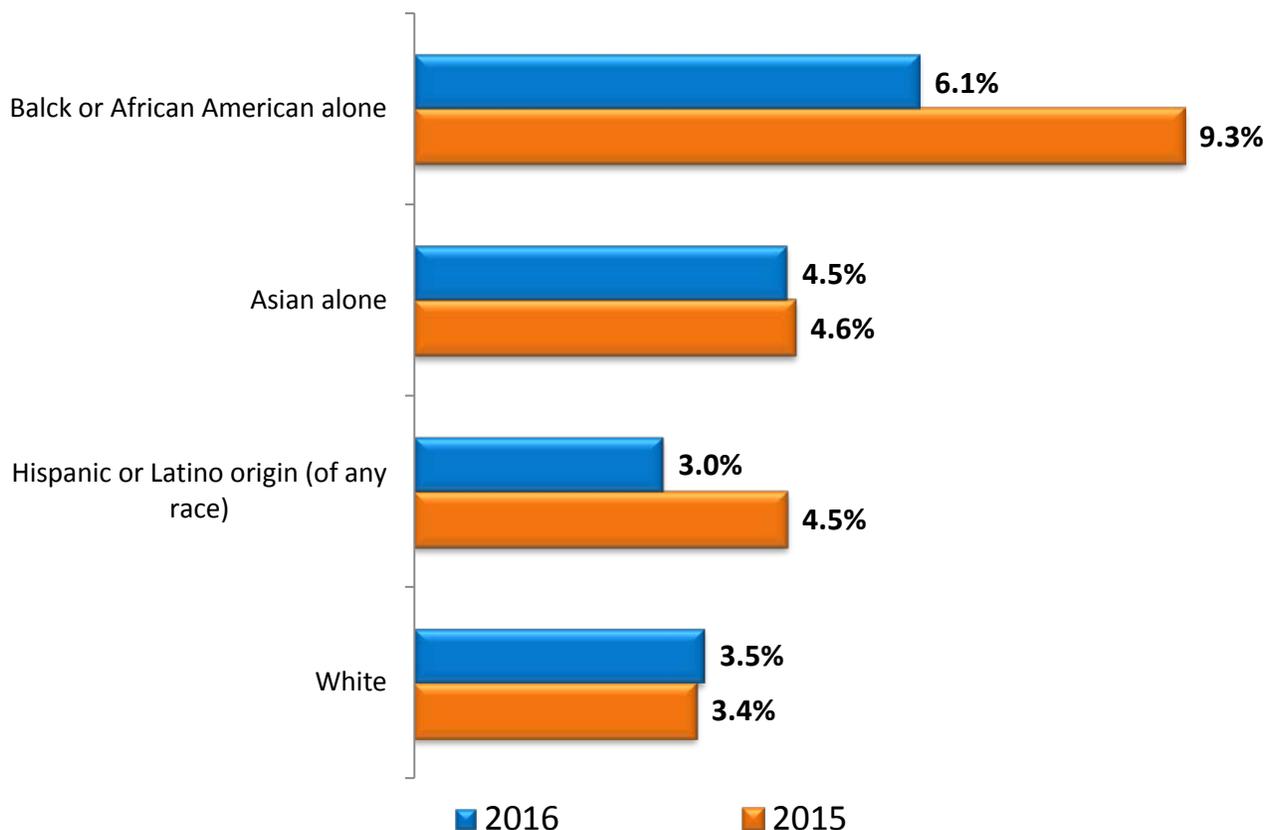


Source: 2010-2016 American Community Survey

The economic recovery continues to shrink the unemployment rate to levels that economists would consider even below full employment. Unfortunately, that recovery has not been equally shared across the population, specifically the disproportionate level of unemployment experienced by African-Americans.

As the Chart W-3 shows, unemployment is higher among the Black or African-American population than for Asian, White, and Hispanic/Latino population of any race. Despite Blacks experiencing the largest annual unemployment rate decline in Davidson County compared to the year before, their unemployment rate of 6.1% is still 2.6 percentage points higher than that of Whites.

Chart W-3: Unemployment by Race/Ethnicity
Davidson County, 2015-2016



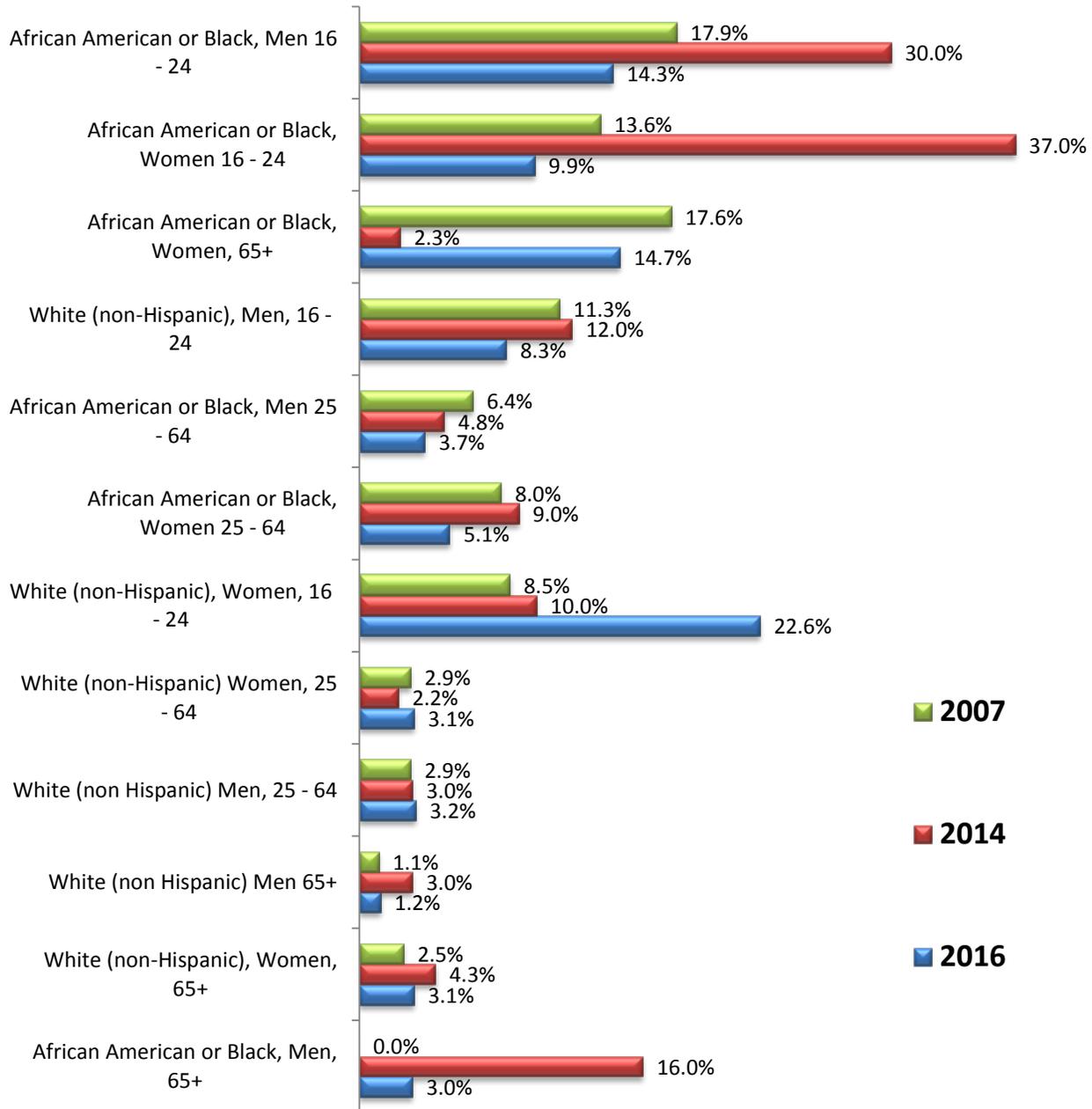
Source: 2015-2016 American Community Survey

Historically, young Black females and males between the ages 16-24 have experienced higher unemployment rates than any other demographic groups. However, according to the U.S. Census Bureau’s 2016 American Community Survey, the unemployment rates for this demographic group have experienced the largest reduction compared to other groups in 2014.

As Chart W-4 shows, the unemployment rate for Black males in Davidson County between the ages of 16-24 was 14.3% in 2016, a noteworthy recovery from its 2014 level of 30.0%. What is even more striking is the significant decline of the unemployment rate for Black females in the same age group from 37.0% in 2014 to just 9.9% in 2016. By comparison, the unemployment rate for White females ages 16-24 has significantly increased from 10.0% in 2014 to 22.6% in 2016, of particular concern at a time when the economy is considered to be in full employment status.

It is also worth reporting that unemployment rate for black men ages 65 and over saw their unemployment rate decline from 16% in 2014 to just 3% in 2016. Other demographic groups have seen insignificant changes in their unemployment rates in 2016.

Chart W- 4: Percentage of Unemployment by Race and Gender
Davidson County, 2007, 2014, and 2016

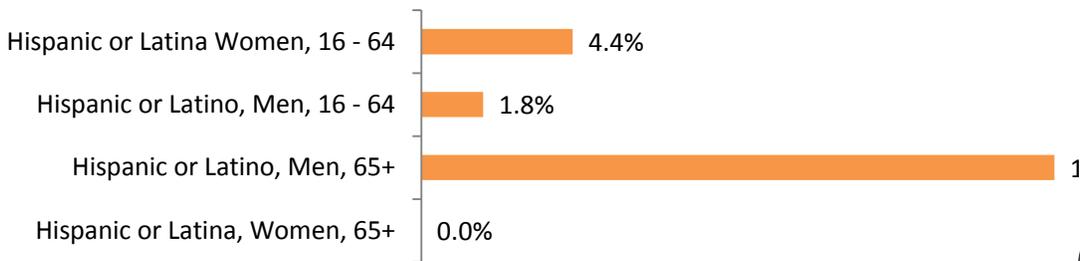


Source: 2007, 2014, 2016 American Community Survey

U. S. Census data is available on Hispanic/Latino unemployment for only two age categories. The age 16-64 category includes most of the population, while the category for age 65 and over is a much smaller part of the population. Chart W-5 shows Hispanic/Latino males have only 1.8% unemployment, with 4.4% of women being

unemployed. While Hispanic/Latina females over 65 have no reported unemployment, there has been an increase in unemployment for males age 65 and over to 18.4% in 2016.

Chart W-5: Unemployment rate for Hispanics by Age and Gender
Davidson County 2016



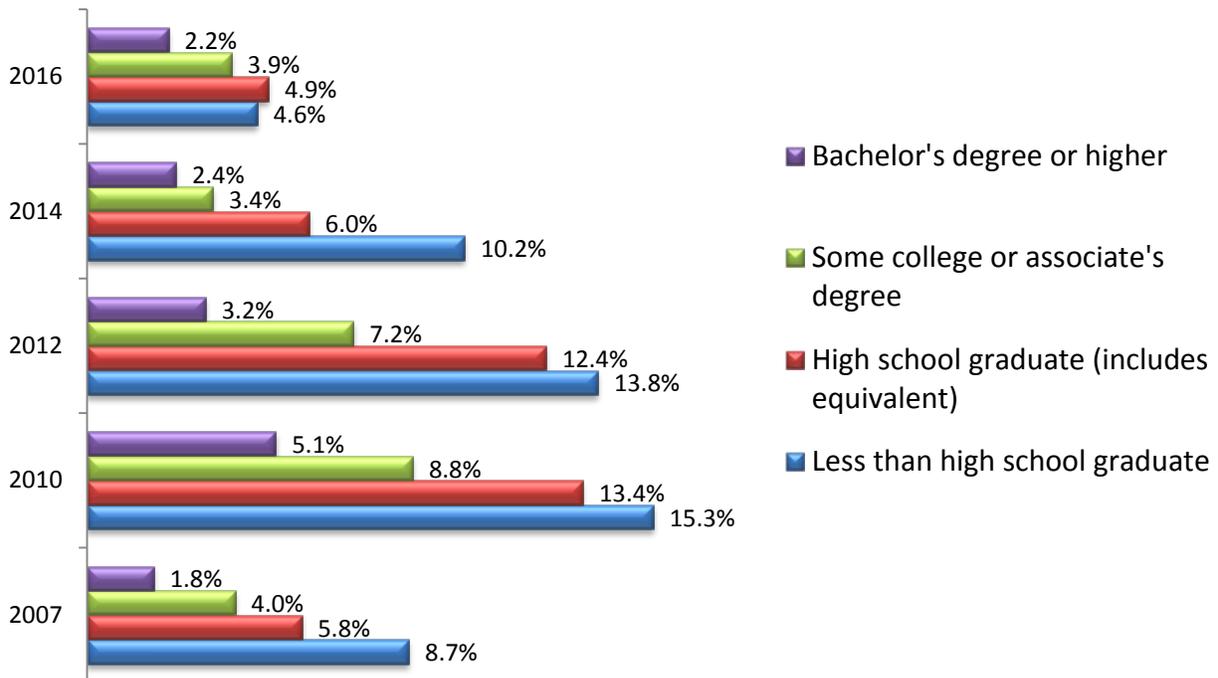
Source: 2016 American Community Survey

Consistent with information reported in previous Community Needs Evaluations, disparity in unemployment rates was not limited to age, ethnicity, and race. Workers with less education continue to experience a higher unemployment rate compared to those with higher levels of education, even as the labor market is considered to have reached full employment.



Chart W-6 shows that the unemployment rate for workers with less than high school was 4.6% in 2016, compared to 2.2% unemployment for workers with at least a bachelor's degree. This data is consistent with the evidence that higher levels of educational attainment generally lead to greater labor force participation and higher employment rates.

Chart W- 6: Unemployment and Educational Attainment
Davidson County, 2007, 2010, 2012, 2014, and 2016



Source: 2007, 2010, 2012, 2014, and 2016 American Community Survey

Ethnic minorities, youth, and workers with low educational attainment are not the only demographic groups that experience higher unemployment rates compared to their counterparts. Persons with disabilities are also more likely to experience higher unemployment rate than people who do not have disabilities.



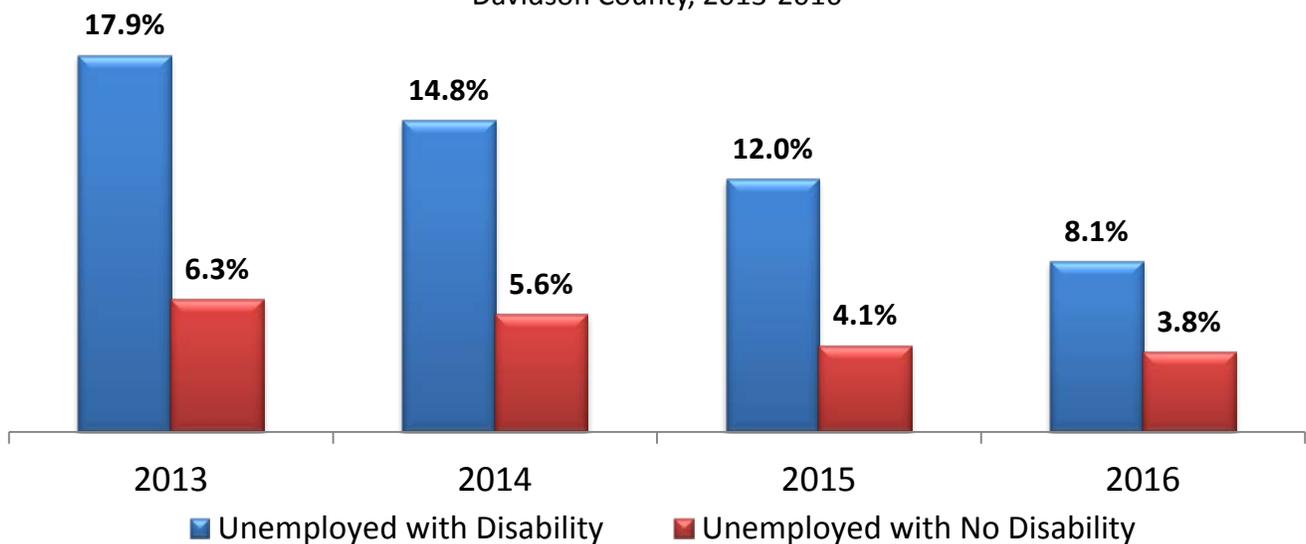
A June 2017 news release by the U.S. Bureau of Labor Statistics, *Persons with a disability: Labor Force Characteristics – 2016*, reports that nationwide, persons with a disability tend to be older than persons with no disability. That makes them less likely to be employed regardless of disability status. The report also reveals that women are more likely to have a disability, and Blacks and Whites had a higher prevalence of disability than Asians and Hispanics.

As for educational attainment, persons with a disability are less likely to have completed a bachelor’s degree or higher than those without disability. In terms of industries, workers with a disability were more concentrated in service occupations than in management, professional, and related occupations.

https://www.bls.gov/news.release/archives/disabl_06212017.pdf

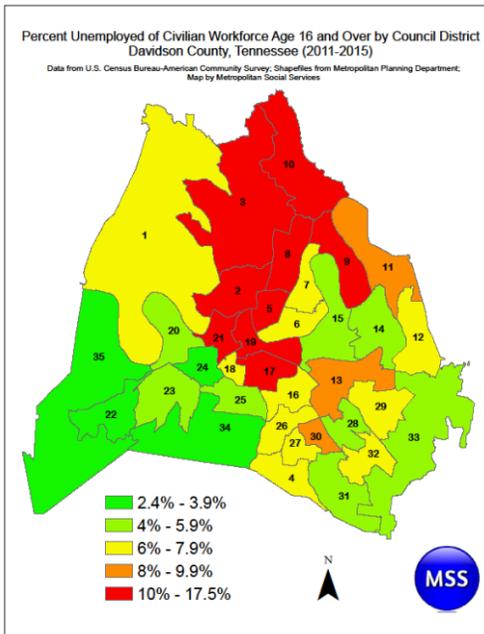
Chart W-7 shows that the unemployment rate for people with disabilities in Davidson County was 8.1% compared to that of people with no disability at 3.8% in 2016. Despite the decrease in both group’s rates of employment from the previous year, the unemployment rate of people with disabilities is still much higher than that of people with no disability.

Chart W-7: Percent Unemployed by Disability Status population 18-64 years
Davidson County, 2013-2016



Source: U.S. Census Bureau, American Community Survey 2013-2016

In Davidson County, as in previous years, unemployment rates vary among Metropolitan Council Districts. The data for most areas in Davidson County, Tennessee and the U.S. shows a decrease in the level of unemployment.



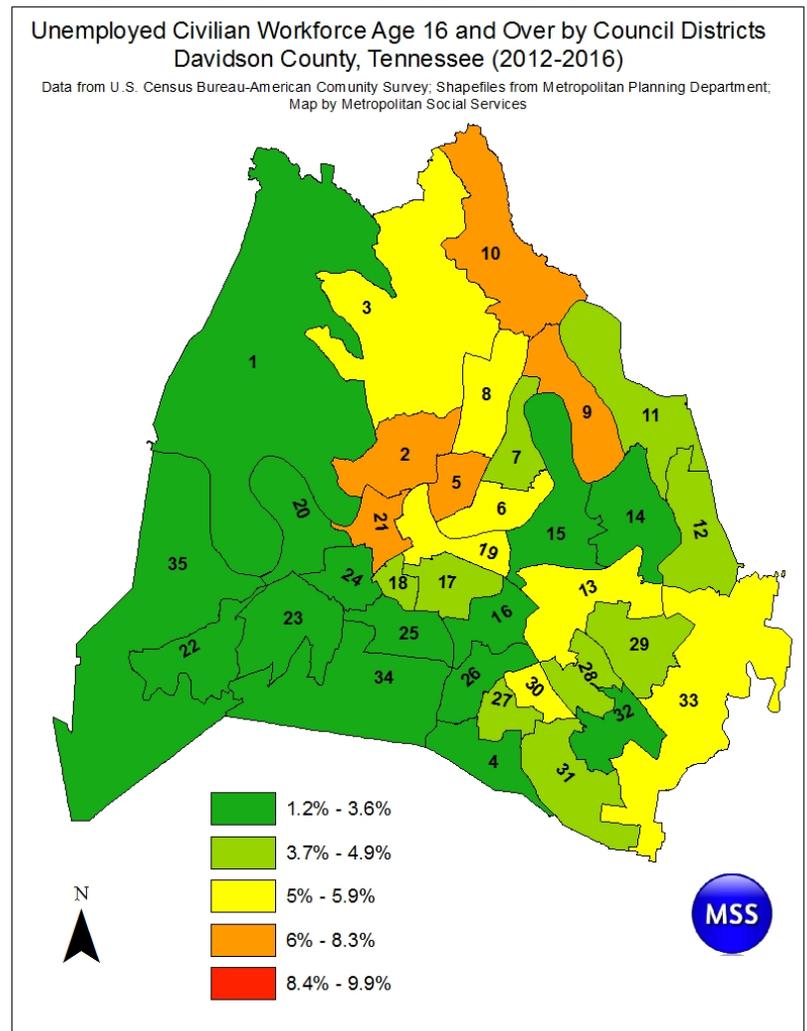
For comparison, the small map at left shows the 2011-2015 data from the previous 5-Year Summary, with areas of more than 10% unemployment in red. The larger map on the following page shows that none of the Council Districts had unemployment over 10% from the more recent data (2012-2016).

As shown in the map at right, using data from the 2012-2016 American Community Survey five year summary, there is still a wide geographic variation in the percentage of unemployed by Metropolitan Council Districts, but an overall decrease in unemployment. The decreased unemployment rate reflects a much improved labor market.

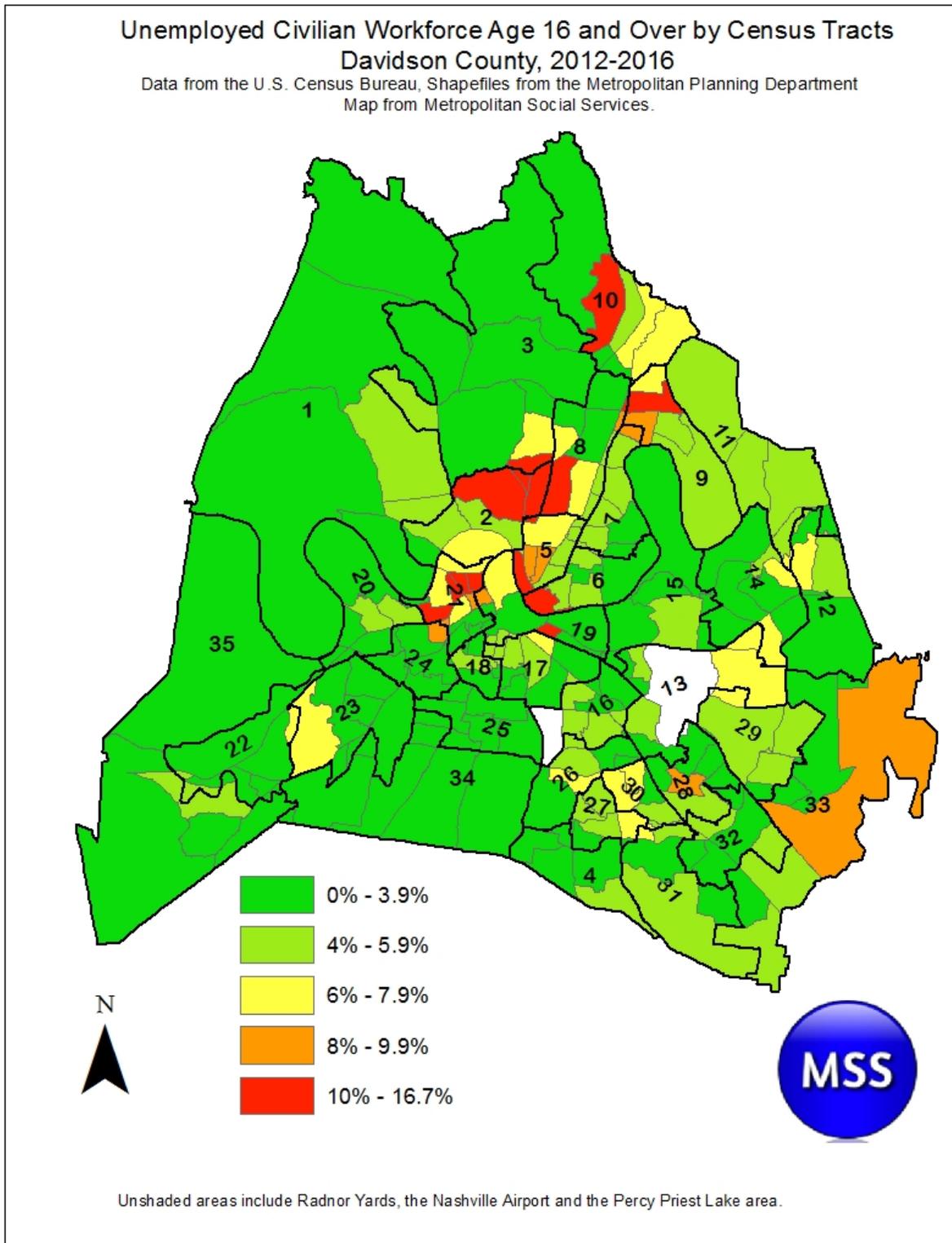
Only five Districts now have unemployment rates higher than 6.0%, and none had unemployment rates over 10%.

District 2 has the highest unemployment rate at 8.3%, compared to the lowest, 1.2% in District 34 (the first time unemployment has been below 2% in a Council District in about a decade).

The unemployment rate in District 2 in the more recent data is less than half what was reported for the previous year (17.5%).



Although the map of unemployment by Metro Council Districts shows that the highest percentage of unemployed people is 8.3% in any district, the map below shows that in some Census tracts unemployment is even higher. The range of unemployment ranges from 0.0% to 16.7% in the Census tract with the highest unemployment rate.

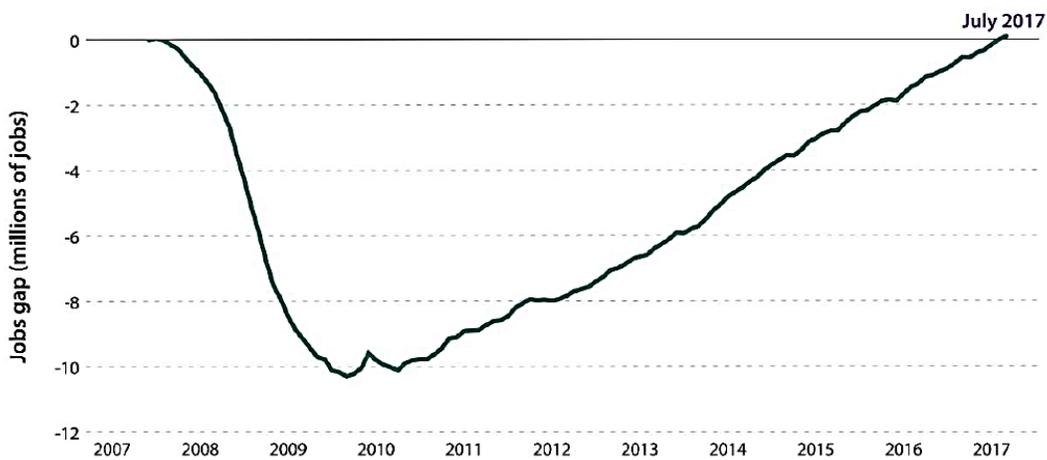


National Trends

An analysis by The Hamilton Project, *The Closing of the Jobs Gap: A Decade of Recession and Recovery*, indicated that by July of 2017 the U.S. economy had added enough jobs to make up for the job losses experienced during the Great Recession. However, data from the U.S. Bureau of Labor Statistics payroll survey shows that not all the harm to the labor market from the recession has been remedied. During the past decade, the overall labor participation rate has decreased from 66.0% to 62.9%, due both to a decreased unemployment rate and the demographic change as baby boomers retired.

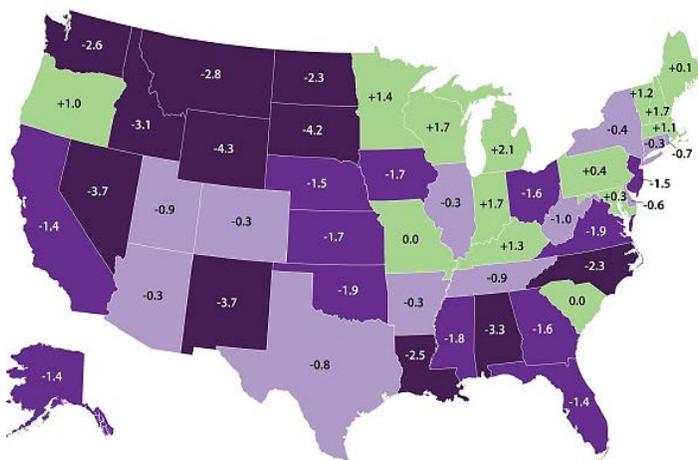
The Hamilton Project developed a measure of labor market health (jobs gap). Chart W-8 shows that employment has returned to its pre-recession level. Some occupation groups were affected by the recession more than others and recovery has fluctuated. It is also important to note that there was a variation in recovery by geography, race, ethnicity, gender and level of educational attainment.

Chart W-8: Overall National Jobs Gap
U.S., November 2007-July 2017

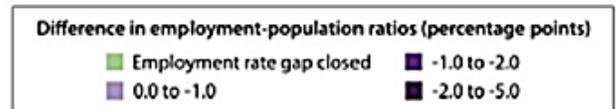


Source: Current Population Survey and Current Employment Statistics, Bureau of Labor Statistics 2007-17 and authors' calculations. See Schanzenbach and Boddy (2016) for details.

THE HAMILTON PROJECT
BROOKINGS



The map at left shows the employment rate gap by state. Only in the states that are shaded green has the employment gap closed. Tennessee's gap is -.9, with other states ranging up to -4.3.

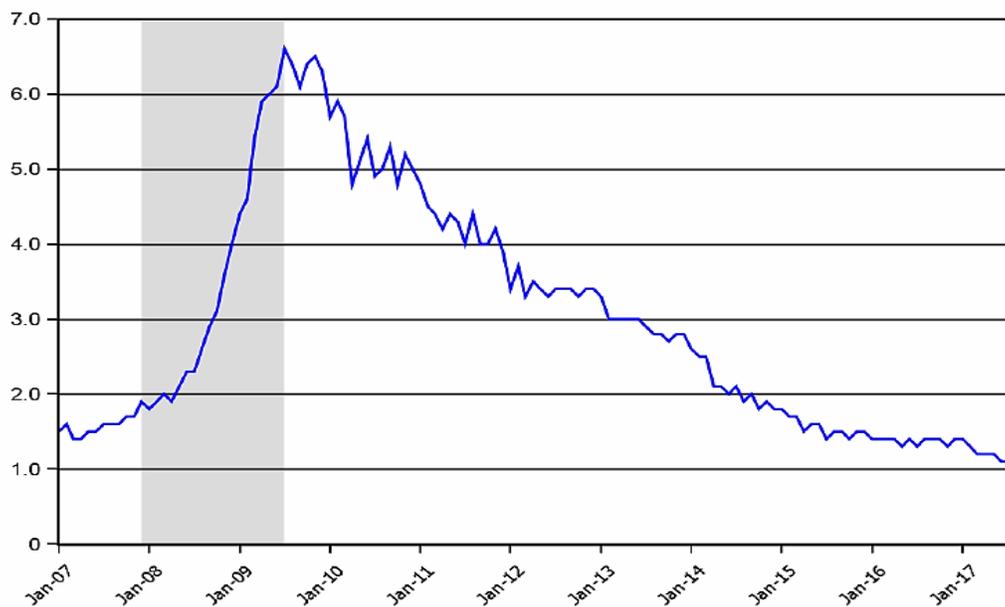


<https://www.brookings.edu/research/the-closing-of-the-jobs-gap-a-decade-of-recession-and-recovery/>

As reported in previous Community Needs Evaluation, another measure of the strength of labor market is the ratio of unemployed persons per job openings. As reported in the *Job Openings and Labor Turnover Survey Highlights August 2017*, the U.S. Bureau of Labor Statistics noted that the ratio of unemployed persons per job opening was 1.2 in August 2017, another indication of a much-improved economy.

As Chart W-9 shows, the ratio between unemployed and job opening changes over time. When the Great Recession began in 2007, the ratio was 1.9. The ratio peaked at 6.6 unemployed persons per job opening in July 2009 and has since trended downward.

**Chart W-9: Number of Unemployed Persons per Job Opening
U. S., 2006-2017**



Source: Bureau of Labor Statistics, Current Population Survey and Job Openings and Labor Turnover Survey, October 11, 2017.

https://www.bls.gov/web/jolts/jlt_labstatgraphs.pdf

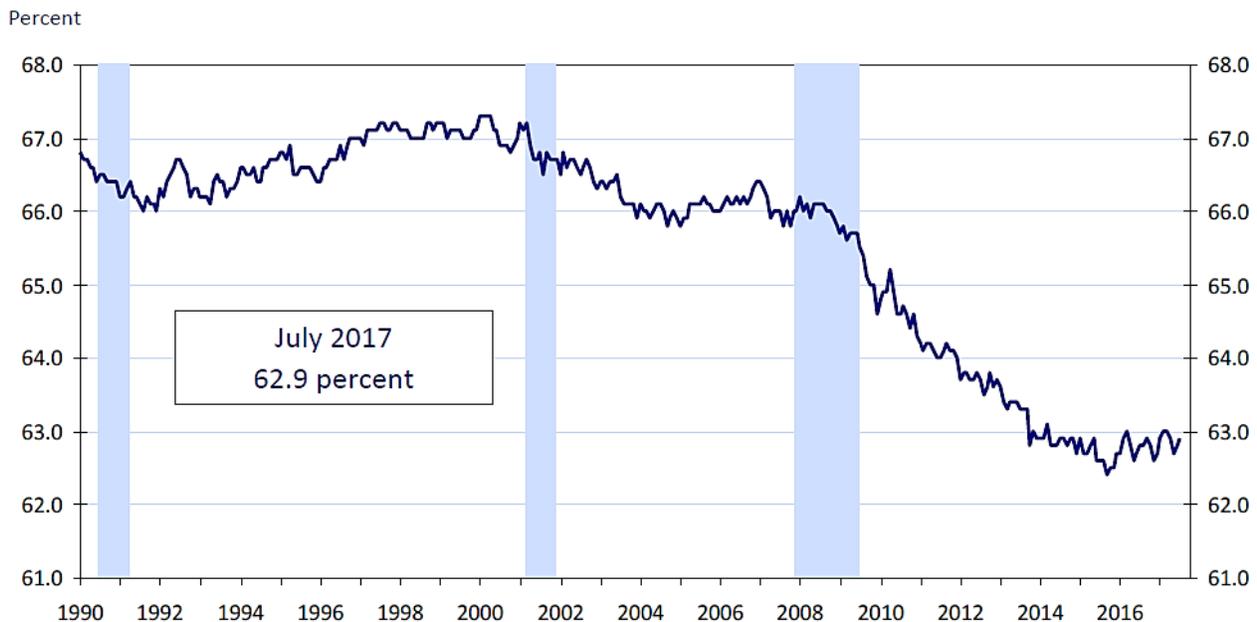


Declining Labor Force Participation

Since the Great Recession ended in the summer of 2009, the labor market has considerably improved. However, studies show that there are still millions who are not in the labor force. In fact, the rate of labor force participation (the fraction of the population who are either employed or actively looking for work) has dropped steadily since 1999.

Chart W-10 from the U.S. Bureau of Labor Statistics shows the decline in the civilian labor force participation rate since 1990. This declining rate is likely to increase the number of people in poverty, which would be of particular concern as many people retire with few resources and unable to live on Social Security benefits alone.

Chart W-10: Civilian Labor Force Participation Rate
Seasonally Adjusted, 1990-2017



Note: Shaded areas represent recessions as determined by the National Bureau of Economic Research (NBER). Data online at <https://data.bls.gov/timeseries/LNS11300000>.

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A recent economic analysis by the Hamilton Project, *Who Is Out of the Labor Force?*, reports that in 2016, 37.2% of adults in the United States were not in the workforce, including 18.7% of prime working age adults – those between the ages 25 and 54. According to the analysis, factors such as disability, health barriers, caregiving, in school, and early retirement as reasons for not participating in the labor force.

https://www.brookings.edu/wp-content/uploads/2017/08/es_81717who_is_out_of_the_labor_force_analysis.pdf

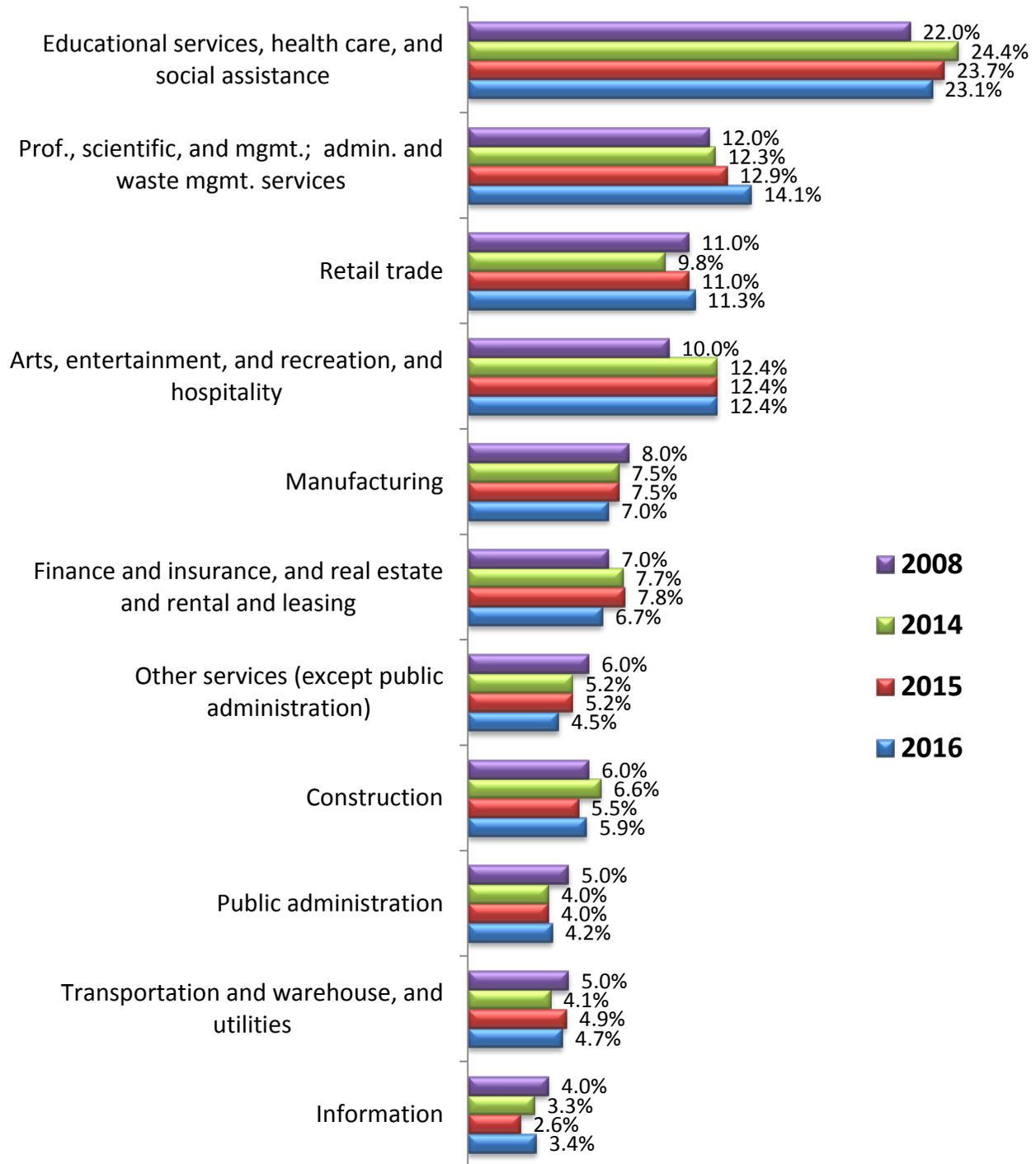
Employment Leading Sectors

As has been reported in previous Community Needs Evaluations, the Nashville business environment continues to have a thriving economy that supports a diversified employment in all its sectors, and contributes to its growth.

Chart W-11 shows that in 2016, as well as throughout the last nine years, education, health care, and social assistance continued to be the leading industry categories at 23.1%.

Chart W-11: Percentage of Employed People 16 years and Older

By Selected industry, Davidson County, 2008, 2014, and 2016



Source: U.S. Census Bureau, 2008, 2014, 2015, and 2016 American Community Survey

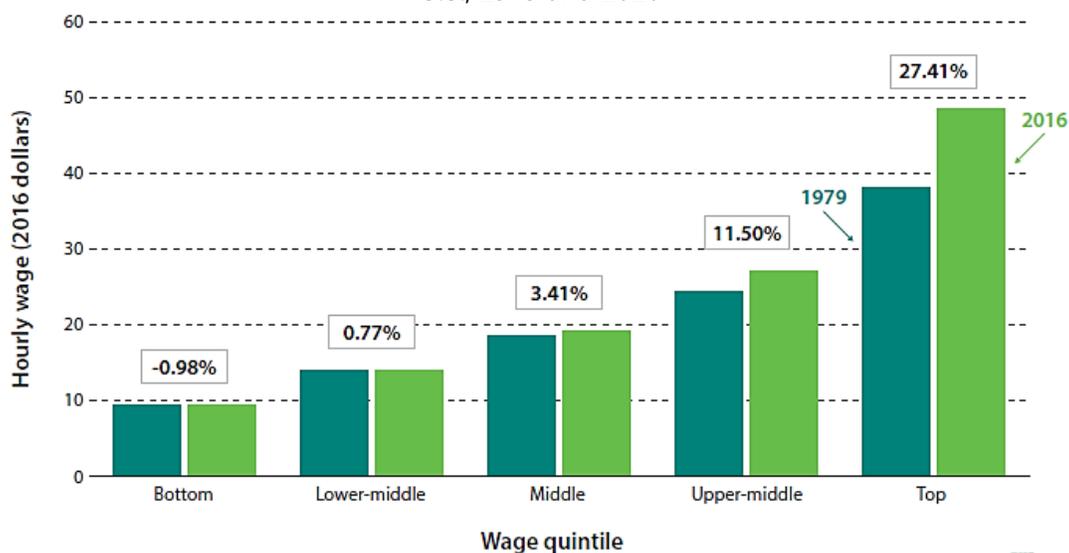
Stagnant Low-Wages and Utilization of SNAP

Despite an improved economy after recovery from the recession, many workers did not experience improved earnings, especially those at the bottom in earnings. In fact, the share of the national income paid to workers has been falling since the 1980s.

A recent report by The Hamilton Project, *Thirteen Facts about Wage Growth*, describes the economic forces that underlie wage growth. Real wages have risen for those in the top category but stagnated for those in the lower categories. As Chart W-12 shows, according to the report, wages in the top quintile grew from \$38 per hour to \$48 from 1979 to 2016, an increase of 27 percent. Compared to the bottom fifth, during which real wages fell slightly over the same period.

Chart W-12: Real Wage by Wage Quintile

U.S., 1979 and 2016



Source: Current Population Survey, BLS (1979–2016); authors' calculations.

Note: Wages are expressed in 2016 dollars, deflated using the CPI-U-RS. Sample restricted to workers ages 25–54. Growth rates are cumulative.

THE HAMILTON PROJECT
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The report points out that globalization, technological change, declines in the real minimum wage, and the weakening of unions have likely put downward pressure on the wages of the low-educated workers.

<https://www.brookings.edu/research/thirteen-facts-about-wage-growth/>

The stagnant wages for the many workers have effectively contributed to the falling living standards of those households. As has been reported in previous Community Needs Evaluations, most of the job growth the economy has gained since the end of the Great Recession has been concentrated in low-wage occupations, where workers do not earn enough to make ends meet. Stagnant wages coupled with proliferation of low-wage jobs has pushed many workers to seek public assistance in order to supplement their earnings.

A September 2017 report by the Government Accountability Office (GAO), *LOW-WAGE WORKERS*, examined several aspects of low-wage workers and their families including their use of federally funded social safety net programs over time. GAO analyzed Census Bureau's Current Population Survey data from 1995, 2000, 2005, 2010, 2015, and 2016.

The analysis defined worker as those wage or salary earners ages 25–64 in the civilian labor force. It divided low-wage workers into three mutually exclusive categories, based on their estimated hourly wages:

1. Those earning the federal minimum wage, \$7.25/hour or below;
2. Those earning above the federal minimum wage up to \$12.00; and
3. Those earning from \$12.01 to \$16.00.

The report found that about 40% of the U.S. workforce ages 25 to 64 earned hourly wages of \$16 or less (in constant 2016 dollars) over the period 1995 through 2016. The report also pointed out that low-wage workers worked fewer hours per week, were more highly concentrated in a few industries and occupations, and had lower educational attainment than workers earning hourly wages above \$16 in each year the analysis reviewed. The low-wage pay and not working enough hours contributed to their low earnings and more likely increased their potential eligibility for federal assistance to families. According to the report, the following six occupational categories employed the majority of low-wage workers:

- Food preparation and serving - fast food workers, cafeteria, and restaurant workers
- Sales - cashiers, retail salespersons, and sales representatives
- Office and administrative support - secretaries and administrative assistants, payroll and time-keeping clerks, and mail carriers
- Building grounds cleaning and maintenance - janitors and building keepers, maids and housekeeping workers, and grounds maintenance workers
- Personal care and service - hairdressers and barbers, child care workers, and home care aides
- Transportation and materials moving - bus drivers, taxi drivers, ambulance drivers, and parking lot attendants



<https://www.gao.gov/products/GAO-17-677>

Workers in the low-wage industries that do not earn enough income are more likely to struggle to make ends meet, and increase their tendency seek public assistance to supplement their incomes. An analysis by The Center for Budget and Policy Priorities, *SNAP Helps Millions of Low-Wage Workers*, shows the most common occupations in the country that have low wages, unpredictable scheduling, and few benefits.

Many workers participate in SNAP (Supplemental Nutrition Assistance Program) to supplement their earnings, and about 14.9 million workers, or about 10% of all workers, were in households where someone participated in SNAP in 2015. The report points that most workers who use SNAP are in service occupations. The report also states that close to 63% of workers participating in SNAP are concentrated in four major industries: education and health services, wholesale and retail trade, leisure and hospitality, and professional and business services.

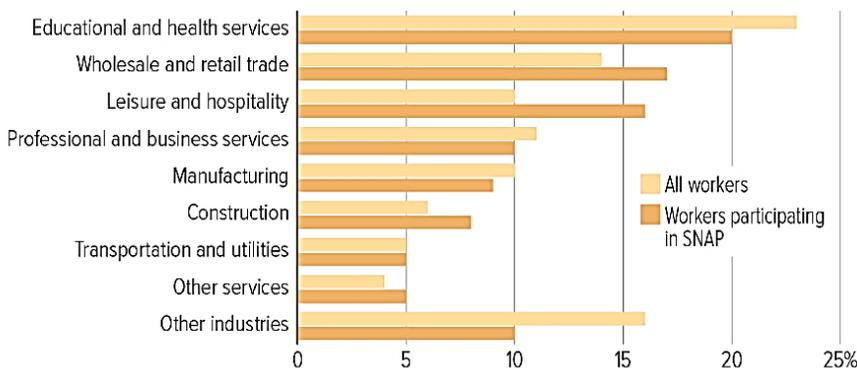


Chart W-13 shows that retail and hospitality represent a greater share of SNAP users than workers overall.

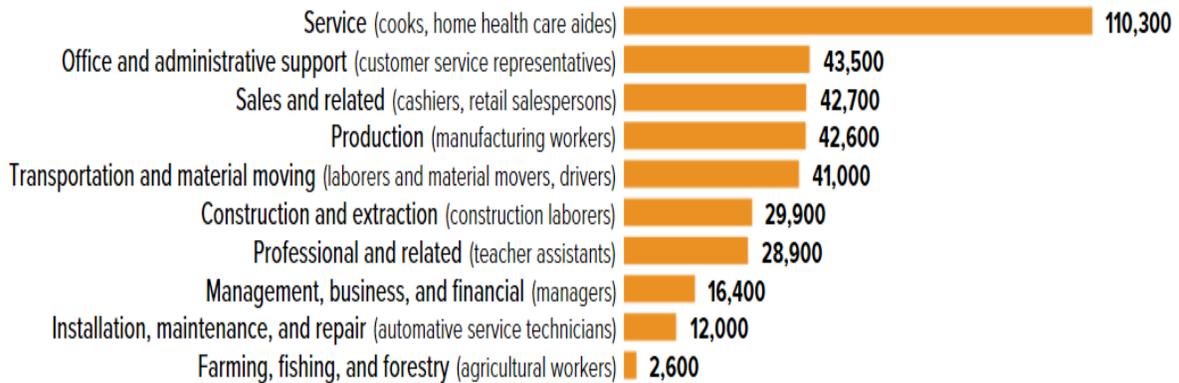
Chart W-13: Workers by Major Industry Group by SNAP Participation
U.S., 2015

<https://www.cbpp.org/sites/default/files/atoms/files/5-10-17fa.pdf>

Note: Workers are defined as working at the time of the survey. "Workers participating in SNAP" refers to workers who live in households that report participating in SNAP at any time in the last year.
Source: CBPP analysis of 2015 American Community Survey data

A September 2017 fact sheet by the Center on Budget and Policy Priorities documented the number of workers in every state that are on SNAP benefits due to their low earnings. According to the fact sheet, about 369,900 Tennessee workers live in households that participated in 2016. The document points out many workers who participated this program are in jobs with low wages, inconsistent schedules, no benefits such as paid sick leave, and between jobs. As the Chart W-14 shows, Tennesseans who participate in SNAP mostly work in service occupations and have average hourly wages far below Tennessee’s average of \$20.36 in 2016.

Chart W-14: Tennesseans Participating in SNAP Most Commonly Work in Service, Office, and Sales Jobs

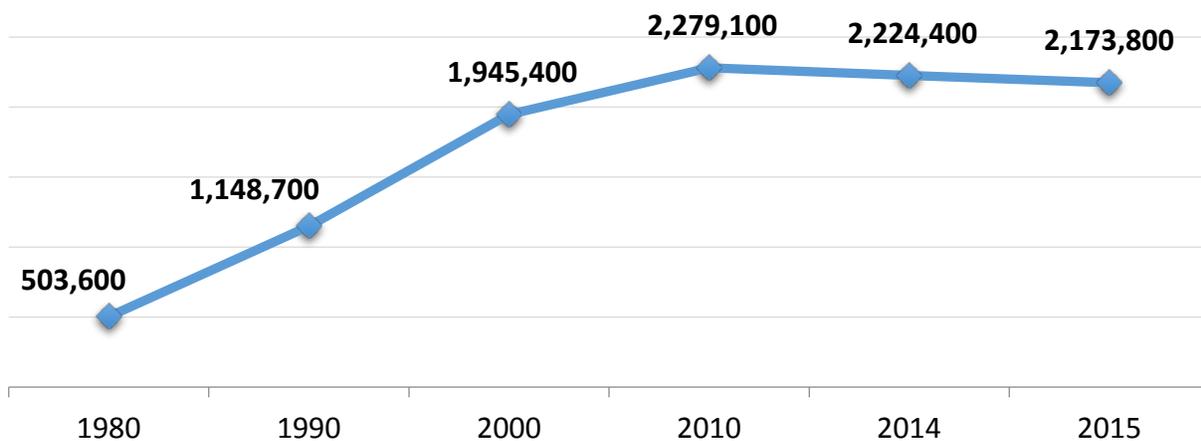


https://www.cbpp.org/sites/default/files/atoms/files/factsheets_8-31-17fa_tn.pdf

Impact of Mass Incarceration on Employment

There are almost 2.2 million people in the United States’ prisons and jails in 2015. That is an increase of three and a half times in the last three and half decades. However, this is slightly decreasing since 2010. As Chart W-15 shows, there are 105,300 fewer inmates in 2015 compared to 2010.

Chart W-15: Total Incarcerated Population
Combined Local, State and Federal Institutions
U.S.



Source: U.S. Bureau of Justice Statistics

Incarceration influences the lives of many households, not only while inmates are locked up but also after their release. Among other things, it lowers their participation of the labor force. A recent analysis by the Peterson Institute for International Economics, *The Decline of Men Working: Why It Is Happening, What It Means, and What to Do About It*, reveals that those currently incarcerated combined with formerly incarcerated appear to participate at substantially lower rate of labor force participation. This lower rate is considered one of the main reasons that the labor force participation rate of prime-age male workers (25-54) in the United States has been steadily declining.

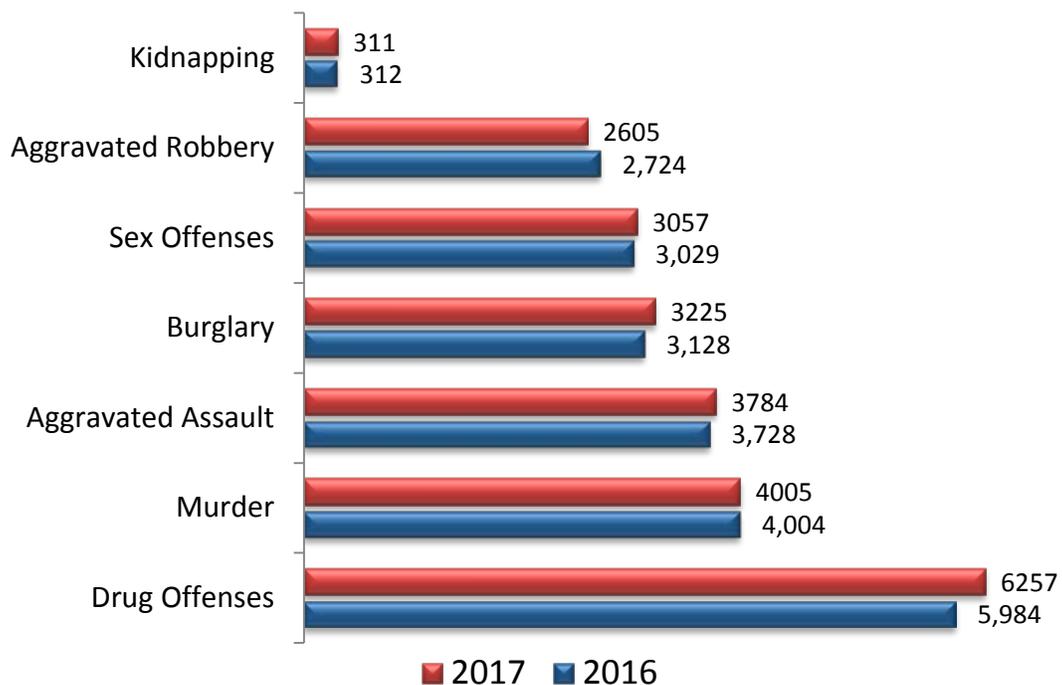
<https://piie.com/system/files/documents/furman20140502ppt.pdf>

The Tennessee Department of Correction’s FY 2017 Annual Report shows that a total of 23,244 people incarcerated during FY 2017, for the categories of offenses in Chart W-16 below. In FY 2017, the Tennessee prison population experienced a similar trend with the year before. The largest numbers of people were in Tennessee prisons for drug offenses, followed by murder, aggravated assault, and burglary. Just like the previous year, kidnapping was the offense that has the smallest number of inmates. Overall, FY 2017 had 335 more inmates than FY 2016, a slight increase.



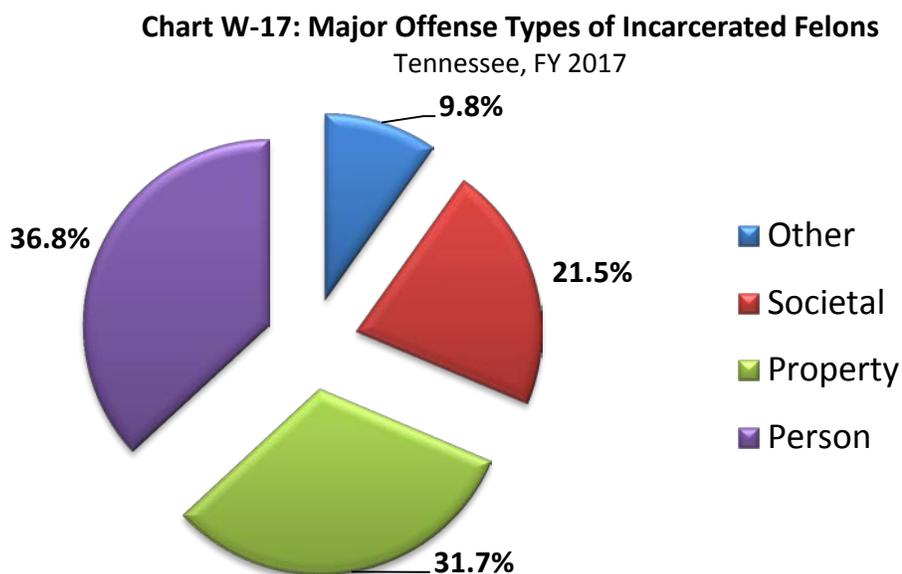
Within the felony and imprisoned population, the FY 2017 report indicated that 57% were white, 41% were black and 2% were other with 89% male and 11% female.

Chart W- 16: Number of Inmates/Incarcerated Felons
Tennessee, FY 2016 and 2017



Source: Tennessee Department of Corrections

The FY 2017 Annual Report moreover sorted out the major offense types of incarcerated populations, with the largest two leading types of 36.8% for crimes against persons and 31.7% crimes against property, as shown in Chart W-17.



Source: Tennessee Department of Corrections

The adverse impact incarceration and criminal justice policies have on low-income households, particularly minority communities is undeniable. According to The Sentencing Project Fact Sheet, *Criminal Justice Facts*, although people of color are only 37% of the U.S. population, they make up 67% of the prison population. The document also indicates that African-Americans are more likely than Whites to be arrested, convicted and face stiffer sentences.

<http://www.sentencingproject.org/criminal-justice-facts/>

The long-term impacts of incarceration on inmates and their families do not end after sentencing, but will continue during their incarceration and even after release. A report conducted by the Ella Baker Center on Human Rights, Forward Together and Research Action Design, *Who Pays? The True Cost of Incarceration on Families* reveals that many of the cost and penalties associated with incarceration continue long after people are released, with negative impacts for families and the communities where they return. The report interviewed 1,500 formerly incarcerated people, their families and employers about the long-term impacts of incarceration, particularly their ability to find employment, housing, and economic stability.

Among the difficulties former inmates reported in the survey was finding adequate employment after release. Seventy five percent of survey respondents described their experience of finding employment as either very difficult or nearly impossible. The study found that the biggest barriers to finding employment were lack of adequate education and training, and felony conviction disclosed in job application.

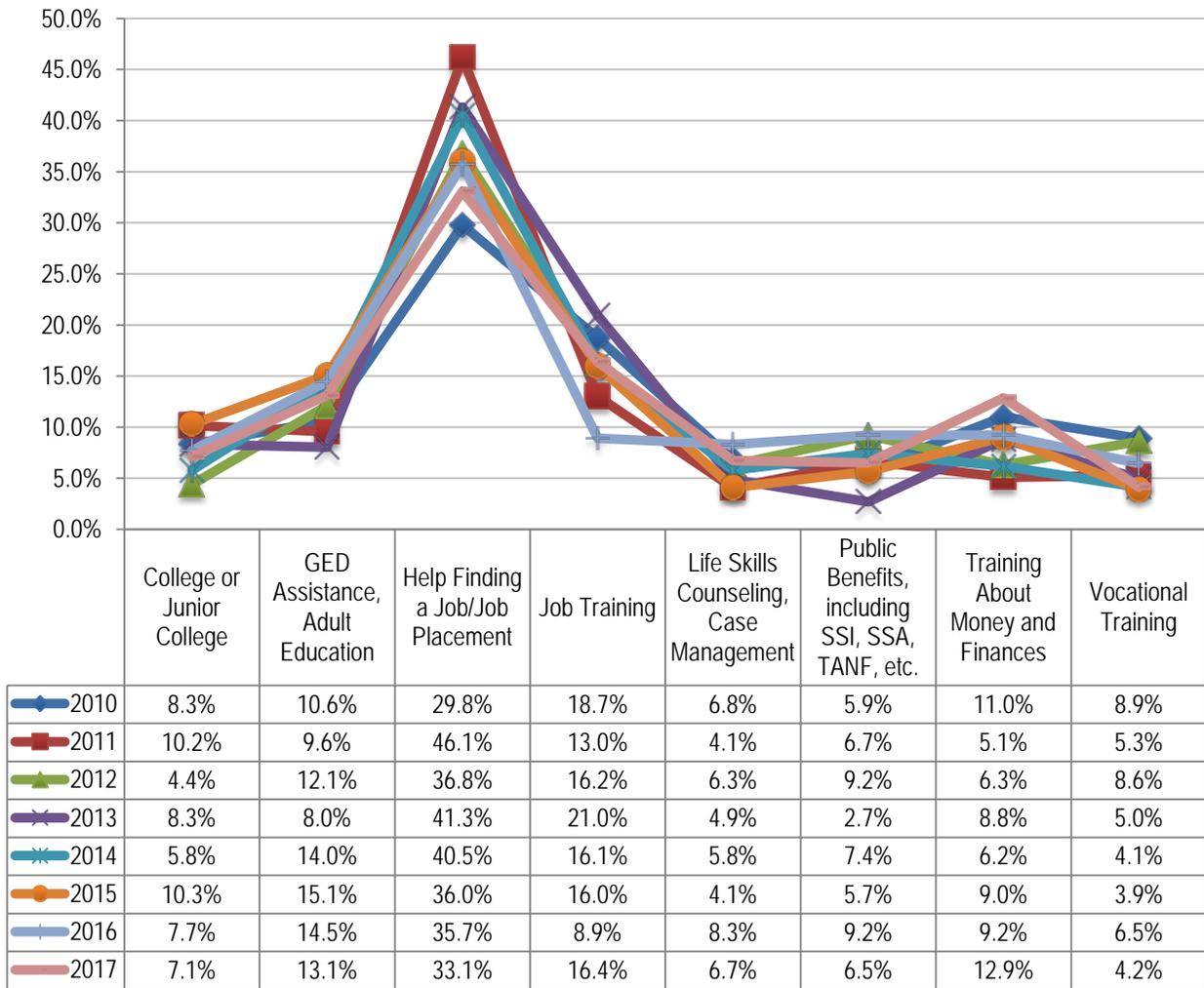
<http://whopaysreport.org/wp-content/uploads/2015/09/Who-Pays-FINAL.pdf>

Grassroots Community Survey

Despite a record low unemployment rate, finding employment is still on the minds of many low-income households seeking to improve their economic stability. Just like previous years, Help Finding a Job/Job Placement is the greatest workforce-related need identified by the respondents to the 2017 Grassroots Community Survey. As shown in Chart W-18, 33.1% of survey respondents chose Help Finding a Job/Job

Placement. There was a significant increase in 2017 compared to the previous year in the number of respondents who chose the need for Job Training from 8.9% to 16.4%.

Chart W-18: Greatest Unmet Need in Workforce & Economic Opportunity
Grassroots Community Survey, 2009-2017



Source: 2009-2017 Metro Social Services Grassroots Community Survey

