

Needs Assessment for United Way of Greater Knoxville



**United Way
of Greater Knoxville**

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BY

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Purpose

The United Way of Greater Knoxville (UWGK) is a non-profit organization that began providing services to Knox County residents in 1922. Beginning as the Community Chest of Greater Knoxville to provide aid to the hungry and homeless, the organization changed its name in 1972 to United Way. While the name has changed, the mission has remained constant - bringing people together to create lasting change that will improve the lives in the community.

The UWGK strives to meet its mission by understanding the needs of the community and granting financial support to organizations who are working to meet those needs. As community needs have evolved, so too have funding priorities. Currently, the focus areas are: Health, Education and Financial Stability. As in the past, the organization is committed to understanding the needs of the community to ensure that focus areas and funding priorities are properly aligned with community needs. To fulfill this commitment, a needs assessment was commissioned. The purpose of the assessment was to seek public input about the challenges facing the greater Knoxville community. Furthermore, input from service providers was sought to better understand unmet needs currently being experienced by their clients and the needed services to best address those needs. The University of Tennessee's College of Social Work Office of Research and Public Service (SWORPS) conducted a community needs assessment in the fall of 2017 to increase the understanding of the "landscape of the community" and to inform decision-making regarding focus areas and resource allocation. The purpose of this report is to present the findings of the activities completed during the needs assessment.

Methodology

The needs assessment was conducted using a three-prong approach to provide a panoramic perspective of community needs. The first prong, a public opinion survey, was designed to measure the public's perception about problems facing the community and the severity of those problems. The second prong, Community Conversations, was designed to facilitate discussions within small groups to identify the challenges facing local neighborhoods and the community at large. The third prong consisted of seeking input from direct service providers in the area using a web survey to identify unmet needs experienced by their clients and services that would be most beneficial to meet these needs.

In addition to collecting input from the public and service providers, social indicators were compiled to provide a more detailed picture of the greater Knoxville region. Moreover, the compilation of indicators assists in determining how public perception aligns with facts and statistics about the quality of life in the region. A number of sources were utilized to develop this picture including data provided by the U.S. Census Bureau, findings from a needs assessment conducted for the Knoxville-Knox County Community Action Committee, the 2014/2015 Community Health Assessment conducted by the Knox County Health Department, and reports shared by the Metro Drug Coalition.

Current Landscape

Knox County occupies an area of 526 square miles that includes the cities of Farragut and Knoxville. According to the U.S. Census Bureau's 2016 American Community Survey estimates, 448,164 reside in Knox County and 183,927 live within the city limits of Knoxville. The population in Knox County is estimated to have grown 5.8% since 2010 and the City of Knoxville is estimated to have grown 3.2% during the same period¹.

Age of residents

There are indications that Knox County is following a national trend of becoming an increasingly aged population. Data finds a slight decrease in the percentage of those under the age of 18 and a slight increase in those who are age 65 and older.

- According to census data, in 2016 21.4% of the population was under the age of 18 compared to 21.9% in 2010.
- Persons aged 65 and older comprised 14.5% of the population in 2016 compared to 12.8% in 2010.² (See Figure 1.)

Racial composition

The racial composition of Knox County residents is predominantly White (87.5%). Black or African Americans are the largest minority group (10.0%) and those of Hispanic ethnicity comprise 3.8% of the total population. Knox County residential zones continue to be racially segregated.

- The majority of non-Whites live within an area defined by the following zip codes for east and north Knoxville: 37915, 37914, 37921, and 37917. The racial composition of these areas consist of 68.8%, 41.5%, 19.5% and 19.1% Black or African American, respectively.
- The Hispanic population is somewhat less segregated but areas of the county have higher concentrations of residents of Hispanic background. These areas are defined by zip codes: 37909, 37919, 37921, 37915, 37917, and 37914. The percentage of Hispanics residing in these areas is: 8.6%, 6.7%, 5.8%, 5.5%, 5.1%, and 4.3%, respectively.³

Poverty levels

Overall, less than one out of six Knox County residents (16.2%) are living at or below the poverty level. However, poverty is not distributed equally across demographic groups. Blacks or African Americans and Hispanics experience the highest rates of poverty.

- More than one in three Blacks or African Americans and Hispanics (35.7% and 33.0%, respectively) are living at or below the poverty level compared to 13.7% of Whites.
- One in five children under the age of 18 in Knox County (20.8%) live in households at poverty level and the household income of 8.1% of those 65 years of age and older fall at or below the poverty level. (See Figure 2.)

¹ U.S. Census Bureau's 2016 American Community Survey 5 year Estimates

² U.S. Census Bureau American Community Survey Demographic and Housing Estimates

³ U.S. Census Bureau's 2016 American Community Survey 5 year Estimates

- Those with less than a high school education are also more likely to live in poverty compared to those with a high school diploma to (31.8% compared to 15.9%, respectively). Furthermore, the percentage of those living at or below the poverty level continues to decline with education beyond high school — 11.4% with some college or Associate’s degree and 4.1% of those with a Bachelor’s degree or higher. ⁴ (See Figure 4.)
- The structure of the household also has an impact on the prevalence of poverty. Two parent households are significantly less likely to experience poverty (6.6% living at or below poverty) compared to households who are headed by single females (36.6%). (See Figure 4.)

Prevalence of disabilities

Those with a disability comprise 13.0% of the total civilian noninstitutionalized population.

- Blacks are slightly more likely to have a disability - 15.3% compared to 13.0% of Whites and 6.2% of Hispanics.
- Approximately one out of three older residents, 35.2% of those 65 years of age and older, are reported to have a disability. Slightly less than one out of ten residents, 7.2% of the overall population, is defined as having ambulatory difficulty.⁵

Access to transportation

Access to reliable transportation is widely recognized as a key element for self-sufficiency.

- According to the U.S. Census Bureau, 6.5% of all Knox County residents currently live in a household without access to a vehicle.
- Furthermore, renters are significantly less likely to have access to a vehicle than are home owners - 13.6% compared to 2.4%, respectively.⁶

Education

The local school system continues to show improvements in outcome measures. According to the Tennessee Department of Education’s 2016 Report Card, Knox County School scored above the state average in academic achievement.

- Graduation rates have slightly increased to 90.3%. An average attendance rates for K-8 is 95% and 93% for high school.⁷
- Approximately one out of three Knox County residents (35.7%) of residents 25 years of age and older hold a Bachelor’s degree or higher. Blacks are more likely than Whites to hold only a high school diploma (33.9% compared to 25.4%) and are less likely to have attained a Bachelor’s degree or higher (20.7% compared to 36.8%).⁸ (See Figure 3.)

⁴ U.S. Census Bureau’s 2016 American Community Survey 5 year Estimates

⁵ U.S. Census Bureau’s 2016 American Community Survey 5 year Estimates

⁶ U.S. Census Bureau’s 2016 American Community Survey 5 year Estimates

⁷ <https://www.knoxschools.org/domain/962>

⁸ U.S. Census Bureau’s 2016 American Community Survey 5 year Estimates

Employment and industry

Knox County has consistently experienced lower unemployment rates than other areas of the state over the past several years.

- The reported unemployment rate in November was 2.9% while the rate for the entire state was 3.3%.⁹
- Health care and social services (16.4%), administrative support (14.9%), retail trade (14.1%), and accommodation and food service (11.6%) are the highest employment sectors within the county.¹⁰

Housing

In a report released by the National Low-Income Housing Coalition, a household needs to earn \$32,280 a year, or roughly \$15.52 per hour, in order to afford housing in Knox County.¹¹

- While the Knoxville's Community Development Corporation (KCDC) provided 3,525 units of public housing and supported 3,500 Section 8 housing units in 2015, there remains a waiting list for both types of support.¹²
- According to the "Homelessness in Knoxville-Knox County Tennessee: 2016 Annual Report Knoxville Homeless Management Information System HMIS", there was a 21% increase in the number of homeless individuals who received services from a HMIS agency between 2015 and 2016. While it is difficult to know the exact number of homeless individuals, during the third quarter of 2017, 2,677 clients served by one of or more of agencies serving the homeless population were defined as "literally homeless" and 785 were defined as "at risk" for being homeless. Problems with mental health, lack of affordable housing, and loss of job were the most frequently cited reasons for being homeless.¹³

Physical and mental health

The Knox County Health Department completed a Community Health Assessment in 2014-2015 to gain a deeper understanding of the health challenges being experienced by the community. The report released from the assessment identified health priorities categorized within fourteen topic areas. These topic areas included, among others: access to health services; mental health; oral health; substance use; and obesity, nutrition, and physical activity. According to the report:

- 54% of the unemployed and 15.5% of those who are employed do not have health insurance. Moreover, 43.8% of those who are unemployed and 15.9% of those with a job were unable to see a doctor in the past year due to cost.
- The report also indicates that those with annual household incomes of less than \$15,000 were more likely to experience more days of poor mental health in the past 30 days. Fewer than four of every ten people in need of mental health treatment receive care in any given year.

⁹ <https://www.homefacts.com/unemployment/Tennessee/Knox-County.html>

¹⁰ Source: U.S. Census Bureau, 2015 County Business Patterns

¹¹ National Low-income Housing Coalition. (2016). *Out of reach*. <http://www.virtualcap.org/wordpress4/wp-content/uploads/2016/12/OOR-2016.pdf>

¹² 2017 Knoxville-Knox County Community Action Committee Needs Assessment

¹³ http://sworpswebapp.sworps.utk.edu/html/2016_Annual%20Report_KnoxHMIS.pdf

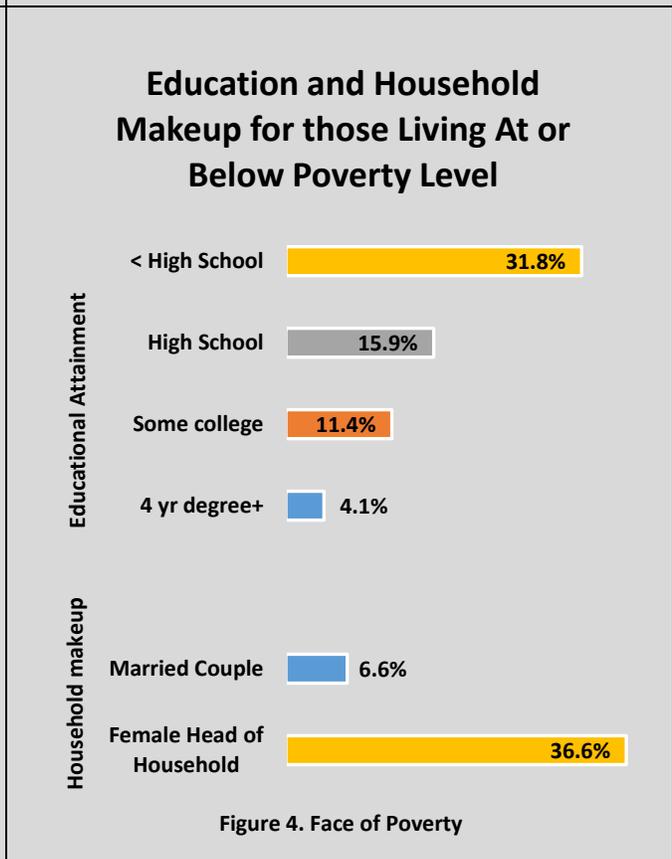
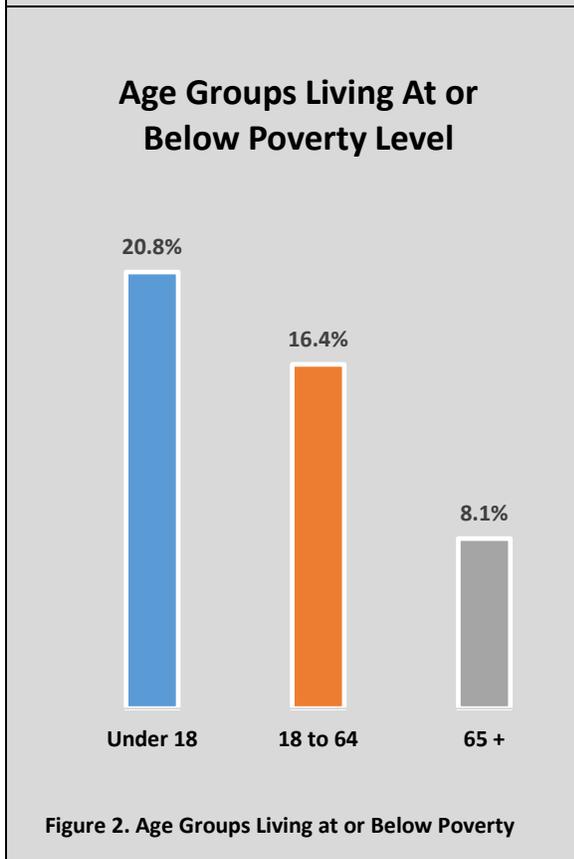
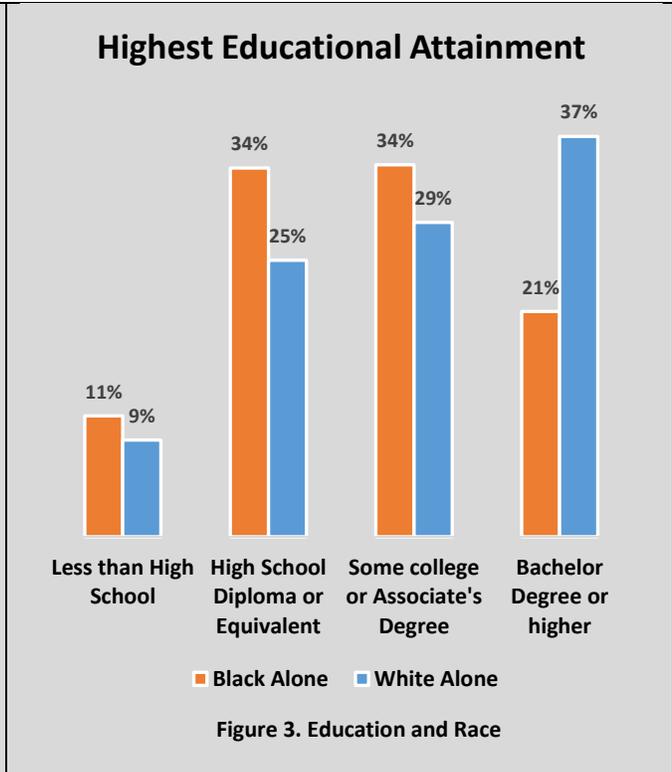
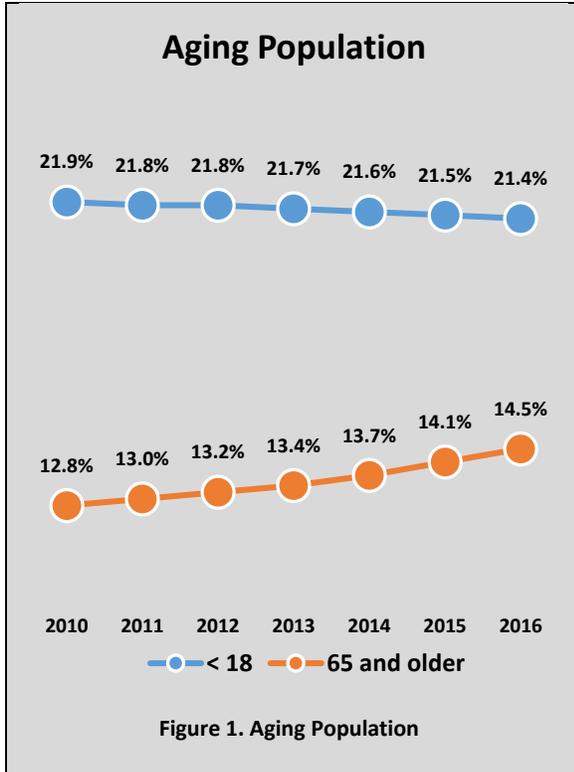
- Lack of good oral health can impact overall quality of life because it may prevent positive social interactions and potential employment. Income is a major barrier to good oral health. According to the Community Health Assessment, only 34% of adults living in a household whose income was less than \$15,000 reported seeing a dentist within the past year compared to 84.6% of those whose household income exceeded \$50,000.
- Obesity among adults in Knox County continues to rise — from 21.1% in 2002 to 28.6% in 2014. Moreover, 13.4% of high school students were considered obese based upon their self-reported height and weight.¹⁴

The opioid epidemic has gained much attention recently in the national and local news. According to the Chief Medical Examiner for Knox and Anderson counties, “the data continue to show that substance abuse deaths are trending up and the trend does not look promising for our community. To add to the bad news, the variety and accessibility of cheaper and much more powerful drugs has expanded.” (Knox County Regional Forensic Center Drug Related Death Report 2016 for Knox and Anderson County, p.1)

- According to this report, there has been a 153% increase in the number of drug related deaths between 2010 and 2016. Furthermore, the number of drug related deaths among Blacks increased by 109% in 2016 and continues to increase in 2017. Not only is substance abuse of concern for the user, but the detrimental effects on infants born to addicted mothers is on the rise.
- While statistics for the prevalence of Neonatal Abstinence Syndrome (NAS) for Knox County could not be found, there was a 10-fold increase in NAS cases in Tennessee from 2000 to 2010, and East Tennessee has the highest NAS rates in the state.¹⁵

¹⁴ 2104-15 Community Health Assessment https://www.knoxcounty.org/health/pdfs/CHA_web_2015.pdf

¹⁵ Knox County Regional Forensic Center Drug Related Death Report 2016 for Knox and Anderson County



Public Perception

A public opinion survey was completed using a mixed-mode approach. The modes utilized for data collection were telephone and web surveys. Telephone surveys were completed using landline and cell phone sample. The web surveys were completed through the use of Facebook ads to include the younger demographic. A total of 602 Knox County residents completed a survey. The overall sample size results in a +/- 3.9 margin of error at the 95% confidence level.

Using the mixed-mode methodology for data collection resulted in a robust sample that closely matched demographic characteristics of Knox County residents. However, residents under the age of 25 and males were slightly underrepresented. Therefore, a post-stratification weight was assigned to each record. Weights were calculated to match sample characteristics to population characteristics provided by the U.S. Census Bureau's 2016 American Community Survey. Sample characteristics used for calculations of these weights were age and gender. All results reported and discussed in this report are based upon weighted data.

In addition to the public survey, UWGK donors and volunteers were invited to participate in the survey. An email invitation was sent by UWGK to 409 donors and volunteers requesting their participation in the survey. Of these 409, 128 completed the survey using the web link to the survey. While the questions asked were the same, data were analyzed and reported separately. However, the results from both groups are quite similar.

Survey respondents were presented with a list of twenty-four potential problems or challenges facing Knox County residents. The problems were presented in random order to reduce potential response bias resulting from question ordering. For each problem, the respondent was asked to indicate whether the problem was a "Major problem", a "Minor problem" or "Not a problem" in Knox County. Those who indicated that at least two problems were either a "Major problem" or "Minor problem" were asked to select which they considered to be the most serious problem currently being faced by Knox County residents. A full report of the survey results is found in the Appendix.

Results of the survey suggest that problems are best categorized into five levels of severity. These categories are determined by the overall frequency of those who reported the problem as a "Major problem" and by calculating a mean score for each problem. Problems with the highest frequency of respondents indicating they were a "major problem" are included in the First Tier and those with the lowest frequency of those reporting them as a "major problem" are included in the Fifth Tier. The problems listed within each tier are ordered by the level of severity. The tiers and problems falling within each tier are found below in Figure 5.

First tier	Second tier	Third tier	Fourth tier	Fifth tier
Substance or drug abuse	Lack of affordable childcare	Crime	Lack of affordable pre-school programs	Availability of vocational training
Homelessness	Hunger or food insecurity	Lack of assistance or services for those in need	Lack of programs or services for the elderly	Lack of parks and walking or biking trails
Obesity	Human trafficking	Lack of job opportunities for those with a criminal record	Quality of K–12 public education	
Lack of affordable healthcare	Disparity in the quality of education and services across the county	Gang activity	Lack of public transportation or transportation services for those in need	
Availability of mental health services or treatment		Lack of good paying jobs	Vacant lots or blighted housing	
Poverty		Lack of affordable housing		
		Lack of affordable afterschool programs		

Figure 5. Problems in Tiers of Severity

Results from the survey with volunteers and donors were quite similar to the survey with the general public for the first three tiers of problems. However, perceptions of the volunteers and donors begin to diverge from the general public regarding the severity of problems included in the fourth and fifth tiers. Specifically, perceptions of the severity of crime and lack of programs or services for the elderly were reported to be significantly lower by the volunteers and donors than by the general public. A full report of results for the general public compared to the volunteers and donors is found in Table 2 located in the Appendix.

However, when considering only responses from the general public, some noteworthy differences in perceptions about the severity of problems emerged. Respondents between the ages of 18 and 25 were less likely to report that availability of mental health services or treatment was as severe of a problem as older respondents. Younger respondents were also less likely to report that crime, human trafficking, and gang activity were as much of a problem as those who were older. A full reporting of the results by age are found in Table 3 of the Appendix.

Results of the survey conducted with the general public also show that perceptions about the severity of certain problems differ based upon where the respondent lived. Respondents who live in the northern and western areas of the counties were significantly less likely to report that the quality of K–12 public education was a problem compared to those who live in the eastern and southern parts of the county.

Furthermore, those living in the North and West were significantly less likely than those living in the East and South to perceive disparity in the quality of education and services across the county as a problem. Differences in the perception about the lack of assistance or services for those in need were also reported. Those living in the Downtown area and eastern portion of the county were more likely to perceive this as a major problem. Finally, those living in the eastern and northern areas were more likely to report that crime was a major problem.

Despite these differences, there was a great deal of similarity in perceptions about the most serious problems facing the county. Regardless of the area of the county the respondent lived, substance abuse and poverty were always included as one of the five most serious problems reported. Homelessness, affordable healthcare, and obesity were reported to be in the top five for those living in the East, North, and South areas of the county. Affordable childcare and lack of good paying jobs were perceived to be two of the top five most serious by those living in the western part of the county.



Figure 6. Five Most Serious Problems by Area of the County

In addition to offering their opinions about the severity of each potential problem, respondents were provided the opportunity to indicate which of the problems they had reported as either a minor or a major problem they felt was the most severe facing Knox County. While trends were similar to the problems identified as the most severe, interesting differences did emerge. For instance, Black or African American respondents identified “crime” as the most severe problem while White respondents identified “substance or drug abuse” as the most severe. Furthermore, quality of education was not perceived as a major problem overall, however, it was identified by Black or African American respondents as the third most severe problem. Differences between these two groups were also reflected in perceptions about the availability of mental health services or treatment. White respondents were significantly more likely than their Black counterparts to identify this problem as the most severe — 10.9% compared to 2.8%, respectively.

Most Severe Problem Facing Knox County

(n = 597)

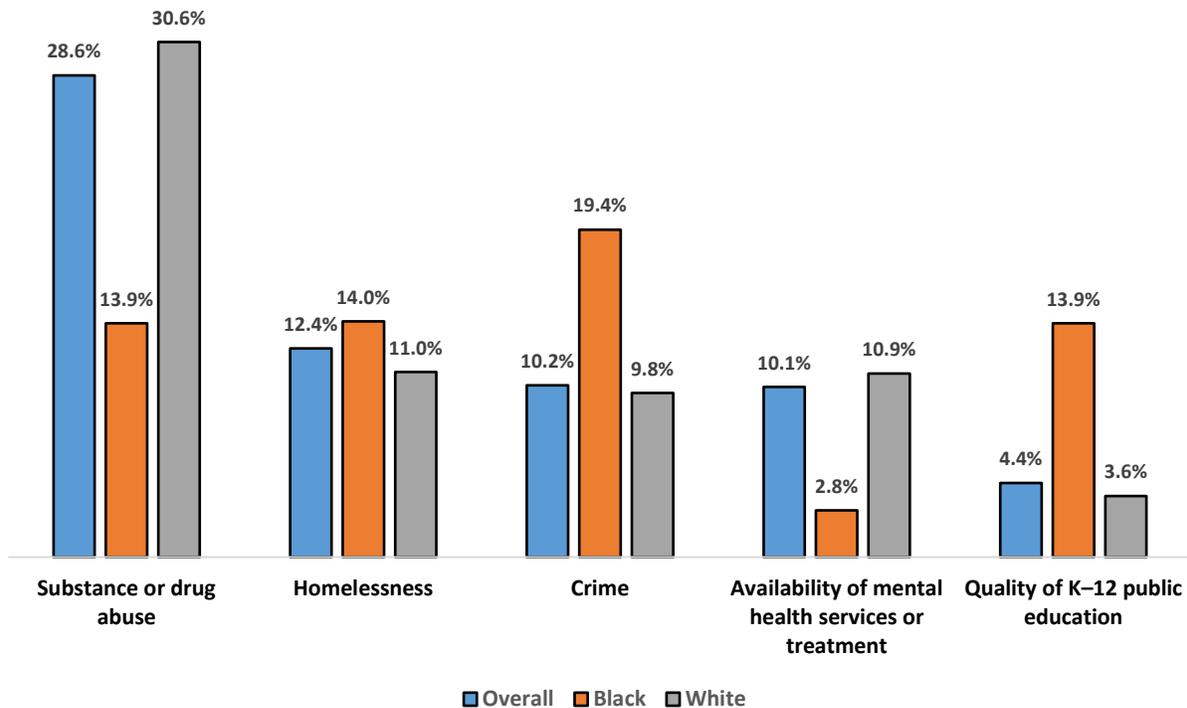


Figure 7. Most Severe Problems

Community Conversations

Community Conversations were devised to facilitate informal discussions within a small group setting. However, opportunities presented themselves to include larger groups so the format was adapted to accommodate these groups. Further adaptations were required to foster discussion with groups who might not be accustomed to participating in group discussion. In total, thirty-one Community Conversation events were hosted during October and November, 2017. More than 300 people participated in these events and represented a broad swath of Knox County residents. While not all group facilitators reported ethnic and age statistics, it is estimated that all ethnic and racial groups, all socioeconomic groups, and all areas of the county were well represented in the process.

The Community Conversations were designed to be a brainstorming activity for the participants about the current problems being faced in the local community and in the county at large. The facilitator acted as a scribe and listed the problems as they were mentioned. Once all of the problems were listed, each participant was asked to place a red next to the most serious problem; an orange sticker by the second most serious problem; and a yellow sticker next to the third most serious problem. A list of problems discussed by all groups was compiled with indicators of the number of red, orange, and yellow stickers placed next to the problem. A content analysis was completed using Nvivo, a text analysis tool to identify the most frequently cited problems in general and those most frequently identified as the most severe. The content of the discussions are presented in Table 1 below in two ways: a list of issues most frequently discussed in the conversations and a list of issues that emerged as most severe.

Problems most frequently cited	Problems most frequently identified as the most severe
Education and training opportunities	Drugs and addiction
Housing – access and affordability	Homelessness
Drugs and addiction	Housing – access and affordability
Homelessness	Employment – jobs and business opportunities
Transportation	Education, training, and schools
Roads	Transportation
Healthcare – access and affordability	Roads
Mental health	Healthcare – access and affordability
Jobs and business	Mental health

Table 1: Results of Community Conversations

A word cloud was also generated using Nvivo to display the results of the content analysis in a different manner. Words recorded at higher frequencies are displayed in larger and darker fonts to emphasize their importance. The word cloud from the results of the Community Conversations is displayed below.

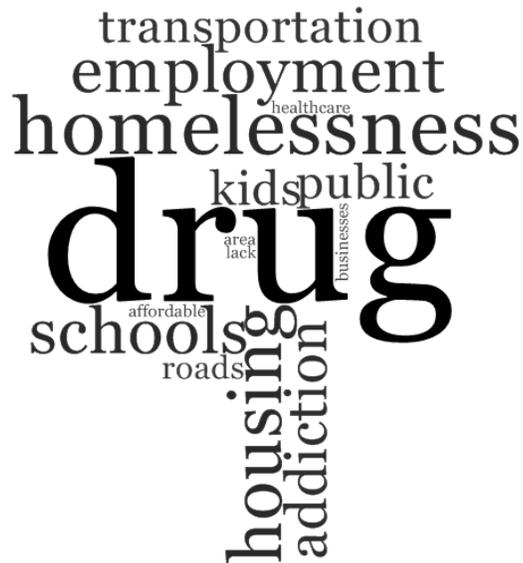


Figure 8. Word Cloud from Community Conversations

Other problems frequently discussed included:

- Blighted properties and vacant houses
- Crime and gang activity
- Diversity training
- Food deserts
- Help needed by parents and families
- Need for more community engagement
- Need for more tutors and role models for young people
- Sidewalks and safe areas for children to play

Because demographic information was not reported by all facilitators, it is not possible to determine if there were differences in topics discussed between age groups, area of the county, or ethnic or racial groups. However, what is striking is the similarity in problems identified in the Community Conversations and those that emerged as major problems in the public opinion survey.

Survey of Providers

The United Way of Greater Knoxville sent an email to 52 agencies that provide direct services requesting participation in a web survey about services in the community. Sixty-three individuals responded to the survey. These providers represent a wide variety of clients and services provided within the community. The survey included two open-end questions about the unmet needs of their clients and the services that best meet the needs of their clients. Content analysis, again using Nvivo, was conducted using the answers provided for these two questions.

The needs identified in this survey were consistent with findings from a survey conducted earlier in 2017 with Community Action Committee community partners.¹⁶ Furthermore, the needs identified by the providers were quite similar to those identified in the public opinion survey and Community Conversations. However, the need for affordable dental care was frequently cited by providers but was not mentioned elsewhere. The most frequently cited unmet needs are listed below in their rate of occurrence.

1. Housing
2. Transportation
3. Dental care
4. Access to affordable healthcare
5. Access to mental health services

The word cloud generated in Nvivo using responses from the Provider Survey is displayed below.



Figure 9: Word Cloud from Provider Survey

¹⁶ 2017 Knoxville-Knox County Community Action Committee Needs Assessment

While affordable childcare was not an unmet need most frequently cited, a provider offered insight about how the lack of childcare affects parents' ability to achieve self-sufficiency. Without childcare, parents are not able to take advantage of educational programs being offered to obtain higher levels of education or training and thereby improving their ability to provide for their families.

“In recent months we have seen an increased need for more high-quality child care centers in the Knoxville Community. With the continued push for adults to seek higher education, particularly in regards to Gov. Haslam's "Drive to 55" initiative, we have seen an increased need for child care for many of the non-traditional parents seeking to capitalize on the benefits of higher education. In conjunction with the "Drive to 55" initiative, the State of Tennessee was able to begin the Smart Steps Child Care Voucher program in June 2016. This voucher better assists working parents and families with the cost of child care. This program allows families a hand up, providing a lower cost for full time child care. The challenge is that many programs do not accept the vouchers — this creates a funnel of families that need our services, but cannot obtain them due to regulations out of our control.”

In addition to the need for childcare, one provider made a compelling argument for the need of adult mentors and programs so that children who live in difficult situations can be exposed to opportunities that demonstrate alternatives to their current surroundings. Several providers also discussed the importance of bridging the cultural gap for disadvantaged youth by exposing children who live in difficult situations to the arts, cultural events, and other stimuli.

“The youth we serve at our organization come from low-income households and often do not have the access to resources that their peers do. Youth fall behind academically in school, experience health problems, are exposed to and/or engage in risky behavior, and are more at risk of experiencing trauma or Adverse Childhood Experiences (ACEs). Many youth we serve come from families who have experienced multi-generational poverty and live in communities where crime and violence can be high. Many youth and teens do not have the ability to set goals and develop pathways for academic success, healthy lifestyles, or future success (post-secondary education and career success) because all they see and know are what they have been surrounded by in their communities and set their goals low. Youth need caring adult mentors and programs that can not only give them resources but expose them to opportunities outside their community and help youth set goals and create pathways for future success.”

Perhaps as important as the discussion about unmet needs was the insight shared by providers about the services or programs that could be employed to address these needs. Providers offered specific suggestions about what services could best address the needs of their clients.

Specific services that were discussed:

- Healthcare and mental health services
 - “Mental health counseling, onsite health care, onsite dental services provided at the school site.”
 - “More behavioral health/social work/parenting resources particularly for families of young children. Outpatient pediatric physical therapy, occupational therapy and speech therapy at locations closer to home for our patients.”
 - “Clients need access to affordable drug and alcohol treatment without waiting lists.”
 - “Dental Care for the uninsured and TennCare populations.”
 - “Increased mental health providers along with people to work with community members to walk through the steps to get individuals covered through insurance.”

- Transportation
 - “A more affordable transportation system other than the bus. For doctor visits, it can take several hours unless you have a family member who can take you. There are not a lot of options for a trip to the grocery store or to be able to get to a job.”
 - “Help transporting furniture.”

- Housing and furnishings
 - “The quickest solution to the lack of affordable housing would be to recruit landlords to participate in the Section 8 program. “
 - “Building affordable single family residences.”
 - “A lot of times when our clients are granted custody of children by the courts they are in need of furniture items such as dressers and beds.”

- Employment
 - “An employment resource that could actually help people get jobs. We have many individuals who lack the "soft skills" needed to be truly good employees, but they are not disabled enough to qualify for vocational rehabilitation or services through the Tennessee Job Center.”

- In-depth case management
 - “More in-depth case management. Several of us provide case workers and have more than wonderful intentions. But, due to costs constraints — they normally are providing case management when things fall apart. The ideal would be to have funding to truly be able to reach out to our clients/patients even when things are going good. This would hopefully prevent small things from becoming a disaster.”

- “Budgeting classes, financial planning, and long term case management for financial goal setting.”
- “Case managers with a holistic approach to help individuals and families develop a plan to meet all of their needs and access the services and resources necessary to get there.”
- Services for senior citizens
 - “More money to make a fully funded Grandparents as Parents initiative.”
 - “More volunteers to visit and assist our Elder Orphans.”
- Services for youth
 - “Resources are also needed to provide social skill development and support, as well as mental or behavioral health support for youth, identifying, and serving all kids who would not ever be sent to or go to a mental health agency otherwise and can be served in the after school, summer, or school setting. Resources are needed to provide more qualified tutors to youth; to feed children after school and during the summer (including summer breakfast); to give youth opportunities to learn and experience outside their community; and to participate in activities that encourage healthy lifestyles (such as intramural sports, dance, yoga, fitness centers). Finally, resources are needed for the Arts, an area that is extremely not accessible to low income youth, despite all of the research that shows the benefit and impact of youth participation in the arts.”
 - “Trauma informed education and programming in all local school districts. More adolescent alcohol and drug prevention and treatment programs. More Certified Peer Recovery Specialist funding. More suicide prevention programs in local schools.”
- Translation services
 - “Spanish speaking legal assistance.”
 - “At its most basic level, hiring personnel who can speak Spanish and having interpreters available would at least make services theoretically available.”
- Services available on weekends
 - “A pantry open on Friday, Saturday and Sunday.”
 - “We need services that are available on the weekends. Unless you are on someone's caseload, most families are own their own, especially when crisis hits.”

Conclusion

The United Way of Greater Knoxville (UWGK) conducted a community needs assessment to determine whether or not its current focus areas used for funding priorities were consistent with the needs of the community. The current focus areas are: Health, Education, and Financial Stability. The needs assessment included collecting social indicators for Knox County, seeking input from service providers, and seeking input from the public through a public opinion survey and Community Conversations.

Social indicators and results of the activities to solicit input from the public point to a consistent message about the problems facing Knox County. Furthermore, findings from these activities suggest that UWGK's current focus areas are consistent with the identified needs of the community. Many of the problems identified are often intertwined or related to other problems making it difficult to assign a problem to only one focus area. However, a framework for categorizing the problems is offered below.

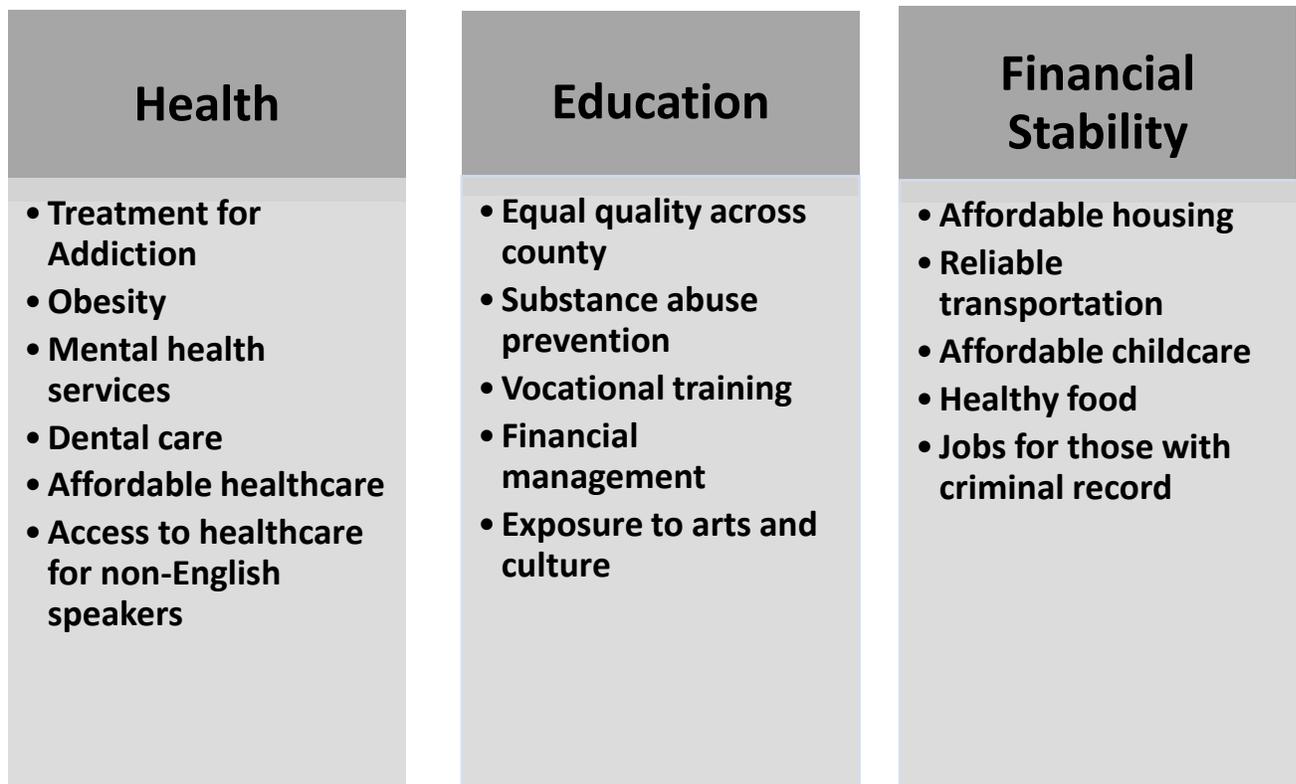


Figure 10: Focus Areas

“Health” emerged as the area of heightened concern perhaps because the impacts of health problems are so readily apparent and have affected so many families in Knox County. This area includes expressed concerns about the opioid epidemic; substance abuse; NAS babies; lack of access to affordable healthcare; lack of access to mental health services; obesity; and lack of access to dental care.

Another area of concern frequently discussed can best be categorized within an “Education” focus area. Included in this area is the need for mentors and tutors to work with young people; exposure to the arts and other cultural events for disadvantaged youth; addressing diversity in the quality of education across the county; and vocational training. Social indicators demonstrate that a lack of education is a strong predictor for living at or below the poverty level. These indicators further suggest that Blacks or African Americans in Knox County are disproportionately not attaining higher levels of education beyond high school. Efforts to address this disparity could result in lower levels of poverty in Knox County.

Finally, the third focus area suggested by the needs assessment is “Financial Stability”. Included in this focus area is the need for access to affordable housing; access to affordable childcare; access to reliable transportation; access to healthy and affordable food; and access to job opportunities particularly for individuals who have a criminal record. Without the security of stable housing and employment, individuals and families will continue to be vulnerable.

APPENDIX

	Results from Public Opinion Survey				Results from Donors and Volunteers		
	Not a problem	Minor problem	Major problem		Not a problem	Minor problem	Major problem
Substance or drug abuse	2.1%	16.4%	81.5%		.8%	11.2%	88.0%
Homelessness	2.8%	24.6%	72.6%		.8%	17.6%	81.6%
Obesity	3.1%	26.8%	70.1%		.8%	28.2%	71.0%
Lack of affordable healthcare	10.9%	19.8%	69.3%		.9%	21.6%	77.5%
Availability of mental health services or treatment	14.4%	23.3%	62.3%		.9%	22.7%	76.4%
Poverty	5.2%	37.1%	57.7%		.8%	39.8%	59.3%
Lack of affordable childcare	11.9%	32.6%	55.6%		2.1%	37.5%	60.4%
Hunger or food insecurity	12.2%	33.8%	54.0%		.9%	36.8%	62.3%
Human trafficking	10.8%	36.4%	52.8%		2.0%	31.6%	66.3%
Disparity in the quality of education and services across the county	14.7%	35.5%	49.8%		8.3%	30.0%	61.7%
Crime	5.7%	46.0%	48.3%		5.7%	63.9%	30.3%
Lack of assistance or services for those in need	13.7%	40.4%	45.9%		15.0%	49.6%	35.4%
Lack of job opportunities for those with a criminal record	14.7%	39.4%	45.9%		9.9%	55.6%	34.6%
Gang activity	12.6%	41.8%	45.6%		10.7%	57.3%	32.0%
Lack of good paying jobs	17.7%	37.1%	45.2%		16.2%	53.2%	30.6%
Lack of affordable housing	16.9%	39.1%	44.0%		7.8%	41.2%	51.0%
Lack of affordable afterschool programs	17.4%	40.5%	42.1%		6.4%	37.2%	56.4%
Lack of affordable pre-school programs	21.6%	39.3%	39.1%		6.5%	46.7%	46.7%
Lack of programs or services for the elderly	19.9%	41.9%	38.2%		12.6%	65.3%	22.1%

Quality of K–12 public education	25.0%	42.0%	33.0%		11.5%	56.6%	31.9%
	Results from Public Opinion Survey				Results from Donors and Volunteers		
	Not a problem	Minor problem	Major problem		Not a problem	Minor problem	Major problem
Lack of public transportation or transportation services for those in need	28.3%	39.8%	31.9%		21.2%	51.3%	27.4%
Vacant lots or blighted housing	19.4%	50.9%	29.7%		7.5%	60.7%	31.8%
Availability of vocational training	29.9%	45.3%	24.8%		17.0%	60.4%	22.6%
Lack of parks and walking or biking trails	52.7%	33.0%	14.4%		63.8%	28.3%	7.9%

Table 2: Results of Public Opinion Survey and Survey of Volunteers and Donors

Issue	Overall*	18-24	25-34	35-44	45-54	55-64	65+
Substance or drug abuse	2.8	2.7	2.7	2.9	2.8	2.8	2.9
Homelessness	2.7	2.6	2.7	2.8	2.6	2.7	2.8
Obesity	2.7	2.7	2.5	2.7	2.6	2.7	2.8
Lack of affordable healthcare	2.6	2.3	2.5	2.6	2.7	2.7	2.6
Poverty	2.5	2.5	2.4	2.7	2.5	2.6	2.5
Availability of mental health services or treatment**	2.5	2.2	2.5	2.7	2.4	2.6	2.5
Lack of affordable childcare	2.4	2.4	2.4	2.5	2.4	2.5	2.4
Crime**	2.4	2.2	2.2	2.4	2.4	2.5	2.7
Human trafficking**	2.4	2.1	2.3	2.5	2.4	2.6	2.6
Hunger or food insecurity	2.4	2.4	2.4	2.5	2.5	2.4	2.4
Disparity in the quality of education and services across the county **	2.4	2.4	2.5	2.5	2.3	2.3	2.1
Gang activity**	2.3	1.8	2.2	2.4	2.3	2.5	2.7
Lack of assistance or services for those in need	2.3	2.4	2.2	2.4	2.3	2.4	2.2
Lack of job opportunities for those with a criminal record	2.3	2.2	2.2	2.3	2.3	2.4	2.5
Lack of affordable housing	2.3	2.3	2.2	2.3	2.2	2.4	2.2
Lack of good paying jobs	2.3	2.1	2.2	2.3	2.3	2.3	2.4
Lack of affordable afterschool programs	2.3	2.1	2.3	2.3	2.2	2.4	2.2
Lack of affordable pre-school programs	2.2	2.1	2.3	2.3	2.2	2.2	2.1
Lack of programs or services for the elderly	2.2	2.0	2.1	2.3	2.3	2.3	2.1
Vacant lots or blighted housing	2.1	2.2	1.9	2.2	2.2	2.1	2.1
Quality of K–12 public education	2.1	2.1	2.2	2.2	2.0	2.0	1.9
Lack of public transportation or transportation services for those in need	2.0	1.8	2.0	2.2	2.0	2.2	2.1
Availability of vocational training	1.9	1.7	1.9	2.0	2.0	2.0	2.0
Lack of parks and walking or biking trails	1.6	1.5	1.5	1.6	1.7	1.7	1.6

Table 3: Calculated Means by Age Groups

*Higher means indicate more serious problem (range from 1 – 3)

**Difference in means are statistically significant

Issue	Overall*	Downtown***	East	North	South	West
Substance or drug abuse**	2.8	2.6	2.8	2.9	2.8	2.8
Homelessness**	2.7	2.5	2.8	2.8	2.8	2.6
Obesity	2.7	2.8	2.7	2.7	2.6	2.6
Lack of affordable healthcare**	2.6	2.4	2.6	2.7	2.8	2.5
Poverty**	2.5	2.6	2.6	2.6	2.6	2.4
Availability of mental health services or treatment	2.5	2.6	2.5	2.5	2.5	2.4
Lack of affordable childcare	2.4	2.5	2.5	2.5	2.5	2.3
Crime**	2.4	2.2	2.6	2.6	2.4	2.3
Human trafficking	2.4	2.2	2.5	2.4	2.5	2.4
Hunger or food insecurity	2.4	2.4	2.5	2.4	2.5	2.4
Disparity in the quality of education and services across the county**	2.4	2.5	2.5	2.2	2.6	2.2
Gang activity**	2.3	1.9	2.4	2.5	2.2	2.3
Lack of assistance or services for those in need**	2.3	2.6	2.5	2.3	2.4	2.2
Lack of job opportunities for those with a criminal record	2.3	2.5	2.4	2.3	2.3	2.2
Lack of affordable housing	2.3	2.4	2.4	2.2	2.3	2.2
Lack of good paying jobs	2.3	2.4	2.4	2.4	2.3	2.2
Lack of affordable afterschool programs	2.2	2.3	2.4	2.2	2.3	2.2
Lack of affordable pre-school programs	2.2	2.3	2.3	2.1	2.3	2.1
Lack of programs or services for the elderly	2.2	2.4	2.4	2.2	2.1	2.1
Vacant lots or blighted housing	2.1	2.2	2.3	2.1	2.0	2.0
Quality of K–12 public education**	2.1	2.3	2.3	1.9	2.2	1.9
Lack of public transportation or transportation services for those in need**	2.0	2.2	2.0	2.1	1.9	2.1
Availability of vocational training	1.9	1.9	2.0	1.8	2.2	1.9
Lack of parks and walking or biking trails	1.6	1.6	1.8	1.6	1.4	1.6

Table 4: Calculated Means by Area of County

*Higher means indicate more serious problem (range from 1 – 3)

**Difference in means are statistically significant

***Sample size is too small for generalization to larger population

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