



SHELBY COUNTY HEAD START
Community Assessment Update
2010

Prepared by
Shelby County Head Start
September, 2010

Table of Contents

Introduction	3
Head Start Accomplishments	5
Community Description	7
The Head Start Population	29
The Head Start Program	31
Priority Area Assessment	44
Appendix	

Introduction

Background

Shelby County Head Start (SCHS) operates the federally funded Head Start program that serves the children of Shelby County, Tennessee. The vision of Shelby County Head Start is to become the area's premier Early Childhood program by providing quality services for children and families through staff development, parent education, community collaborations and technological advancements. The mission of SCHS is to create, implement and maintain comprehensive quality services and programs for children and families residing in Shelby County.

SCHS is a department of the Division of Community Services within Shelby County government. SCHS is governed by a board of directors made up of representatives of economically disadvantaged populations, private sector businesses, and government agencies. A policy council provides input into SCHS programs and operations. The three subcomponents of SCHS are community partners, delegate agencies and contractual agencies. There are also four delegate agencies that provide Head Start services to the Shelby County population—Goodwill Homes (100 students at one site), Porter-Leath (400 students at two sites), Primary Prep (140 students at one site), and YMCA (160 students at one site). The YMCA program closed at the end of the 2009-2010 school year and those students will be transferred to SCHS. Memphis City Schools and Shelby County Schools served 713 students at 19 elementary school Pre-K sites. In addition to the delegate agencies, Head Start contracts with MCS (Tennessee Voluntary Pre-K) for 16 Pre-K classrooms housed within Head Start Centers (14) and MCS (2) elementary school sites. Under the contract with the University of Memphis, 40 children were served in two locations. The University of Memphis also provided Family Literacy Services to the families of all SCHS children. Southwest Tennessee Community College was contracted to serve 60 pre-K children at two locations.

For the 2009-2010 school year Shelby County Head Start and the four delegate agencies were funded to serve a total of 3,186 Shelby County children in the Head Start program at 38 different sites. During the course of the year, 3,651 children were actually served through one or another of the Head Start programs. SCHS enrollment exceeded stated funding levels due to SCHS involvement with the statewide Pre-K program and wraparound options with Memphis City Schools.

Community Assessment

An assessment of the community served by the Head Start program in Shelby County is conducted every three years and updated in interim years. This report updates the full community assessment completed in 2008. In order to determine the needs for Head Start-related services in Shelby County, this report identifies the location and characteristics of the target population and assesses their needs with regard to health, education and social services. The report also identifies and evaluates the resources available in the community for meeting the needs of the Head Start population and assesses the extent to which these needs are being met. Ultimately, the gap between needs and resources must be determined as a basis for formulating policy and planning programs.

This document will be used in the following ways to influence policy:

- To help determine Shelby County Head Start's philosophy and its short- and long-range objectives.

- To determine the type of component services that are most needed and the program option or options that should be implemented.
- To determine the recruitment area that will be served by the grantee (given the inability to serve the entire community).
- To determine the recruitment initiatives to be carried out by the delegate agencies.
- To set criteria that define the types of children and families who will be given priority for recruitment and selection.

The data for this report were compiled from a variety of sources. Various government agencies readily contributed their data to this project. Many of these agencies were required to perform special tabulations to meet the needs of this analysis. Richard K. Thomas, Ph.D., the consultant who prepared this report, provided demographic data, as well as some of the health-related data. (Data sources are referenced throughout this report and a complete listing of the available sources is provided in the appendix.)

Organization of This Report

This report is organized in a manner that allows the reader to develop a systematic understanding of the community, its needs and its resources, particularly as they relate to the Head Start population. The report reviews the characteristics of the total service area (Shelby County) with an emphasis on the Head Start-eligible population. The County and its component areas are profiled in terms of demographics and psychographics, socioeconomic characteristics, health status, social indicators (e.g., crime, housing), and welfare and social services characteristics.

This report reviews the characteristics of the population that is served by the Head Start program, along with other populations of youth that might require related services. While a variety of indicators are used to evaluate the status of the Head Start population, perhaps the most useful one is the “needs index” calculated from the available data. This index incorporates four indicators into a single figure that allows social service professionals to objectively evaluate the various ZIP Codes in Shelby County with regard to their Head Start needs. Current Head Start resources are identified along with complementary services and the available resources compared to the identified needs. The extent to which there is a mismatch between needs and resources is a key consideration for this assessment.

A new addition to this community assessment is a section on the Early Head Start population. Since Shelby County Head Start has begun serving those 3-years-old and younger, an understanding of the size, characteristics, and location of potential Early Head Start participants.

This report also includes a section on efforts by Shelby County Head Start to respond to any issues identified in the last community assessment. The report ends with recommendations for Head Start initiatives going forward.

Head Start Accomplishments

Since the last full community assessment two years ago Shelby County Head Start has enhanced its program in a variety of ways. These accomplishments include:

Head Start Sites

Shelby County Head Start continues to address the changing distribution of the Head Start-eligible population, and a reasonably high statistical correlation can be demonstrated between the location of the eligible population and the location of Head Start sites. Access to Head Start programs has been enhanced through a new site in the Raleigh-Bartlett area of northeast Memphis. Head Start is also in the process of expanding its services to the Hickory Hill area of southeast Memphis. These are suburban areas that have been steadily gaining potential Head Start enrollees.

Access for Head Start-eligible children has also been increased through new sites established by the University of Memphis through its child development program and through Head Start's partnership with Memphis City Schools and their expanded pre-kindergarten program (which has become a statewide priority). These partnerships have resulted in an additional 18 sites for early education services in Shelby County. These new sites are expected to provide, among other benefits, greater access for the growing number of Hispanic children within the community.

Since the last community assessment, partnerships with the University of Memphis and Memphis City Schools have resulted in expansion of early education services to 18 additional sites in Shelby County.

The impact of SCHS has been documented through the use of the Kindergarten Readiness Index (KRI). This measures the extent to which children entering kindergarten at Memphis City Schools are prepared for the challenges of school. The results from the administration of the KRI indicate that children who participate in any type of center-based preparatory program (i.e., Head Start, MCS Pre-K, or child care) score better than children who did not experience a center-based program. Children who were enrolled in MCS Pre-K classes score the highest of any group on the KRI.

Head Start Services

The partnerships with the University of Memphis and Memphis City Schools have allowed Shelby County Head Start to expand the resources to which Head Start-eligible children have access. These partner organizations provide unique services to supplement those offered to preschoolers through the traditional Head Start curriculum. Shelby County Head Start has expanded its ability to serve disabled enrollees (especially those with autism) through its partnership with the University of Memphis. In addition, efforts are underway to improve the quality of services provided by increasing the certification level of Head Start teachers through a partnership with Lemoyne-Owen College and through the hiring of quality assurance staff. Additional funding from the State of Tennessee is anticipated for the upcoming school year that would allow further enhancement of Head Start services. The Head Start program is also opening a community-based library (in partnership with Homewood Suites) for Head Start children and families as well as other children and families within the community. In addition, four new resource centers will be opened at existing Head Start sites to provide parents with

training, workshops, access to computers and other resources to promote family growth and empowerment.

Challenges

Shelby County Head Start faces few challenges in operating its programs. However, as a side-effect of the partnership with the Memphis City Schools, there is increased competition for 4-year-old enrollees. Ideally, Head Start would enroll those who are eligible on general criteria *and* meet the income requirements, while MSC programs would enroll the rest. (This is not an issue for 3- or 5-year-olds who are served exclusively by Head Start.) However, many parents of 4-year-olds opt to place them in the MSC programs because they have siblings who are already attending a particular school. The upshot is that areas exist where 4-year-olds are being relatively adequately served but 3- and 5-year-olds are lacking access to early childhood services.

The other area in which Head Start faces a challenge relates to transportation for enrollees. In the past, the Head Start program has provided extensive transportation services for enrollees who have difficulty in traveling to program sites. However, it has become increasingly expensive and impractical to continue to provide program-wide transportation services for enrollees. As a result, only four sites currently offer transportation services and this creates a barrier for some enrollees. Unfortunately, there does not appear to be a ready solution for the access problems created by a lack of transportation. In the absence of system-wide transportation the program is attempting to locate sites as close to pockets of Head Start-eligibles as possible.

One other area in which Shelby County Head Start faces challenges relates to staffing. This challenge involves the ability to recruit and employ bilingual staff to meet the needs of a growing ethnic population requiring Head Start services. Maintaining the highest possible level of credentialing for Head Start teachers where many are required to meet State Teacher Certification credentials is also a challenge for the program. These three issues are being aggressively addressed by the Head Start Executive Director and the Management team.

Several areas were identified by federal officials in which SCHS was out of compliance with established guidelines. All of these deficiencies are being addressed and none of them has implications for the community assessment.

Community Description

Overview

Shelby County is located in the southwestern corner of Tennessee. It covers 640 square miles and is bounded by the Mississippi River on the west, Tipton County on the north, Fayette County on the east, and DeSoto County (Mississippi) on the south. Memphis and the other urbanized areas in Shelby County serve as a regional trade area (the Mid-South), attracting business from the surrounding 100 counties, including parts of Tennessee, Mississippi, Arkansas, Missouri, and Kentucky.

Most of the land in the county falls within the boundaries of Memphis or one of the other cities in Shelby County. Memphis occupies approximately two-thirds of the land area. Other incorporated cities include Millington, Bartlett, Arlington, Lakeland, Germantown, and Collierville. The Head Start program serves all portions of the county's eligible population regardless of where they reside.

While overall figures for Shelby County are useful, summary figures mask a lot of the diversity that characterizes the service area population. Ideally, the community assessment should be carried out at the census tract level but, given that the most recent data available at that level is for 2000, this assessment was carried out at the ZIP Code level since more current data are available at that level. ZIP Code-level estimates for 2010 can be compared to actual ZIP Code-level data from the 2000 census in order to identify trends.

Demographic Data

The degree of need for Head Start services in Memphis and Shelby County is a function of the size, composition, and characteristics of the local population. The geographical distribution of the "at-risk" population within the county should be the major determinant of the location of services. Further, the characteristics of the target population should determine the design, format and content of the program.

Population and Households

Until the data from the 2010 census are released, no actual counts of Shelby County population will be available. Consequently, a variety of sources have been accessed to obtain estimates and projections for the County's population. The 2010 population estimate for Shelby County (extrapolated from ESRI 2009 computer-modeled estimates) is 935,000. This is higher than the most recent figure from the Census Bureau's American Community Survey (ACS) of 908,515 (2006-2008 average). The higher figure comes closer to reflecting historical patterns of population change than the survey-based ACS figure.

For purposes of this report, we will assume a 2010 population of 930,000. This figure compares to the 2000 census figure of 897,472 and represents a population increase of only 3.6% between 2000 and 2010 (or a growth rate of less than four-tenths of a percent per year). Extrapolating from the 2014 ESRI figure, the projected population for Shelby County in 2015 would be 940,000. These figures suggest continued slow growth for the Shelby County population.

The city of Memphis is the primary urban area in Shelby County and the site for the vast majority of the County's Head Start locations. The ACS reported a population of 643,329 (2006-2008 average) for Memphis, accounting for 71% of the County's population. If this is synced up with the Shelby County estimate above, the estimated population of Memphis in 2010

is 660,000. This compares to a figure of 649,845 from the 2000 census, with the decade growth rate of only 1.5% reflecting limited growth for the population of the City of Memphis.

Although Shelby County continued to experience population influx in recent years, it is also been characterized by significant out-migration, with the out-migration of residents from Shelby County to adjacent counties a major contributor to slow population growth in Shelby County. According to Internal Revenue Service records, between 2007 and 2008 (the most recent data available), Shelby County lost approximately 8,410 residents as a result of migration (i.e., the difference between in-migration and out-migration excluding foreign migration). This represents a considerable increase in net migration loss over the previous assessment. While 27,980 people moved into Shelby County between these two years, 36,390 moved out. This continues a long-term trend of net loss of population to migration for Shelby County. It also has significant implications for the tax base available to support services in Memphis and Shelby County, with this population outmigration reflecting a net loss of \$254.9 million in income. Most of the out-migrants move to adjacent counties in the Memphis metropolitan area, and in-migrants generally are of lower socioeconomic status than out-migrants. Ultimately, this means that Shelby County is increasingly characterized by a “needier” population, but with fewer resources to meet the needs. This also means that a rather than in-migration.

While Shelby County has experienced slow growth, population stagnation has been and continues to be the trend for the population of the City of Memphis. While downtown and other areas have experienced strong population growth and revitalization over the past fifteen years, many Memphis neighborhoods have seen population decreases as households move to suburban communities. With almost no real growth since 1990, the City of Memphis’ share of the county’s population continues to decline. While the City of Memphis’ total population experienced little growth, the black population and all other racial and ethnic groups have grown. The white population is estimated to have decreased by another 10% since 2000, while the black population increased only slightly. Other racial and ethnic groups, however, have increased dramatically in recent years.

The ZIP Codes comprising Shelby County vary widely in population size, ranging from an estimate of 7,400 residents in 2010 in ZIP Code 38105 (North Memphis/Downtown) to a high of 49,000 residents in ZIP Codes 38109 (Westwood). All sources indicate that virtually all of the ZIP Codes in the western and central portions of Shelby County lost population between 2000 and 2010. Even some suburban ZIP Codes with the City of Memphis were thought to lose population during this period due to an aging population that was not being replaced. Virtually all of the population growth since 2000 within the City of Memphis has been at the suburban fringes. The primary exception to this trend has been the downtown area which has undergone extensive redevelopment.

Independent of major trends in migration, the inner-city neighborhoods that the Head Start program has traditionally served continue to lose residents due to housing demolition, displacement, or migration to more suburban areas. As a result, the Head Start-eligible population has become increasingly decentralized. This redistribution of the population has important implications for the planning of Head Start services. The Memphis population in particular is characterized by a high level of residential mobility, and this is particularly the case for the population served by the Head Start program. The resulting housing instability has implications for the provision of services to households that qualify for Head Start participation.

The number of households in Shelby County in 2010 is estimated at 360,000. This represents less than 6.4% increase over the 2000 figure. The change in the number of households between

2000 and 2010 reflects the trend, as with population, toward declining numbers of households in much of the western and central portions of the county. The only gains in households within the City have been restricted to a few suburban fringe tracts and the downtown area. ACS figures place the County's average household size (2006-2008 average) at 2.60 persons and the average family size at 3.28 persons, both of which reflect a long-term decline in household size and are comparable to national averages.

Population Distribution

An analysis of population change in Shelby County reveals a lot about changing residential patterns. The population of Shelby County has become increasingly dispersed over the County's land area. The estimated 2010 population of Memphis (660,000) accounts for 71% of the County's population. These figures indicate that approximately 270,000 persons live in Shelby County outside of the City of Memphis. These non-Memphis residents are located in the handful of incorporated small cities in Shelby County and in unincorporated areas. Over time, the number of residents in the County outside of Memphis has increased at the expense of the population of the city of Memphis.

Spreading out from the traditional center of population (the downtown area), virtually all of the growth in the County in recent years has occurred in the eastern, northeastern and southeastern portions of the County. In 2000, the population center was approximately at the intersection of Poplar and Mendenhall in East Memphis, far from the historical core of the city. Despite the constantly changing population distribution pattern in Shelby County, the geographical center of the county's population has not changed much in recent years.

The eastern half of the County has grown rapidly over the past three or four decades at the expense of the western half of the County. Many ZIP Codes in older areas, in fact, have lost population for two or three decades. These patterns of growth and decline are expected to continue for most ZIP Codes for the foreseeable future.

The distribution of the Shelby County population by race reflects a clear pattern of residential segregation. While the Shelby County population was estimated to be 43.5% white in 2010, virtually no ZIP Codes reflect the county's average. Memphis communities tend to be either predominantly white or predominantly African American, and there are few truly integrated ZIP Codes. The proportion white ranges from a low of less than 3% in inner city ZIP Codes 38106 and 38126 to a high of over 90% in the three suburban east Shelby ZIP Codes of 38117 (White Station), 38120 (Baptist East), and 38139 (east Germantown).

The low-income black population continues to expand beyond the traditional inner-city residential areas to older suburban areas primarily to the north and south of the central city. In fact, 2010 estimates indicate that the proportion black has increased in virtually every Shelby County ZIP Code. The suburban ZIP Codes in which this population has been spreading the fastest include Frayser (38127) and Raleigh (38128) on the north and 38118 (American Way), 38115 (Hickory Hill), and 38141 in southeast Shelby County to the southeast. ZIP Codes 38122 (northeast Memphis) within the Interstate loop has also recorded increasing numbers of low-income African-Americans. Since the last community assessment, this expansion of the black population has extended into the east Bartlett area.

While the distribution pattern for the small number of Asian Americans is not clear-cut, the Hispanic population (to the extent it can be documented) is highly segregated, with concentrations of Hispanic residents found in a handful of Shelby County communities. Based on birth data, it can be concluded that Hispanic residents are clustered in the ZIP Codes that include the Getwell area (38115), the Jackson Avenue "corridor" extending into the Raleigh area

(38122, 38128, 38134), and in south central/southeast Shelby County (38118 and 38115). Another cluster is found in 38104, the midtown ZIP Code that has been a traditional settlement point for incoming immigrants.

The continuing shifts in population distribution have important implications for the location of the target population for the Head Start program. The Head Start-eligible population has been steadily deserting the inner city and becoming increasingly decentralized and suburbanized. The African-American population (and to a greater extent the Hispanic population) is no longer restricted to the historical poverty “horseshoe” that include South Memphis, North Memphis and the downtown area. Over the past 20+ years, these populations have been steadily migrating to the near suburban areas of Whitehaven and Frayser and to the more distant suburban areas of Raleigh, Parkway Village, Hickory Hill, and beyond. The increasing “gentrification” of downtown also has served to displace some of the traditional inner-city population. Nevertheless, the proportion of children (particularly young children) within the city Memphis continues to be higher than that for the remainder of Shelby County. The trend toward decentralization has been offset to a limited degree as a result of the construction of several low-moderate income housing developments in the downtown, North Memphis and South Memphis communities and the replacement of antiquated public housing with more modern replacement housing.

Race and Ethnicity

For this section and those that follow, data from the ACS will be considered the most current data. The 2000 census found that the number of African Americans surpassed the number of white residents of Shelby County for the first time in that year. The ACS puts the proportion of blacks at 52% (2006-2008 average) and this is comparable to other sources. The ACS shows whites accounting for 44% of the Shelby County population. This yields 483,600 African-American residents and 409,200 white residents. Other racial groups and individuals of more than one race account for the remaining 4%. The Asian-American population is estimated to have grown substantially since 2000, although the numbers are still small. The number of American Indians enumerated was negligible.

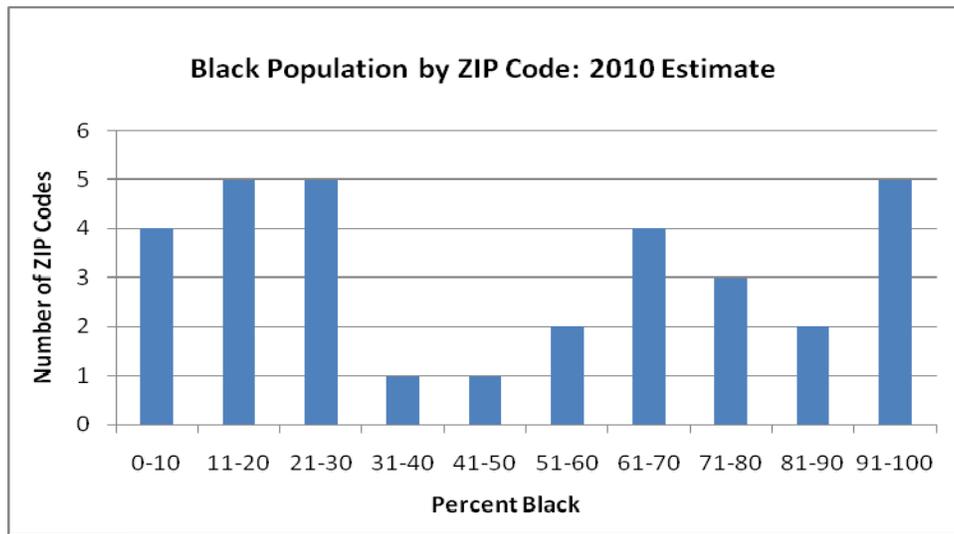
ACS figures indicate that in the city of Memphis African Americans account for 63% of the population, whites 32% and other races 5%. The majority (84%) of the County’s Hispanic population lives within the city of Memphis in the concentrations noted above.

The largest increase in recent years, although documentation is scant, has been among the Hispanic population. Official census figures indicate nearly 24,000 Hispanics in the county in 2000, accounting for 2.6% of the total population. The ACS average for 2006-2008 places the proportion Hispanic at 4.3% (or 38,734 residents). Indirect evidence drawn from the number of Spanish-speaking students in the city school system and the number of births recorded for Hispanic mothers indicates a much higher number than the ACS figure. If a reasonable crude birth rate is applied to the Hispanic population (that is, between that of white and black residents), the number of births during the last half of this decade would suggest a Hispanic population in the 80,000-100,000 range. Even adjusting the calculation for the relative lack of elderly Hispanics in the community, an estimate of the Hispanic population in the 60,000 range would not be unreasonable. There is reason to believe that the economic downtown has reduced the number of Hispanics residing in Shelby County but this cannot be verified.

Exhibit 1 displays the estimated distribution of the black population by ZIP Code in 2010. This illustrates the extent to which the population remains residentially segregated. As the graph depicts, there are many tracts that are predominantly white and many that are predominantly

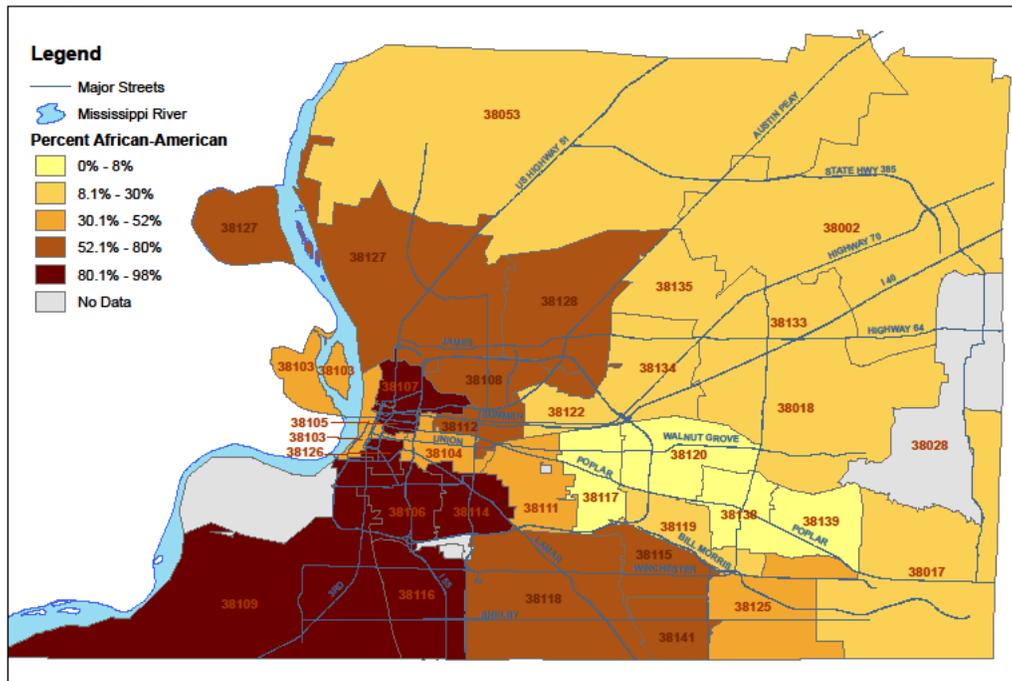
African-American but very few that reflect any significant degree of integration. The persistence of this situation over time is being increasingly attributed to the growth in the level of segregation based on socioeconomic status. In Shelby County, of course, that translates into racial segregation. Map 1 depicts the location of the black population within Shelby County in 2010.

Exhibit 1



Percent of Population that is African-American by Zip Code
2010 Estimate

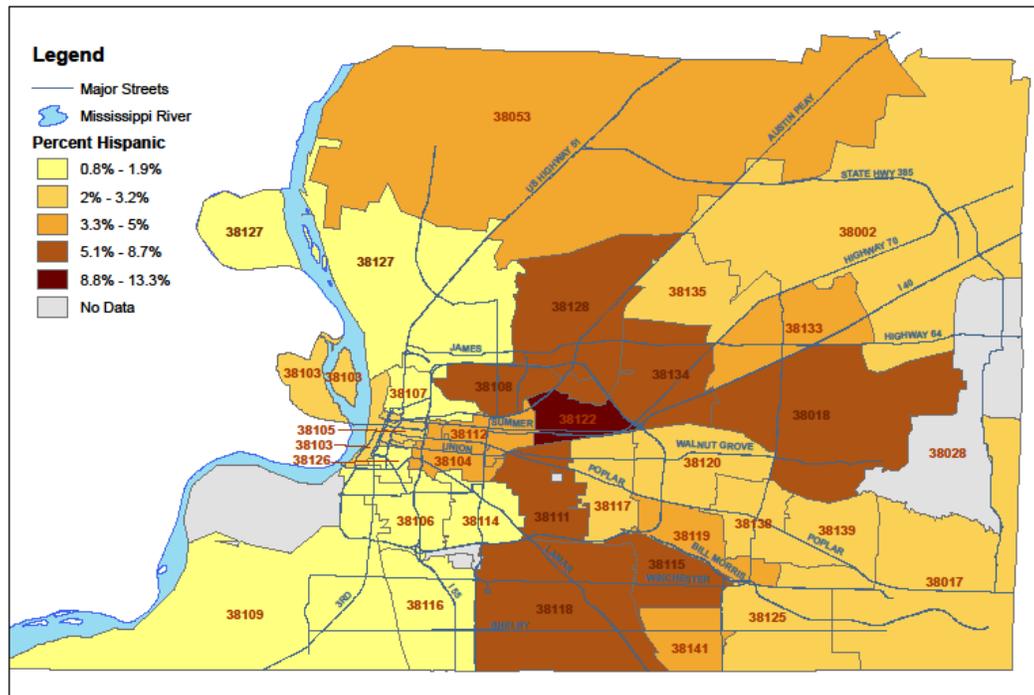
Map 1



Source: Calculated by Richard K. Thomas, Ph.D.

Percent of Population that is Hispanic by Zip Code
2010 Estimate

Map 2



Source: Calculated by Richard K. Thomas, Ph.D.

Age Distribution

The ACS-estimated median age in 2006-2008 for the Shelby County population was 35.4 years, compared to the 32.9 years recorded by the 2000 census. This indicates that the population of Shelby County is continuing to age but not as fast as most of the rest of the state. Based on the assumed age distribution for the 2010 Shelby County population, it was found that the major change that occurred between 2000 and 2010 was the general aging of the population. This is reflected in a decline in the number of working-age residents of around 20,000 people during this ten-year period and an increase in the older population of approximately 20,000. More relevant to this assessment is the fact that the proportion of young children (under 6) decreased slightly while the number (due to a larger population base) increased by around 2,000 between 2000 and 2010. Interestingly, the proportion of children over 5 declined in terms of both numbers and proportion of the population.

The pattern for the African-American population within the city of Memphis is somewhat different from that for the County overall. There are more children under 15 (26% vs. 23%) within the African-American population, more young adults (18% vs. 15%), similar proportions of working-age residents (25-44 years), fewer older adults (22% vs. 26%), and fewer seniors (8% vs. 10%). Thus, the slight increase in the number of children under 6 years mostly occurred within the African-American and, to a lesser extent, Hispanic communities.

Of particular interest is the population aged 3 to 5, since this is the population served by the Head Start program. In 2010 there were an estimated 41,500 children in Shelby County in this age group, representing an increase in this age cohort of around 1,200 since 2000. Some 20,000

of these 3-5 year olds reside in African-American neighborhoods within the city of Memphis and an estimated 2,000 reside in Hispanic neighborhoods.

The distribution of 3- to 5-year-olds by ZIP Code ranged from less than 200 children in the downtown ZIP Code (38103) to highs of over 2,300 in three ZIP Codes in the near suburbs that have witnessed an influx of inner-city residents. The location and eligibility status of these children are discussed in a later section. Exhibit 2 presents the age distribution for Shelby County for 2000 and 2008. Map 2 presents the distribution of 3 to 5 year-olds in Shelby County 2008.

Exhibit 2
Age Distribution
Shelby County
2000 and 2010 Estimate

<u>Age Category</u>	<u>2000 Census</u>		<u>2010 Estimate</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
0-4	68,208	7.6	69,750	7.5
5-9	65,515	7.3	67,890	7.3
10-14	72,695	8.1	68,820	7.4
15-24	127,441	14.8	136,710	14.7
25-44	279,114	29.1	256,680	27.6
45-64	194,751	23.7	235,290	25.3
65-84	91,542	8.9	83,700	9.0
85+	10,770	1.4	13,950	1.5

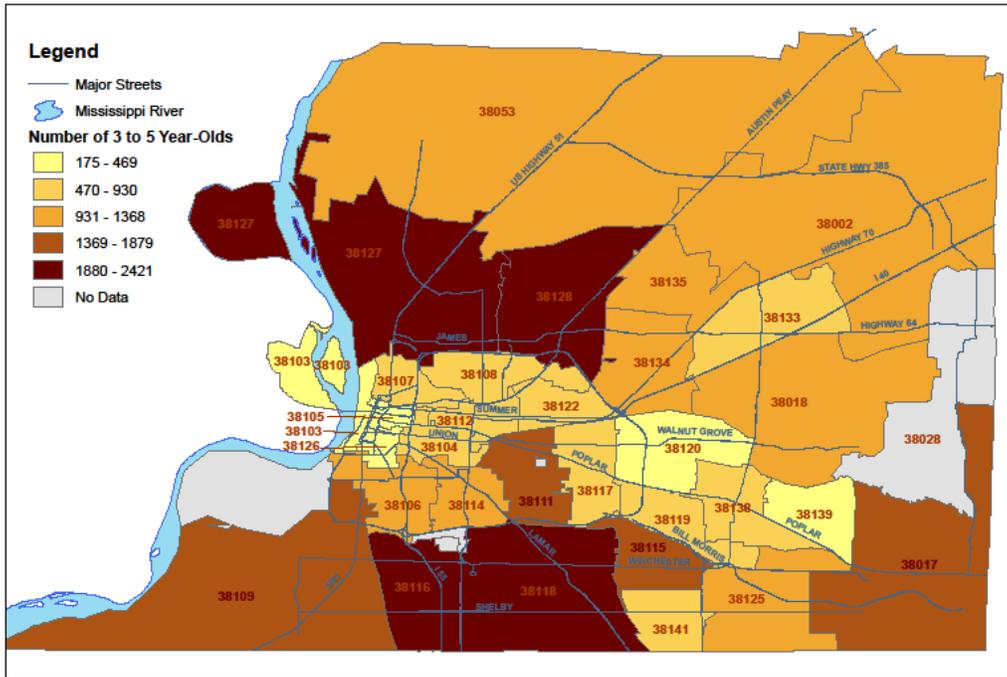
Sources: U.S. Census Bureau; ESRI, Richard K. Thomas calculations.

Of additional interest for this community assessment update is the number and location of the 3-and-under population, particularly those young children that would be eligible for Early Head Start participation. In 2010 there were an estimated 56,000 children in Shelby County in this age group, representing an increase in this age cohort of around 1,000 since 2000. Some 30,000 of these 0-3 year olds reside in African-American neighborhoods within the city of Memphis and an estimated 3,000 reside in Hispanic neighborhoods. (Note that the figures for the potential Head Start population and the potential Early Head Start population can not be directly added, since 3-year-olds are counted in both age cohorts.)

The distribution of 0- to 3-year-olds by ZIP Code followed a similar pattern to that of 3-5 year olds, ranged from less than 300 children in the downtown ZIP Code (38103) to highs of over 2,500 in three ZIP Codes in the near suburbs that have witnessed an influx of inner-city residents. The location and eligibility status of these children are discussed in a later section. Exhibit 2 presents the age distribution for Shelby County for 2000 and 2010. Map 2 presents the distribution of 3 to 5 year-olds in Shelby County 2010 and Map 3 presents the distribution of 0 to 3 year-olds in Shelby County in 2010.

Head Start-Aged Population by Zip Code
2010 Estimate

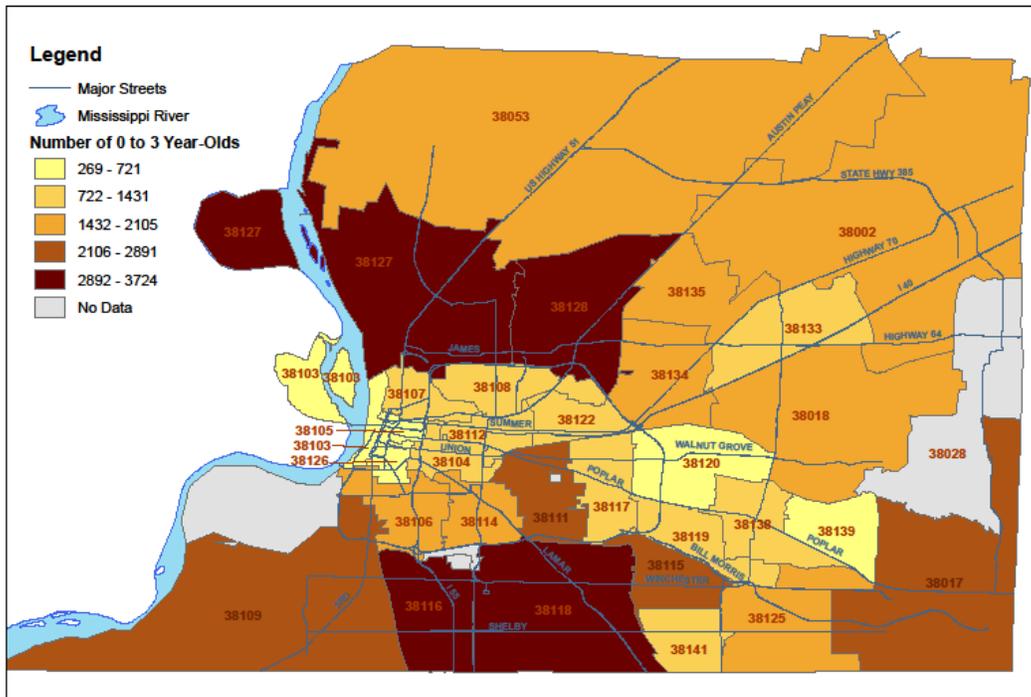
Map 3



Source: Calculated by Richard K. Thomas, Ph.D.

Early Head Start-Aged Population by Zip Code
2010 Estimate

Map 4



Source: Calculated by Richard K. Thomas, Ph.D.

Sex Ratio

The estimated 2006-2008 population for Shelby County included 47.7% females and 52.3% males. This is comparable to figures from other sources and is assumed to be a reasonable estimate for 2010. The estimated sex ratio (i.e., the number of males per 100 females) in 2010 was 91.2 for Shelby County. This means that there are barely 91 men for every 100 women residing within the county. The sex ratio is often less than 100, since the death rate for males is higher than that for females. However, a sex ratio this low usually reflects the attrition of males from the population due to death, out-migration or incarceration. The sex ratio tends to be higher in suburban areas where there are a larger number of young children, since younger populations include a higher proportion of males. Higher sex ratios would also be expected in inner-city communities characterized by larger numbers of children, but these ratios are often reduced by virtue of a dearth of males in the older age groups.

Lifestyle Segmentation

In order to better understand the attitudes and behaviors of the population, it is worthwhile to examine the lifestyle clusters into which residents of Shelby County fall. Using the PRIZM lifestyle segmentation system to examine the ZIP Codes from which Head Start draws most of its participants, it is possible to identify the primary lifestyle cluster associated with each Shelby County ZIP Code. Most of the ZIP Codes fall into downscale categories such as “urban cores” and “midtown mix”. A growing number fall into the “inner suburbs” category. A small number of the PRIZM clusters account for the majority of the target ZIP Codes in the County. Several of the frequently appearing clusters are characterized by what would be considered a high level of ethnic diversity by Memphis standards. Rather than representing isolated urban populations, the Head Start-specific ZIP Codes are typical of inner-city Memphis. In general, the most frequently occurring lifestyle clusters are characterized by high rates of poverty, low educational levels, and marginal employment. Most of these clusters involve large numbers of children, often living in non-traditional families.

Marital Status and Household Structure

According to the 2000 census, only 50% of residents 15 and over were married, a figure below the relatively low figure for the U.S. (56%). Further, only 43% of the population was married with their spouse present. Thirty-two percent of the population was classified as “never married” in 2000. Divorced individuals accounted for 11% of the population and widowed individuals for 7% of the population. ACS estimates for 2006-2008 indicate that only 44% of males and 38% of females in Shelby County are married. The figures for never married for 2006-2008 were 40% for males and 35% for females. The 2006 figures for proportion divorced and widowed are comparable to those for 2000.

The marital status for the African-American population within the city of Memphis stands in contrast to the County average. According to the ACS survey (2006-2008 average), only 29% of this population is married (and a fifth of those are separated from their spouses). Some 63% of this population lives in family households and one-third of all households have children present. More than one-third (34%) are female-headed households (no husband present) and 60% of these have children present in the household. In fact, almost 50% of children residing in Memphis live in a single-parent household, compared to 23% in the remainder of Shelby County.

According to the ACS (2006-2008 average), 64.3% of Shelby County residents lived in family households and 35.7% in non-family households. Married-couple households accounted for 39% of county households, while married-couple-with-children accounted for 16%. Female-headed households accounted for 20% of all households and those with children accounted for 12%. These female-headed households tend to be concentrated among African-American populations within the City of Memphis.

The figures for marital status and household structure indicate a high level of family disorganization within the County and particularly within the City of Memphis. A disproportionate number of people live in non-traditional households, and a significant number of children live in households that do not include their two natural parents. Nearly 16,000 children (2006-2008 ACS average) within Shelby County are being raised by their grandparents, representing a significant increase over the 2000 census figure.

Education

Educational levels in Shelby County are low overall and a substantial disparity exists between the best educated and the least educated. Data from the ACS (2006-2008 average) indicate that, in that year, 85% of the Shelby County adult population (25 and older) had at least a high school diploma. The proportion with college degrees (33%) is below the national average. Figures for the adult African-American population within the city of Memphis are less favorable. An estimated 59% (2006-2008 average) have a high school diploma or less (23% did not graduate from high school). Only 12% had graduated from college.

School dropout rates remain a problem in Shelby County, particularly within the Memphis City Schools. Additional information on the education situation is provided in the section below on social services.

Clearly, children are better off when their parents are educated (TUCI). Education helps parents earn more money, allowing them to improve their children's physical surroundings and purchase books and other stimulating materials. Better-educated parents tend to create home environments that promote their children's development. Compared to other parents, they use larger vocabularies, read to their children more often, and have higher expectations for them. Their children in turn are likely to have more favorable academic and behavioral outcomes. The low level of education among the parents of a large portion of the County's children has negative implications for the success of the children in these households.

Income Distribution

The estimated median household income for Shelby County in 2010 is \$54,000; this compares to the Census 2000 figure for 1999 of \$39,593. The 2010 figure is above the state average but below than national average. This average, however, masks the variation in income levels characterizing the Shelby County population. For example, the median household income for white households is twice the median income for black households. Exhibit 3 provides a breakdown of Shelby County households by median household income for 1999 and 2008.

The 2006-2008 ACS estimates place the proportion of Shelby County families living in poverty at 14% and the number of individuals at 18%. The proportion of children living in poverty is estimated at 29%. These figures are all worse for the City of Memphis, with ACS reporting a poverty rate of 20% for families, 25% for individuals and 38% for children. Calculations made for this assessment indicate that nearly 14,000 3-5 year-olds were living below the poverty level in 2008. Similarly, over 21,000 children 3 years and under were living in poverty in that year. (Note that 3-year-olds are double counted here because of the age

Exhibit 3
Median Household Income
Shelby County
2000 and 2008 Estimate

<u>Income Category</u>	<u>2000 Census</u>		<u>2008 Estimate</u>	
	<u>Households</u>	<u>Percent</u>	<u>Households</u>	<u>Percent</u>
Less than \$15,000	61,956	18.3	57,600	16.0
\$15,000-24,999	44,690	13.2	42,120	11.7
\$25,000-34,999	44,351	13.1	42,840	11.9
\$35,000-49,999	53,831	15.9	52,200	14.5
\$50,000-74,999	62,295	18.4	61,920	17.2
\$75,000-99,999	32,163	9.5	37,400	10.4
\$100,000+	39,273	11.6	29,800	8.3

Source: U.S. Census Bureau; American Community Survey.

overlap for the Head Start and Early Head Start programs.) Census Bureau figures indicate a number of children under five living in poverty in Shelby County increased 25% from 2000 to 2005-2007.

Family income is a good measure of child well-being (TUCI). Children whose families have higher incomes tend to do better in school and show better behavioral and social adjustment. A stable and adequate income allows parents to buy books and educational toys, involve children in cultural activities, and purchase better child care. Insufficient income, on the other hand, is a cause of stress and can lead to less parental warmth and responsiveness. In Memphis and Shelby County, families with children have lower incomes than families without children. The median annual income of families without children, in fact, is nearly \$12,000 higher than that of families with children. More tellingly, families in the City of Memphis without children earn approximately \$20,000 more per year than families with children.

While the median household income for Shelby County increased during the 2000s, estimates by the University of Memphis suggest that income declined significantly for the City of Memphis over the past several years. The average household income for most census tracts actually declined between 2000 and 2006. While much of the loss in Memphis income is attributed to wealthier residents leaving the City of Memphis, the resulting changes in the local economy impact residents who do not have the financial capability to move. Between 2000 and 2005 median income for owner-occupied households declined for the majority of the census tracts. Among white householders the income decline was similar to national rates, but for black householders the decline was significantly higher. The black population, whose median household income declined at a significantly higher rate than the white population's rate, also had a significant decline in persons per household. This may have had an impact on median household income. As a result of these declines in median household income, the poverty rate is estimated to have increased.

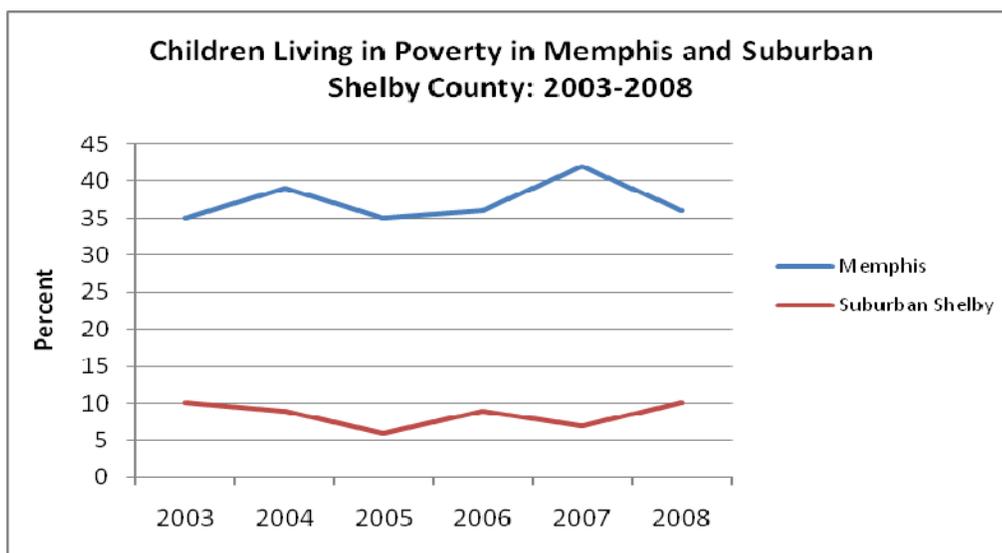
Impact of the Neighborhood Environment

The neighborhood environment has a tremendous impact on the children who live there. Overcoming this impact represents a major challenge for the Head Start program. According to data developed by the Center for Community Building and Neighborhood Action that categorized the various neighborhoods in Shelby County, the majority (73%) of Head Start sites are located in “distressed” neighborhoods, 15% in “vulnerable” neighborhoods and 12% in “neighborhoods of choice”. Most of these neighborhoods are characterized by abject poverty with all that implies for the residents and, in particular, are not environments that support educational achievement. In addition to the deprivation that accompanies poverty, children in these neighborhoods are more like to be exposed to domestic violence and face a toxic physical environment. Of particular significance is the extent to which an unstable home environment contributes to school instability wherein one-fourth to one-third of students do not remain in the same school year to year.

The median household income for the African-American population residing in the city of Memphis was an estimated \$29,353 (2006-2008 average), a figure well below the estimated County average of \$45,000 during that time period. With low and declining incomes, households are forced to pay a higher proportion of their income on housing, leaving less income to meet other needs. In 2008, over 45% of Shelby County households devoted more than 35% of their income to housing, with two-thirds of these spending 50% or more to maintain a place to live. The poverty rate for African-American families in Memphis was an estimated 27% (2006-2008 average) and for all African-American individuals it was 31%. For African-American children in Memphis under 18 years, the poverty rate was an estimated 45%.

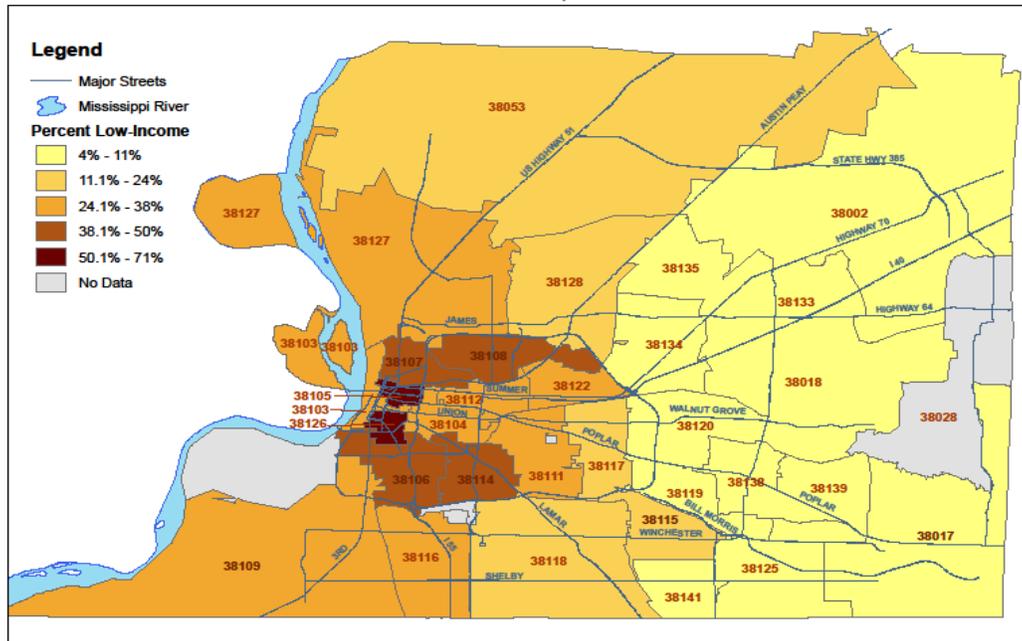
Figures for 2005 indicate that over 45,000 Shelby County households participate in the Food Stamp program and 95% of these reside within the City of Memphis. Some 77% of the households are single-parent households with children.

Exhibit 4



Percent of Population that is Low-Income by Zip Code
 2010 Estimate based on median household income of \$25,000 or less.

Map 5



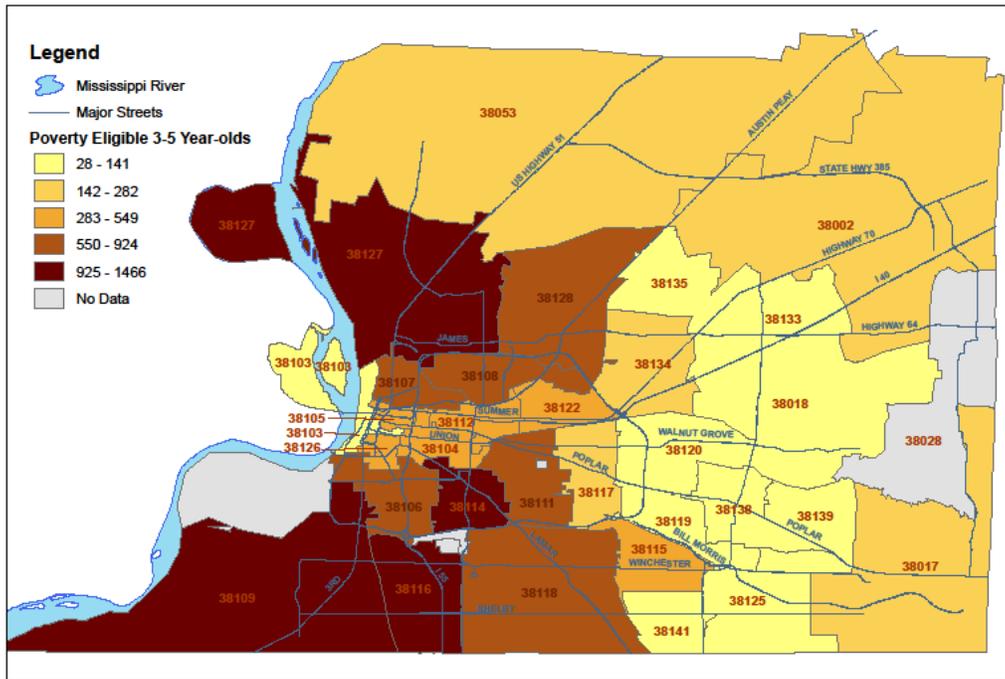
The 2008 ACS estimates indicate that the proportion of households living in poverty (i.e., median household income = <\$25,000) ranges from a low of 3.9% in suburban ZIP Code 38139 (east Germantown) to a high of 76.8% for inner-city ZIP Code 38126. Seventeen of the 32 ZIP Codes reported 25% or more with incomes under \$25,000 and six of these reported 50% or more. Although a significant gap remains in the median household incomes between the affluent and non-affluent, the major consideration as reflected in Exhibit 3 is the bimodal nature of the income distribution with concentrations on the low and high ends of the continuum and few ZIP Codes in the “middle class” income range. Map 3 indicates the distribution of low-income households in Shelby County in 2008.

According to the ACS, 28% of all children in Shelby County live in poverty, with 90% of these residing in the City of Memphis. This represents a poverty rate for Memphis children of 36% or twice the national average. These extreme poverty rates do not account for the fact that federal poverty guidelines actually undercount the number of children living in poverty. Ultimately, only half of Shelby County’s children could be considered economically secure. Exhibit 4 depicts trends in poverty levels for children in Memphis and the surrounding suburban areas.

When the figures on age distribution are combined with those for income, a picture of the distribution of Head Start eligible children can be developed. Low-income 3-5 year-olds continue to be concentrated in the western half of the County where most Head Start sites are located. Head Start-eligible children are becoming increasingly decentralized, however, with the number of eligibles in the eastern half of the County growing and the number in the traditional poverty areas declining. This shift in the location of Head Start-eligible children has important

Poverty-Eligible 3-5 Year-Olds by ZIP Code
2010 Estimate

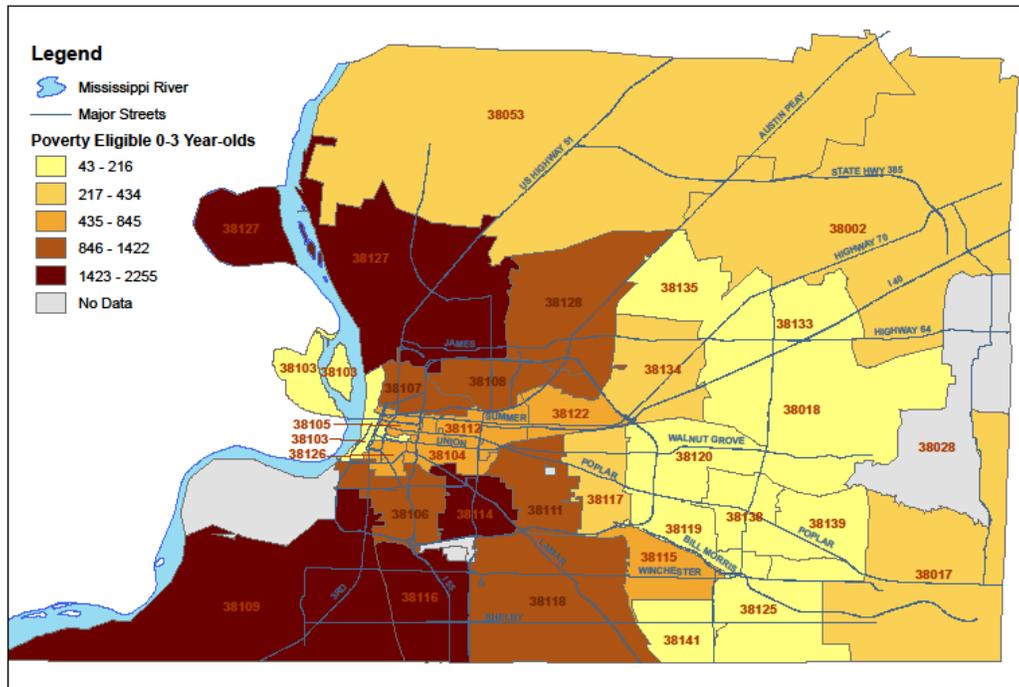
Map 6



Source: Calculated by Richard K. Thomas, Ph.D.

Poverty-Eligible 0-3 Year-Olds by ZIP Code
2010 Estimate

Map 7



Labor Force Characteristics

The ACS survey (2006-2008 average) indicated 461,158 persons 25 and over in the Shelby County labor force, for a labor force participation rate of 67%. Some 62% of women were in the labor force, including 66% of women with young children. The ACS calculated a county-wide unemployment rate of 6.1%. The Shelby County unemployment rate has tended to fluctuate in accordance with trends in the national and local economies, and current rates are higher due to the recent economic downturn, with an estimated mid-2010 figure over 10%. Within Shelby County, the unemployment rate for the City of Memphis is chronically higher than that for both the County overall and the State.

Five industrial sectors accounted for the bulk of employment in Shelby County in 2007. For the employed population 16 and over in Shelby County in 2000, 16% were employed in the education/health/social services industry. Another 12% were employed in the transportation/warehousing/utilities industry, 12% in the retail trade industry, and 14% in professional services and administration.

Population Trends Analysis

The following trends related to demographics in Shelby County have implications for the Head Start program. Any anticipated changes in the size, composition, and distribution of the population of Shelby County have implications for the demand for Head Start services and for site selection. The following facts were established related to the community context:

- The Memphis population is expected to remain relatively stable while the county population overall will continue to exhibit slow growth.
- The county population continues to migrate eastward, further increasing the disparities that exist between the eastern and western portions of Shelby County.
- The county population is becoming more racially and ethnically diverse, particularly within the city of Memphis.
- Hispanics constitute the most rapidly growing segment of the population, although many other ethnic groups are also increasing in number.
- The socioeconomic status of much of the population remains relatively low with continued major disparities existing between the less affluent and the more affluent.
- The high level of poverty characterizing much of the population is the root of many of the social and economic problems faced locally.
- The current economic downturn has had a serious but as yet unmeasured impact on the Shelby County population.
- The core problems (e.g., education, housing, crime) that have historically plagued the Memphis community continue to be barriers to progress.
- The target population for Head Start services is steadily decentralizing away from the inner city.
- A considerable portion of the Shelby County population will continue to be poverty-stricken and poorly educated, resulting in a continued high demand for Head Start services.

The following points can be made with regard to trends expected to impact the Head Start-eligible population over the next decade:

- Continued slow population growth suggests that population increases alone are not likely to add a substantial number of new Head Start-eligible residents to the pool.
- Any decline in the size of the preschool population is not expected to affect the volume of demand for Head Start services.
- The location and characteristics of potential Early Head Start participants mirror those of existing Head Start-eligibles.
- The increasing size of the African-American population suggests the potential for growth in the target population.
- The rapidly growing Hispanic population also has the potential to increase the pool of Head Start-eligible residents.
- Continued population redistribution within Shelby County (and into the surrounding metropolitan area) is likely to contribute to the decentralization of the Head Start-eligible population.

Health and Vital Statistics

An important set of indicators with regard to the population's health and well-being involves statistics on fertility, morbidity, and mortality maintained on county residents by the Memphis and Shelby County Health Department. Fertility data provide insights into such characteristics of the population as teen births and out-of-wedlock pregnancies. Morbidity data indicate the health problems that are faced by the population. Mortality statistics indicate the types of conditions that account for deaths in the community.

Fertility Data

Shelby County residents recorded 15,045 live births in 2008 according to the Memphis and Shelby County Health Department. The number of births in 2008 yields a crude birth rate of approximately 16.5 per 1,000 population, a rate that is higher than the national average. The number of births in 2008 represents a decline over the peak year of 2007 (15,234 births) and yields a slightly lower crude birth rate.

The number of black births (9,027) in 2008 far exceeded the number of white births (5,566) in 2008 as they have historically. While around 55% of the county population is non-white, this population accounted for 60% of the births in 2008, while the number and proportion of births to white residents declined. According to the American Community Survey, the general fertility rate was 78 per 1,000 women aged 15-50, with rates for the respective age cohorts reported to be 45 for women 15-19, 136 for women 20-34 and 42 for women 35-50. The crude birth rate for the county in 2008 was 17 per 1,000 population. The crude birth rate for blacks was 19 per 1,000 in 2008 compared to 14 for whites. Fifty-eight percent of the County's births were accounted for by black women residing with the city of Memphis. Asian-Americans accounted for only 1% of the reported births. Hispanic women accounted for 1,306 (7%) births, representing a decrease over the figure reported by the Health Department in 2006. Interestingly, 1,773 (10%) births were reported for individuals who were foreign born.

In 2006 (the last date for which figures are available) 1,678 Hispanic births were recorded for Shelby County residents (with these births also being classified as black or white). This figure is more than five times the number recorded the first time Hispanic births were reported separately in 1998 (or 312).

Half (50%) of the reported births were to mothers with a high school education or less. A third (34%) of the births occurred to women living in poverty. Two-thirds (68%) of the mothers were in the labor force. This suggests the existence of a large and growing population of at-risk children.

Some 15.1% of the births countywide (or 2,299 births) in 2008 were delivered by mothers 19 and under. Both the number and the rate of teenage births increased in 2008 after the downturn experienced in prior years. Non-white mothers account for a disproportionate share (73%) of the teenage births although the share of white teen deliveries has been growing. Looking at the statistics differently, it can be noted that 1 in 20 white teenagers and 1 in 10 black teenagers are pregnant at any time.

Well over half (61%) of the births to Shelby County residents (or 9,223 births) occurred outside of wedlock in 2008. This represents an increase of approximately 800 out-of-wedlock births per year between 2004 and 2008 (7,600 vs. 9,223 out-of-wedlock births). In 2008 82% of black births were out-of-wedlock births compared to 33% of the white births. Although there is some year-to-year fluctuation in out-of-wedlock births, the rate for both whites and non-whites remains disturbingly high.

A total of 1,649 babies (of 10.9%) born in 2008 recorded a low birth weight. This is the lowest figure in recent years but still high by national standards. The majority of these low-birth weight babies were delivered to non-white mothers, with 13.9% of black babies exhibiting low birth weight compared to 7.9% of white babies.

While these indicators of reproductive health are unfavorable for Shelby County overall, they are even more dire for the areas with large Head Start-eligible populations. For infant mortality, ZIP Codes with high Head Start population concentrations accounted for 7 of the worst 10 ZIP Codes; for teen births, 9 of the worst 10; for out-of-wedlock births, 9 of the worst 10; and for low birth-weight babies, 9 of the worst 10.

These unfavorable statistics related to reproductive health have significant down-the-road implications. High-risk mothers are likely to bear infants that are chronically ill and suffer from developmental disabilities. Recently, there has been research that links obesity to unfavorable birth outcomes and, given the disproportionate amount of obesity within the low-income minority population in Shelby County, the implications for reproductive health are significant. This means that the Head Start program is likely to be faced with children who have higher than average health problems and physical and mental challenges.

Shelby County scores particularly unfavorably on indicators of reproductive health, and these factors are likely to have significant implications for child health and development. Not only are children put at risk if their mothers are teenagers, they are born out of wedlock or born prematurely without benefit of prenatal care, but these reproductive health factors create an environment that is not conducive to positive physical and emotional development nor does it create a supportive educational environment.

Morbidity Data

On almost every indication, the population of Shelby County is considered to be in poor health. It records high rates of both acute and chronic conditions for both physical and mental disorders. High rates of coronary heart disease, hypertension, cancer, diabetes, and many other acute and chronic conditions characterize Memphis and Shelby County. HRSA reported that in 18 of 21 birth and death measures, Shelby County rates compare unfavorably to peer county rates, national rates, and the national goals of Healthy People 2010 (*HRSA Community Health Status Report, 2000*).

Acute Conditions

Acute conditions are common among the populations that typically provide Head Start participants, with conditions like urinary tract infection, upper respiratory infection, gastrointestinal disorders, and dental problems being common. Of particular significance, is the high rate of sexually transmitted infections affecting this population. Memphis chronically ranks among the cities with the highest incidence of STIs and these conditions are concentrated within the communities that generate Head Start participants.

Children in the Head Start age range are most likely to be characterized by the acute conditions that typically affect children. Chief among these are ear, nose and throat problems, respiratory disorders, gastric disorders, dermatitis and attention deficit disorders. In addition, children in these segments of the population suffer disproportionately from accidents, injuries and abuse.

Chronic Disease

Chronic disease in its various forms has been identified as a major health concern among the target population. This is particularly noteworthy given the relative youth of the population. All available indicators of morbidity and mortality suggest that chronic disease is a major cause of sickness, disability and death among the target population. Heart disease and cancer, of course, are the leading causes of death in Shelby County. Diabetes is also a leading cause of death as is chronic lower respiratory disease.

One disturbing trend that has been noted among Shelby County healthcare providers is the increase in the incidence of chronic disease among children. This trend is most obvious among older children, but there is evidence that some chronic conditions considered rare among preschoolers are becoming more common. These include obesity, diabetes and heart disease. Much of this increase in chronic disease is being attributed to poor dietary habits and a lack of exercise. Obesity is an underlying cause of many of the chronic diseases that affect the Shelby County population and obesity is particularly a problem in communities with a high proportion of Head Start-eligible children. Further, obesity is now being linked to unfavorable pregnancy outcomes.

Shelby County is responsible for a high proportion of the state's HIV and AIDS cases. Although Shelby County represents only 15% of the population of Tennessee, its residents account for 36.5% of the AIDS cases in the state. The communities from which Head Start participants are drawn are among those most affected by HIV/AIDS. During the 2002-2004 period, the incidence rate for HIV averaged 75 cases per 100,000 people for low-income, minority communities (with some areas reporting well over 100 cases per 100,000) compared to Shelby County's rate of 58 cases per 100,000 people.

Disabilities

Limited information is available on the disability status of the Shelby County population and even less on the Head Start-eligible population. The only actual data available was generated by the 2000 census, now 10 years old. These data are further limited by the fact that they only consider individuals 5-years-old or older when examining disability. Finally, the data indicate the number of disabilities ascribed to a given population, limiting one's ability to determine the proportion of the population with disabilities since many people are likely to have more than one disability. Nevertheless, the census data provide a baseline in terms of disability status for the Head Start-eligible and Early Head Start-eligible populations. These data can be supplemented by indirect measures of disability and anecdotal data.

Based on 2000 census data, 34% of the Shelby County population suffers from a recognized disability. Realize that the figure is somewhat lower than this because of those with more than one disability. Using this methodology, it is found that the level of disability among Shelby County ZIP Codes ranges from less than 18% in five suburban ZIP Codes to over 50% in six inner-city ZIP Codes. Of particular interest to this assessment is the extent of disability among the areas served by the Head Start program. Assuming that the published disability rates for those over 5 years are applicable to those 5 years and under, it is found that disability is relatively common among children within the areas primarily served by the Head Start program. However, there is not a clear one-to-one relationship between the level of disability and the demand for Head Start services. The inner-city ZIP Codes that have high Head Start need tend also to be characterized by high levels of disability. However, the ZIP Codes that include the near suburbs (or areas more recently populated with Head Start-eligibles) tend to report

moderate levels of disability. Thus, it could be argued that the need for Head Start-sponsored disability services is reflective of the situation characterizing the particular community being served, with some sites exhibiting more demand for disability services than others. (The level of disability was taken into consideration in the development of the Head Start needs index.)

Mental Health

Mental health conditions, including substance abuse, represent a serious problem for Shelby County residents. Patients from the Head Start-eligible population make up most of the clients of the County's community mental health centers, and both local and national data indicate a high prevalence of mental disorders within the target population. Despite the high level of mental illness among this population, poverty-level individuals are often undiagnosed and untreated.

The Memphis and Shelby County Health Department reports that Alzheimer's disease was the 7th leading cause of death in the county, accounting for 226 deaths in 2005 (the last year for which data are available). Suicide is also a significant cause of death, ranking 14th in 2003. Depression, of course, is the major contributor to suicide as a cause of death.

High rates of HIV/AIDS among African Americans pose special challenges related to mental health. HIV infection can lead to mental impairment, from minor cognitive disorder to full-blown dementia, as well as precipitate the onset of mood disorders or psychosis. The high rate of HIV infection within this population, noted elsewhere in this document, is likely to contribute to the high prevalence of mental disorders.

Immunization Rates

In 2005, a national survey of children born in 2003 showed that statewide 81.2% of two-year-olds received the recommended number of doses of six different required vaccines on time. But only 78.6% of Shelby County two-year-olds received their shots on time. Shelby County had one of the lowest on-time immunization rates in Tennessee in the 2005 survey. African American children, children who start getting immunizations after their first 4 months of life and children who have two or more siblings are the most likely to not get all recommended vaccinations on time. That puts those children at risk of contracting communicable diseases that could threaten their lives or their future. Children participating in the Head Start program are more likely to have obtained required immunizations than children who do not participate.

Dental/Oral Health

It has been well documented that oral diseases and disorders in and of themselves affect health and well-being throughout life. The mouth reflects general health and well-being and oral diseases and conditions are associated with other health problems. Lifestyle behaviors that affect general health such as tobacco use, excessive alcohol use, and poor dietary choices affect oral and craniofacial health as well.

African Americans and those who are poor are near poor are the most likely to be adversely affected by dental and oral problems and the least likely to obtain either preventive or curative services. In a 2002 national survey by the federal government, it was found that less than half of low-income African Americans received any preventive dental care. Other federal surveys has found that 24.0% of African-American children 2-6 have experienced dental caries in their primary teeth, compared to 15.0% for non-Hispanic white children. Another survey in 2003 found that only 39% of parents of 3-5 year-olds had ever taken their child to the dentist. A greater percentage of African Americans 18 years and older have missing teeth compared to non-

Hispanic whites of the same age. Higher levels of gingivitis and periodontal loss of attachment is also more common among blacks than among whites.

Mortality Data

In 2005 (the last date for which local data are available), approximately 8,000 deaths to Shelby County residents were recorded. This yields a crude death rate of 8.5 per 1,000 population. Both the number and rate of deaths to Shelby County residents has demonstrated a slight increase over the past decade, although this trend is more apparent among white deaths. Death rates for breast cancer, colon cancer, coronary heart disease, homicide, lung cancer, and stroke are comparatively high. Residents of Shelby County also demonstrate higher rates of all major behavioral risk factors for heart disease, falling into the nation's top five for obesity, inactivity, and smoking. Death rates for African Americans were higher than average for the top seven leading causes of death.

The major causes of death in Shelby County are heart disease, cancer and stroke and this pattern holds true for the areas that include the largest number of eligible Head Start children. Death rates for each of the leading causes of death (especially heart disease, cancer and stroke) are higher for areas in which Head Start-eligible children are concentrated. Causes of death associated with lifestyle and environmental factors are higher in areas of high Head Start eligibility than the average for Shelby County. The county recorded 169 homicides and 124 deaths from AIDS in 2005, representing the 8th and 10th leading causes of death. Non-whites accounted for most of the deaths attributed to both homicide and AIDS. In fact, non-whites accounted for 90% of all AIDS deaths, a startling figure given that this disease was historically concentrated within the white population. Diabetes was also a more frequent cause of death among the non-white population, with non-whites accounting for 53% of the population but 72% of the deaths attributable to diabetes.

One of the most important indicators of a community's health is the infant mortality rate. Shelby County has historically recorded a high rate, and 185 deaths to infants under one year were reported in 2008. This yields an infant mortality rate of 12.3 per 1,000 live births (although rates based on only one year's data should be interpreted with caution). The infant mortality rate for non-whites was 17.6 per 1,000 live births, compared to 6.1 for whites.

Health Insurance Coverage

Access to adequate health insurance is a challenge for much of the population of Shelby County. While it is difficult to obtain accurate data on insurance coverage, it is estimated that around 45% of the population is covered through commercial insurance, 24% is enrolled in TennCare, and 15% is enrolled in Medicare. An estimated 17% of Shelby County residents lack insurance of any type. While the lack of insurance is expected to be higher than average higher within Head Start communities, Head Start records indicate a high level of coverage for Head Start enrollees, primarily through the State's TennCare program.

Summary of Analysis of Health and Healthcare

The burden of disease on the population of Shelby County is substantial and there is an inexorable link between ill health and poverty. The economic health of the community is built on the physical health of its population, and for many Shelby County residents good health is elusive. The following facts were established with regard to the health conditions characterizing the target population:

- Shelby County continues to score poorly on most indicators of health status.

- The prevalence of chronic health conditions is thought to be increasing among the Shelby County population with an increasing number of children and young adults being affected.
- Issues surrounding women’s health continue to be serious with limited progress being made in addressing them.
- Lifestyle related conditions (e.g., obesity, drug abuse, risky sex) are major contributors to the health problems identified within the target population.
- The amount of HIV and AIDS characterizing the Shelby County population is thought to be increasing (after a period of stability), with the potential for a major increase in the size of the local epidemic.
- The acuity of problems being presented for primary care services is thought to be increasing.
- The emerging ethnic groups within the Shelby County population are expected to present a growing number of challenges to the healthcare system.
- Memphis continues to be ranked in national surveys as among the least safe and least healthy cities.

The following facts were established with regard to the resources available to address the healthcare needs of the Shelby County population.

- Based on most resource indicators, Shelby County has an adequate amount of healthcare resources overall.
- These resources are, however, characterized by an increasing level of maldistribution, to the point that the communities that require the most services actually have the least.
- Because of this maldistribution and certain practice patterns, residents of communities with large numbers of Head Start-eligible children often do not have access to the available facilities.
- It has been estimated that the city suffers from a shortage of 30 or more primary care physicians needed to serve the indigent population.
- There has been continued movement of primary care resources away from the inner city and even away from suburban communities that have become populated with Head Start-eligible families.
- Minimal or no primary care resources are available in large parts of the city.
- Most sections of the western portion of Shelby County qualify for designation as “health professional shortage areas”.
- The available facilities in the inner city cannot absorb any additional volume.
- Hospital emergency rooms are increasingly used as a means of accessing primary care services.
- The portion of the population that is uninsured or underinsured continues to grow.
- The addition of healthcare resources cannot be expected to make a dent in problem unless root causes are addressed.

The Head Start Population

For the 2009-2010 program year, all Shelby County Head Start agencies, contractors and partners provided services to 3,651 children at 116 classrooms in 45 locations throughout Memphis and Shelby County. The number served equaled the 3,186 for which funding was provided. The core agency, Shelby County Head Start, served 2,814 enrollees at 21 different sites (with a cumulative total of 3,347 when dropouts are considered). Four delegate agencies served another 800 children at five different sites.

Based on the 2009-2010 annual report, Head Start participants and their families had the following characteristics. When the basis for enrollment in Head Start was examined, it was found that 71.1% qualified based on income (74.0% when up to 130% of poverty is considered) and 22.3% qualified due to receipt of public assistance. A small number (<1%) of participants were referred from foster homes or were considered homeless. Some 3.3% of participants exceeded the income limits. Some 21.4% of Head Start enrollees dropped out during the course of the program and over half of these within 45 days of the beginning of the operating period.

For the 2009-2010 program year, it was found that 88.6 % of the enrollees were black, 2.7% were non-Hispanic white. Multi-racial students accounted for 7.8%, with Asian-Americans, American Indians, multiracial students and those reporting “other” races accounting for around 1% of the enrollees. Hispanics, most of whom were classified as white, accounted for 8.2% of the enrollees. English was the primary language for the overwhelming majority (90.5%), although Spanish was listed as primary for 8.1% of the enrollees. Several different languages accounted for the remaining 1.4%. For planning purposes, it should be noted that the proportion with English as the primary language has been slowly declining and the proportion listing Spanish or some other language has been slowly increasing.

Some 76.3% of the participants were four years old and 23.5% were three years old. A negligible number of two-year-olds were enrolled. Some 51% of the students were male and 49% were female. The majority (81.8%) lived in single-parent households. Only 18.2% of enrollees lived with both parents. An unspecified number lived with someone other than a parent.

Only 4.2% of the participating children did not have health insurance of some type at the end of the operating period. The 95.8% reporting insurance coverage at the end of the year was up from 84.6% at the beginning. Most (85.9%) of those with insurance were covered under TennCare, although a surprising number (14.5%) reported private insurance of some type. Almost all (94.9%) of those enrolled at the end of the school year claimed to have a regular source of healthcare. Virtually all (96.8%) of the enrollees were screened for health problems during the course of the year. The most commonly diagnosed problems among those identified with health conditions were asthma (56.3%), obesity (17.2%), vision problems (11.5%), and diabetes (11.5%). It was found that immunizations were up to date for 99.9% of the participants.

Most enrollees (94.9%) had access to dental care and 88.0% received a dental examination through the Head Start program. Of those screened, some 11.7% were diagnosed with dental problems and most (93.1%) of these received the prescribed treatment. During the 2009-2010 school year, 335 enrollees with disabilities were identified and 299 (84.2%) received services for their disabilities.

Some 8.7% of the participants were reported to have a disability, double the proportion from the previous assessment. Forty percent of these had been diagnosed prior to entering the program but the remaining 23.4% were diagnosed after enrolling in Head Start. The most

common disability (61.2%) was a speech problem, with developmental disabilities accounting for most of the remainder (30.0%). Some 84.1% were screened for development, sensory and behavioral concerns, with 7.3% of these identified for followup assessment.

The data available on the parents of Head Start participants indicated that 30.2% had completed only a high-school education. Another 27.1% reported less than a high-school education and 30.3% had some education beyond high school. Among those with both parents present, it was found that in 94.8% of the families one or both of the parents was employed. Neither parent was employed in 5.2% of the intact families. Within the one-parent families, 63.0% of the parents were employed and 37.0% were unemployed. Very few (3.1%) of the parents in two-parent families were receiving job training, compared to 42.4% of the single parents.

One-fourth (25.2%) of the families participated in TANF, the state-sponsored welfare program, and 7.0% received supplementary security income, with both figures representing declines from the previous community assessment. Some 17.2% participated in the WIC supplementary nutrition program. About half (51.0%) of the participants' families received at least one social service during the operating period. The most frequent service received was parenting education (52.1%), followed by health education (received by 39.9% of families receiving services), followed by mental health services (21.4%) and adult education (19.3%). Some 1,053 of the students' fathers or father figures participated in father-oriented programs. Only three students were classified as homeless during the school year and two of these were placed in homes.

The geographic reach of the Head Start program has expanded in recent years and in 2009-2010 enrollees were drawn from the majority of the county's 33 ZIP Codes. The ZIP Codes generating the highest number of participants were 38127 (18%), 38118 (16%), 38114 (10%), 38109 (9%), and 38108 9%. Thus, the top 5 ZIP Codes account for 62% of total enrollment. Shifts in the home ZIP Codes for enrollees since the previous assessment reflect the declining proportion of Head Start-eligible children in historical inner-city communities, the increase in Head Start-eligible children in suburban areas, and the impact of closing existing sites and opening new sites.

As will be seen in the "needs" section, most of these ZIP Codes correspond to areas of high concentrations of Head Start-eligible children. Interestingly, there is a higher correlation between the location of Head Start sites and the level of need than there is for Head Start sites and the residential distribution of enrollees. In other words, the Head Start sites are mostly in the right place but they are not necessarily attracting the level of participation from high concentration areas that would be expected. Map 4 indicates the location of poverty-level 3 to 5 year-olds.

The Head Start Program

Head Start Services

The services provided by Shelby County Head Start include:

- Individualized curriculum
- Challenging and creative activities
- Free transportation
- Nutritious meals and snacks
- Before- and after-school care
- Health/dental/optical/speech and hearing services
- Special disability services
- Social services
- Parent involvement groups
- Foster Grandparent program
- Volunteer groups
- Safe and sanitary centers
- 1:10 teacher-student ratio
- Credentialed staff
- Full-year services at some centers
- Full-year services available at all Community Childcare Partnership centers

The Head Start program is unique in terms of its comprehensive approach to child development. No other program affects as many areas of the child's life. Head Start is based on the philosophy that a preschool program should address children's needs in all areas of development—physical, social, emotional, and cognitive—and provide support and assistance to all of those who affect the child's development.

The Head Start program is also unique because of its integrated, interdisciplinary nature. Head Start Performance Standards state that the activities of all service areas should be integrated. The program is structured so that services in one area complement and reinforce those in other areas. Head Start is designed so that staff members in all service areas work together to provide a cohesive, comprehensive program.

The overall goal of the Head Start program is to bring about a greater degree of social competence on the part of enrollees and their families. Head Start activities are designed to meet the following goals established for enrollees:

- To provide enrollees with learning environments and varied learning experiences that will help them progress in the eight domains of learning and development.
- To help enrollees develop in a manner appropriate for their age and stage of development toward the ultimate goals of social competence.
- To treat enrollees as individuals in an inclusive community that values, respects and responds to diversity.
- To integrate the emotional aspects of various Shelby County Head Start's service areas into the Education Curriculum Program.

- To involve parents in enrollees' education activities thereby enhancing their roles as the principal influence on their children's education and development.
- To increase parents' knowledge and understanding of their child's growth and development.

Over time, Shelby County Head Start has expanded its early childhood education programs to include three components.

Head Start

The traditional Head Start program is unique in terms of its comprehensive approach to child development. No other program affects as many areas of the child's life. Head Start is based on the philosophy that a preschool program should address children's needs in all areas of development—physical, social, emotional, and cognitive—and provide support and assistance to all of those who affect the child's development.

The Head Start program is also unique because of its integrated, interdisciplinary nature. Head Start Performance Standards state that the activities of all service areas should be integrated. The program is structured so that services in one area complement and reinforce those in other areas. Head Start is designed so that staff members in all service areas work together to provide a cohesive, comprehensive program.

Early Head Start

Early Head Start is a comprehensive program created in 1994 to extend the benefits of the Head Start preschool program to children under three years of age. The goal of EHS is to improve infant and toddler development by providing support services for low-income families and quality education for their children. By reaching children during their first three years, EHS has the potential to reduce the effects of disadvantage and increase children's chances for success. The support and education services offered by EHS are a key component in the program's ability to improve children's lives.

Many Shelby County children live in poverty during their early years and, as a result, face development disadvantages arising from social deprivation, language deficits and heightened levels of stress, fear and uncertainty. Because of their poverty status, they are unable to benefit from high-quality early care and education. Nationwide, more than 40% of infants and toddlers are in child care classrooms of inadequate, often leading to diminished cognitive, social and emotional outcomes. While over 20,000 children in Shelby County are eligible for Early Head Start services (based on conservative estimates), less than 500 were served by Shelby County Head Start during the 2009-2010 school year (although additional hundreds were served by other educational programs). Additional federal funding for EHS is expected to increase the number of slots for eligible children in coming years.

Pre-K

Pre-K programs for four-year-olds are designed to provide a rich, child-centered, literacy focused experience to ensure that all children enter kindergarten ready to learn. Quality instructional programs are offered in a safe, healthy and nurturing environment. The program encourages a cooperative partnership between the home and school in order to foster the development of lifelong learning while recognizing the individual needs of all children and their families.

Shelby County Head Start operates 21 Pre-K sites in cooperation with Memphis City Schools serving over 700 participants selected from communities that have existing Head Start programs. Research conducted by Memphis City Schools has found that Pre-K exposure improves a child's cognitive skills, reduces the risk of learning delays, prepares them for success in elementary school.

Regardless of the component of early childhood education, all Head Start programs include the following services that reflect its philosophy and support its goals:

The *Educational Services* provided by Head Start are designed to meet the individual needs of children and the educational priorities of the community. Regardless of cultural background or special needs, every child is offered a variety of learning experiences designed to foster physical, social, emotional and cognitive growth and to encourage an appreciation for ethnic, cultural and linguistic diversity. Children participate in indoor and outdoor activities and are introduced to new concepts. They are also encouraged to express their feelings and to develop self-confidence and the ability to get along with others.

Through its *Disability Services* the Head Start program offers strategies for meeting the special needs of children with disabilities and their parents. The disability plan will include provisions for children with disabilities to participate in the full range of activities and services normally provided.

Head Start's *Parental Involvement Services* ensure that parents, the most important influence on their children's development, are involved in program planning and operations and in parent education. Parents serve on Head Start's Policy Councils and Committees where they have an opportunity to make decisions about the program. Parents also assist paid staff as classroom volunteers. Through involvement in the classroom, participation in course and workshops on child development, and interaction with staff parents learn about educational activities that can be used at home. At the same time, staff learns about the needs and interests of the children from their parents.

Training opportunities are made available to parents in the following areas:

- Adult health and wellness
- Child health services
- Childhood disease prevention
- Child nutrition
- Childhood safety and injury prevention
- Mental health
- Oral health

Head Start *Health Services* provide children with comprehensive health services that include medical, dental, mental health and nutritional services. Children receive a complete physical exam, including vision and hearing tests, immunizations, and a dental exam. Handicapping conditions are also identified and addressed. Follow-up treatment, dental care and psychological services are provided as needed.

Head Start *Nutrition Services* provide children at centers with nutritionally balanced meals that fulfill one third to two thirds of their daily requirements. Nutrition education is provided to children, staff and parents. Approximately 101,000 meals and snacks are served to SCHS enrollees each month, including breakfast, lunch and a snack. A variety of foods (including

ethnic foods) are introduced, educational sessions are provided related to food choices, and meals are taken family style as a means of encouraging socialization and improving social skills.

The *Literacy Services* provided by Head Start are comprehensive and incorporate the new initiatives mandated by Head Start legislation. They are designed to prepare young children for school with emphasis on early literacy and language development and to help families break the cycle of low literacy and poverty. These services include age-appropriate learning environments and teaching strategies for the children, interactive literacy activities between parents and children, training parents to become the primary teacher for their children and full partners in the educational process, and parent literacy training.

Head Start *Facilities Services* are selected and maintained to create learning environments that are safe, accessible, welcoming, comfortable, age-appropriate, culturally sensitive, and in keeping with the individual needs of children and their families. The environments support each child's physical, cognitive, social and emotional development.

Head Start *Transportation Services* focus on transporting students safely to and from Head Start sites. Transportation services involve the pick-up and discharge of children at regularly scheduled times and pre-arranged sites, including trips between children's homes and program settings. Head Start Transportation Services accommodates field trips for additional learning experiences for children.

The *Family Services* provided by Head Start assist the family in its own efforts to improve the condition and quality of family life. Serving as advocates, the staff identifies the family services needs and works with other community agencies to make sure these needs are met. The staff informs the parents of community resource services and facilitates their use.

Assessment of Available Services for Head Start-Eligible Children

There has been a long-term decline in the availability of health services in the communities in which Head Start-eligible children reside. This is the case with physicians in general and, more importantly, with primary care physicians. Further, as Head Start-eligible children move into more suburban neighborhoods, there is a tendency for the physicians located in those areas to move out. In most of these communities, there are few if any private practitioners, with community-based health centers providing the only available care. The few minority physicians who historically served this population have died, retired or moved on to more attractive locations. Even among the primary care providers to which Head Start-eligible children have access, a growing number do not accept TennCare (Medicaid) patients. It is estimated that there is a shortfall of 40 primary care physicians when the needs of TennCare children and their families are considered.

Health Services

Shelby County Head Start strives to meet identified physical, developmental, medical, or psychological needs. SCHS has significantly expanded the list of available providers since the 2008 community assessment. Services for enrollees are currently provided by the following agencies and practitioners:

- University of Tennessee Boling Center
- University of Tennessee School of Allied Health (Dental)
- UT Medical Group
- TennCare Providers

- Private Practice Pediatricians
- Memphis City Schools
- Shelby County Schools
- LeBonheur Medical Group
- Christ Community Health Services
- Dr. David Hollerman (Dental)
- Firestone Dental Group
- Dr. Vincent Price (Dental)
- Irma Green, S.L.P. (Speech Pathology)
- First Choice Speech Therapy
- Kyna Woolery, S.L.P. (Speech Pathology)
- Regina Jolly, S.L.P. (Speech Pathology)
- Dr. Warren Harper (Child Psychologist)
- Agape (Behavioral Health)
- Total Health and Wellness
- Well Child, Inc.
- Memphis and Shelby County Health Department

In addition, SCHS staff measure and record each child's height and weight three times during the school year.

Shelby County Head Start also provides services to its enrollees with disabilities. Services are provided to those children with specially diagnosed needs prior to or after examination for hearing impairment, speech impairment, visual impairment, mental retardation, physical impairment, and other health impairments. Disabled enrollees receive special educational services beyond the services provided to other enrollees. Every effort is made to "mainstream" these students into the standard program.

Immunization Requirements

All prospective enrollees are required to be as up to date as possible on the following immunizations before enrolling at a Shelby County Head Start center:

- DPT
- Polio
- HIB
- Hepatitis B
- MMR
- Hepatitis A (designated areas)
- TB Skin Test

Parent Survey

As part of the community assessment update, parents of Head Start children were asked to complete an evaluation form. Some 901 surveys were completed by parents at 15 Head Start sites. This evaluation was intended to assess the parents' level of satisfaction with the Head Start program.

Positive responses were elicited for all 14 of the questions on the evaluation form, with at least 98% responding positively in each case. Of the 144 comments offered by parents, 94% were positive and only five comments were negative. Parents were particularly positive a program overall (33% of the comments), the staff (33%) and the improvement they noted in their children (26%). The manner in which Head Start staff communicated with parents was particularly singled out for praise.

The following responses were elicited for the 14 items on the evaluation form (presented here in shortened form:

<u>Evaluation Item</u>	<u>% Positive</u>
1. Head Start staff communicated with parents in first month	98.2%
2. Parents received a newsletter at least every two months	98.7%
3. Parents were invited to participate in various activities	98.6%
4. Parents were invited for a conference	99.9%
5. Staff reviewed child's assessment with parent	99.9%
6. Staff made at least two home visits	98.2%
7. Staff made arrangements for visit prior to showing up	98.7%
8. Parents were informed of child's field trips	99.6%
9. Parents were informed about parent training sessions	99.2%
10. Staff called when child was absent	98.3%
11. Parents were informed when child was involved in an incident	99.8%
12. Staff never sent child home in soiled clothes	100.0%
13. Staff were available to answer questions and provide assistance	100.0%
14. Staff related to parents in a positive manner	100.0%

Enrollee Assessments

Health screenings were performed on 94% of the enrollees, dental exams on 91%, immunization checks on 100%, and growth assessments on 100%. About 7% of the enrollees were diagnosed with a primary disability and these were exclusively in the area of speech and language. Some 94% students were provided dental treatment as a result of their screening. As of March, 2007, 30% of these students were still receiving treatment. Ninety percent of these were treated by a Professional Dental Provider. Head Start provided 27% of the funding for the care, while TennCare covered the major share (60%). Twenty-nine students were provided speech and language services as a result of their screening. As of March, 2007, 52% of these were still in treatment. Most treatment (83%) was provided by a speech and language

professional. Some 198 students received vision care as a result of their screening. The Head Start program provided 25% of the costs and TennCare 75%. Head Start provides 100% of Speech/Hearing screenings. Children with failed screenings are referred to local LEAs (Memphis City Schools or Shelby County Schools) for additional assessment (Individualized Education Plan) and services.

Other Area Services

Memphis City Schools

The Memphis City Schools is the largest school system in the state of Tennessee and the 23th largest metropolitan school system in the nation. In 2009-2010 more than 105,000 K-12 students were served by 209 schools (112 elementary schools, 36 middle/junior high schools, , 35 high schools, 6 career/technical centers, 8 alternative schools, 3 special education centers and 8 charter schools). The 2009-2010 enrollee represents a decline over previous years and reflects the long-term decrease in enrollment in the city school system. All Memphis City Schools are accredited by the Southern Association of Colleges and Schools. More than half (53%) of MCS teachers hold a masters degree or higher.

There are 31 Optional Schools within the district, offering students choices in programs such as health sciences, international studies, college preparatory studies, engineering, creative and performing arts, banking/finance, aviation, travel/tourism, manufacturing, and advanced placement courses for possible college credit. English-as-a-Second Language programs are offered at 45 elementary schools, 11 middle schools and 6 high schools. The number of students served by the ESL program has more than doubled since 2000 (from 2,095 during the 2000-2001 school year to 4,728 during the 2006-2007 school year). More than 650 business and community partners give their time and money to the children of Memphis City Schools through the Adopt-A-School program.

Graduations rates continue to be problematic, with less than 70% of students graduating during 2006-2007 school year and nearly 20% dropping out during their senior year. Transitory students are a chronic problem, with nearly half of the schools in the system reporting annual student turnover greater than 30%.

According to the Tennessee Department of Education, almost all (98.7%) of the students in Memphis City Schools are classified as “at risk” due to poverty, disabilities, or English-language proficiency. Title I Services provides critical resources that enable schools to create an environment that promotes student self-esteem and excellence, and 71% of MCS students qualify for this program. These services are located in 79 of the district's schools. The Title I initiative supports the home, school and community connection through recommendations for roles school staff, students, parents and the community can play in a child's success. Memphis City Schools are required to participate in the No Child Left Behind program, and 95% of MCS teachers are qualified by NCLB criteria. Over 6,000 teachers serve the city school system, a figure representing a significant decrease over previous years.

African-American students account for the majority (86%) of the students in the Memphis City Schools system. Whites account for 8% of the student population, half of which are Hispanic. Other races/nationalities account for 6% of the student body. The proportion of white students within the MCS system has been steadily declining, from a recent high of 19.2% in 1999 to a current figure of 8%. More than 5% of students speak a language besides English in their homes, with over 60 languages represented among the system's students. The most common languages spoken were Spanish, Vietnamese, Arabic, and French.

Of particular relevance to the Head Start program is the expansion of preschool services on the part of Memphis City Schools. Early childhood programs are offered in 54 schools to 1,200 students. These schools are involved in a variety of programs that, combined, constitute the MCS preschool program. Shelby County Head Start has enhanced its impact on the educational needs of pre-school children through its partnership with Memphis City Schools and the University of Memphis.

Shelby County Schools

The Shelby County school district is the fourth largest school system in Tennessee with 49 schools and a population of over 48,000 students. This enrollment represents an increase over previous years and reflects the long-term growth trend characterizing the system. The district includes all the public schools in the county outside the corporate limits of the city of Memphis, including those schools located within the six incorporated towns of Arlington, Bartlett, Collierville, Germantown, Lakeland and Millington. The system includes 29 elementary schools, 14 middle schools and 8 high schools.

The system is administered by a seven-member Board of Education representing seven special election districts located within the Shelby County school district. The superintendent is employed by the Board of Education and serves as secretary to the Board.

A community school concept is followed as closely as possible in the assignment of students to Shelby County schools. However, rapid growth in Shelby County, annexation of county acreage by the city, and federal court orders have had a definite influence on the location of schools. Growth rates in Shelby County outside of Memphis are currently the highest in the state, adding an average of 1,000 students to the school population each year.

The grade structure may vary due to growth in certain school areas and construction of new facilities; however, the primary design is elementary, middle and high school. High schools have grades nine through twelve.

Shelby County schools meet or exceed the standards set by the State Department of Education and the Southern Association of Colleges and Schools. Shelby County Schools is the largest school system in Tennessee accredited in its entirety by the Southern Association of Colleges and Schools (SACS). Comprehensive self-evaluation studies are conducted by each school every five years, School Improvement Plans (SIPs) are developed, and the study and plans are confirmed by a committee which visits the school. SIPs are updated on a regular basis.

In 2006, 70% of students in the SCS system were white and 30% were black. The current proportion black represents an increase of around 50% over the 19.5% reported in 2000. According to the Tennessee Department of Education, 43.9% of the students in Shelby County Schools are classified as “at risk” due to poverty, disabilities, or English-language proficiency. The SCS system boasts a graduation rate of over 90%.

Institutions of Higher Education

Shelby County contains seven institutions of higher education. The University of Memphis is the largest college in the Mid-South with enrollment of over 21,000 students. The University of Tennessee Health Science Center offers training in medicine, dentistry, and the allied health sciences, among other disciplines. Rhodes College is a private, coeducational college noted for excellence in the liberal arts and sciences. Lemoyne-Owen College is an independent liberal arts institution, related to the United Church of Christ and the Tennessee Baptist Missionary and Education Convention. Christian Brothers University is a Catholic institution of higher education in the tradition of the Christian Brothers noted for excellence in engineering.

Southwest Tennessee Community College with two major campuses and several satellite locations is the major source of two-year degrees, with an emphasize on business, computer and engineering technologies, health professions and other areas of study.

Other Child Care Programs

According to the Tennessee Department of Human Services, there were nearly 3,000 organizations registered to provide child care in Shelby County accounting for 130,000 slots. A number of these are based at City or County schools and these are generally the larger programs. In addition to the Head Start program sites, there are over 300 schools that provide some type of preschool program, over 700 regulated child care centers, and nearly 1,700 unregulated child care centers. The school programs and regulated child care centers (excluding Head Start sites) accounted for over 48,000 3-5 year-olds. The number served by unregulated child care providers is unknown.

Included in these figures are the preschool programs operated by the Memphis City Schools. Early childhood programs are offered in 54 schools to 1,200 students. These schools are involved in a variety of programs that, combined, constitute the MCS preschool program.

Map 5 indicates the location of regulated child care programs other than Head Start.

Childcare Centers by Zip Code
2010

Map 8

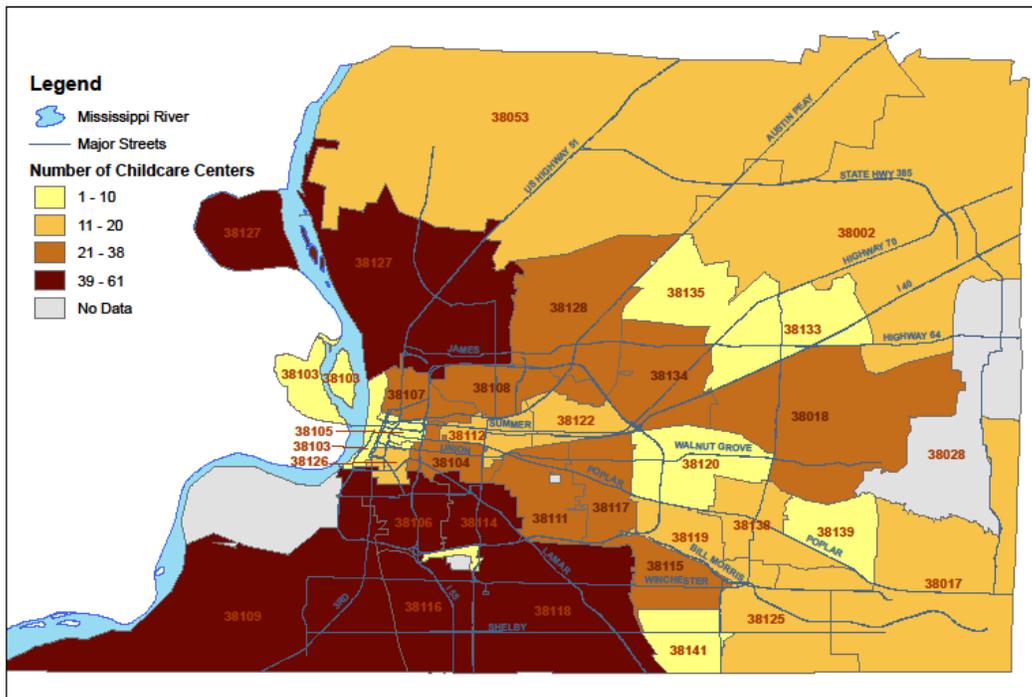


Exhibit 6
Shelby County Head Start
2009-2010 Program Sites

Grantee Agency

Cottonwood	5221 Cottonwood	Memphis, TN 38118
Covington Pike	5025 English Towne Dr.	Memphis, TN 38128
Delano	1723 Oberle	Memphis, TN 38127
Dunbar Elementary	2606 Select Avenue	Memphis, TN 38114
Gaston	1044 S. Third	Memphis, TN 38106
Georgian Hills	3915 Lewier Street	Memphis, TN 38127
Graceland Elementary School	3866 Pattie Ann Drive	Memphis, TN 38116
Hanley	2635 Spotswood	Memphis, TN 38114
Hillview	2107 Alcy	Memphis, TN 38114
Hollywood	2499 Chelsea	Memphis, TN 38108
Horton Gardens	4832 Steamboat	Memphis, TN 38127
Levi Elementary School	3939 South Third	Memphis, TN 38109
Martin Luther King	626 S. Lauderdale	Memphis, TN 38106
Mitchell	604 Mitchell	Memphis, TN 38109
Renaissance & Literacy	990 College Park Drive	Memphis, TN 38126
Ridgeway	3435 Ridge Meadow Pkwy.	Memphis, TN 38115
Riverview Elementary School	260 Joubert Avenue	Memphis, TN 38109
Ross	4890 Ross Road	Memphis, TN 38141
Sheffield Elementary	4290 Chuck Avenue	Memphis, TN 38118
South Park Elementary	1736 Getwell	Memphis, TN 38111
St. William	4932 Easley Avenue	Millington, TN 38053
Warehouse	994 S. Bellevue	Memphis, TN 38106

Delegate Agencies

Goodwill Homes	4590 Goodwill Road	Memphis, TN 38109
Porter Leath	1600 Ash	Memphis, TN 38108
Porter Leath	4207 American Way	Memphis, TN 38118
Primary Preparatory Head	3274 Rangeline Road	Memphis, TN 38127
YMCA	4727 Elvis Presley Blvd.	Memphis, TN 38116

Memphis City Schools (Wrap Around Sites)

A. B. Hill Elementary	1372 Latham Street	Memphis, TN 38106
Alton Elementary	2020 Alton Avenue	Memphis, TN 38106
Berclair Elementary	810 Perkins	Memphis, TN 38122
Blooming Scholars	1940 S. Lauderdale	Memphis, TN 38106
Fox Meadows	2960 Emerald	Memphis, TN 38115
Frayser Elementary	1602 Dellwood	Memphis, TN 38127
Future Leaders	1672 Dellwood Avenue	Memphis, TN 38127
Georgian Hills	3915 Leweir Street	Memphis, TN 38127
Getwell Elementary	2795 Getwell	Memphis, TN 38118
Hanley Elementary	680 Hanley	Memphis, TN 38114
Happy Times Day Care	3251 S. Perkins	Memphis, TN 38118
Horn Lake Learning Center	3657 Horn Lake Road	Memphis, TN 38109
Jesse Mahan Day Care	70 N. Bellevue	Memphis, TN 38104
Kinder Care Learning Center	4400 Yale Road	Memphis, TN 38128
Lucie Campbell Elementary	3232 Birchfield Drive	Memphis, TN 38127
Manor Lake Elementary	4900 Horn Lake Road	Memphis, TN 38109
Red Robin Academy	1000 S. Cooper	Memphis, TN 38104
Riverview Elementary School	260 Joubert Avenue	Memphis, TN 38109
Sea Isle Elementary	5250 Sea Isle Road	Memphis, TN 38117
Sheffield Elementary	4290 Chuck Avenue	Memphis, TN 38118
Southpark Elementary	1720 Getwell Road	Memphis, TN 38111

Early Head Start Programs

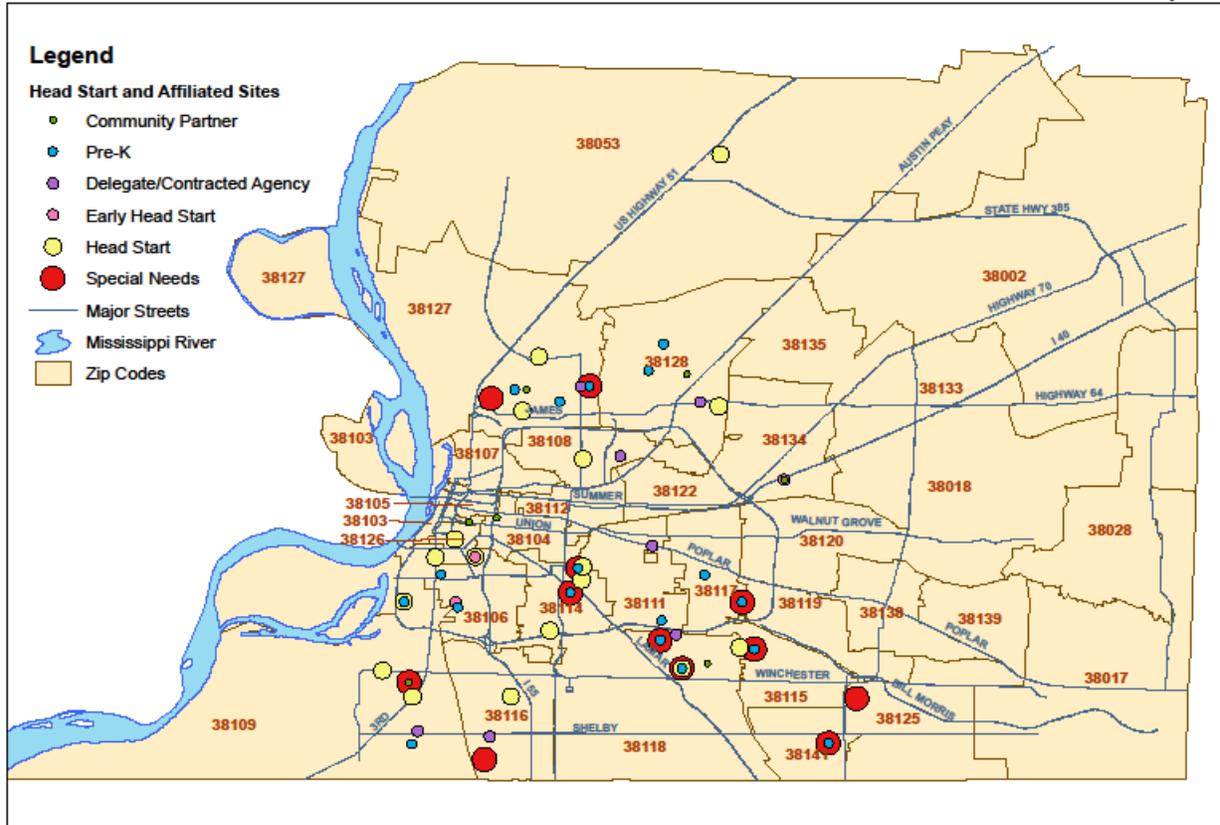
Blooming Scholars	1940 S. Lauderdale	Memphis, TN 38106
Renaissance	990 College Park	Memphis, TN 38126
Southwest Tennessee-Macon	5983 Macon Cove	Memphis, TN 38134

University of Memphis Contract

Lipman Center	3771 Poplar Avenue	Memphis, TN 38111
True Light Baptist Church	4635 Stage Road	Memphis, TN 38128

Southwest Tennessee Community College

Macon Campus	5983 Macon Cove	Memphis, TN 38134
South Park	1720 Getwell Road	Memphis, TN 38111



Site Location Issues

An important consideration in planning for the future of the Head Start program is the appropriateness of its current locations. The program should not only meet the needs of the existing Head Start-eligible population but consider the needs of currently underserved populations while anticipating changes in the geographic distribution of the eligible population. The juxtaposition of information on the distribution of the Head Start-eligible population and the location of Head Start centers determine the extent to which current Head Start locations match the distribution of need.

The following points might be made with regard to the location of Head Start sites:

- In general, Head Start sites are located in areas that have a high potential for enrollment, with a reasonably high statistical correlation (0.71) between concentrations of eligible students and program sites.
- Location changes since the last assessment have eliminated two centers where the demand for services has declined and added two centers in areas of growing demand. The partnership with Memphis City Schools has expanded components of the Head Start program to a number of additional locations.

- A few sites, however, are located in areas of lower potential, including sites in affluent suburbs and sites in older parts of the inner city that have suffered population loss.
- There are virtually no ZIP Codes that demonstrate a high level of need that are not served by a Head Start site.
- In general, Head Start site selection has anticipated the direction of growth in potential enrollees and has established sites to capture them.
- Existing sites are reasonably well located to serve the eligible white population and eligible populations of non-African-American racial and ethnic minorities.
- Based on research by the Center for Community Building and Neighborhood Action, 73% of the sites are located in distressed communities, 15% are located in vulnerable communities and 12% are located in “neighborhoods of choice”.

Priority Area Assessment

The Demand for Head Start Services

In 2010 there are an estimated 41,500 3-5 year-olds residing in Shelby County*. The number of 3-5 year-olds eligible for the Head Start program was approximately 14,000 in 2010. (Note that these figures do not adequately consider the as yet unknown impact of the current economic downturn.) While the overall size of the youth population is thought to have decreased, the estimated number of Head Start-eligible children has increased slightly. The tables below indicate the number of “eligibles” from each ZIP Code (with ZIP Codes in numerical order and ranked by magnitude).

Given the desire to serve a more racially and culturally diverse population, the number and location of eligible populations from other ethnic groups was determined. These populations display somewhat different patterns of residential distribution than the African-American population, and this situation was taken into consideration in need determination. The location of these emerging ethnic groups was factored into the demand analysis.

In 2010 there are an estimated 55,000 children 3 years and under residing in Shelby County*. An estimated 21,500 of these are eligible for Early Head Start services. The size of this population cohort has held steady over recent years but these figures on eligibles, like those above, may not adequately take into account current economic circumstances.

In the case of both Head Start and Early Head Start eligibles, it is clear that only a fraction of the eligible population is currently being served. It appears, in fact, that the Early Head Start population is less adequately served than the Head Start population.

*Note that 3-year-olds are counted in both the 3-5 year-olds and 0-3 year-olds.

Exhibit 5
Number of 3-5 Year-Olds and Poverty-Eligible 3-5 Year-Olds
By ZIP Code
2010 Estimate

<u>ZIP Code</u>	<u>3-5 Year-Olds</u>	<u>Poverty Eligible 3-5 Year-Olds</u>
38002	1,126	180
38016	1,702	191
38017	1,606	196
38018	1,352	141
38053	1,139	282
38103	175	81
38104	655	365
38105	310	349
38106	1,112	924
38107	803	626
38108	800	631
38109	1,879	1,067
38111	1,503	771
38112	651	405
38114	1,368	1,047
38115	1,737	513
38116	2,358	1,078
38117	715	162
38118	2,176	840
38119	562	75
38120	369	52
38122	849	398
38125	1,268	102
38126	469	549
38127	2,421	1,468
38128	2,087	820
38133	829	109
38134	1,301	238
38135	1,097	127
38138	591	44
38139	423	28
38141	920	115
TOTAL	36,393	13,972

Exhibit 6
Number of 0-3 Year-Olds and Poverty-Eligible 0-3 Year-Olds
By ZIP Code
2010 Estimate

<u>ZIP Code</u>	<u>3-5 Year-Olds</u>	<u>Poverty Eligible 3-5 Year-Olds</u>
38002	1,732	277
38016	2,618	294
38017	2,471	302
38018	2,080	216
38053	1,752	434
38103	269	124
38104	1,008	562
38105	476	537
38106	1,710	1,422
38107	1,236	963
38108	1,231	971
38109	2,891	1,641
38111	2,312	1,188
38112	1,002	623
38114	2,105	1,611
38115	2,673	789
38116	3,628	1,658
38117	1,100	249
38118	3,348	1,293
38119	865	116
38120	568	80
38122	1,305	612
38125	1,950	158
38126	721	845
38127	3,724	2,255
38128	3,211	1,261
38133	1,275	168
38134	2,001	367
38135	1,687	195
38138	910	68
38139	650	43
38141	1,431	177
TOTAL	55,943	21,496

Need Assessment Methodology

In order to assess the appropriateness of the current locations of Head Start Centers and determine optimal sites for future centers, it was necessary to develop an index of need. This index was developed by combining a number of different indicators into a single index number. This number could then be utilized to compare the level of need characterizing various parts of the County and ultimately track changes in the level of need over time. The indicators were chosen from a wide range of options based on their appropriateness as indicators of need for low-income 3-5 year-olds. Each value for each indicator was scored on a scale of 1 to 5, with 1 being the lowest level of need and 5 being the highest. In some special cases a zero was accorded to reflect the ineligibility of the tract vis-à-vis a certain variable. Additional weight was given to the percent of children living in poverty and the observed gap between needs and services. The score for all indicators was summed and divided by the total number of indicators to generate the index number.

Indicators

The indicators incorporated into the need index included:

- Number of 3-5 year-olds
- Population growth rate for 3-5 year olds
- Percent below poverty (under 5 years)
- Other racial and ethnic groups (diversity)
- Level of disability
- Existing gap between needs and services

The following index scores were generated for the ZIP Codes in Shelby County, presented first in ZIP Code order (Exhibit 7) and, second, with ZIP Codes ranked by need (Exhibit 8). The scores are also depicted on Map 10.

Exhibit 7
Need Ranking in Numerical Order
By ZIP Code
2009-2010
(0 = Low; 5 = High)

<u>ZIP Code</u>	<u>Need Index</u>
38002	2.13
38016	2.00
38017	1.88
38018	1.75
38053	1.88
38103	1.88
38104	2.13
38105	3.38
38106	3.63
38107	3.38
38108	3.25
38109	3.25
38111	2.75
38112	2.88
38114	3.38
38115	3.00
38116	3.00
38117	1.13
38118	2.63
38119	1.00
38120	0.88
38122	1.88
38125	1.60
38126	3.13
38127	3.00
38128	2.75
38133	1.50
38134	1.50
38135	1.00
38138	0.75
38139	0.75
38141	1.38

Exhibit 8
Need Ranking by Order of Need
By ZIP Code
2009-2010
(0 = Low; 5 = High)

<u>ZIP Code</u>	<u>Need Index</u>
38106	3.63
38105	3.38
38107	3.38
38114	3.38
38108	3.25
38109	3.25
38126	3.13
38115	3.00
38116	3.00
38127	3.00
38112	2.88
38111	2.75
38128	2.75
38118	2.63
38002	2.13
38104	2.13
38016	2.00
38017	1.88
38053	1.88
38103	1.88
38122	1.88
38018	1.75
38135	1.63
38125	1.50
38133	1.50
38134	1.50
38141	1.38
38117	1.13
38119	1.00
38120	0.88
38138	0.75
38139	0.75

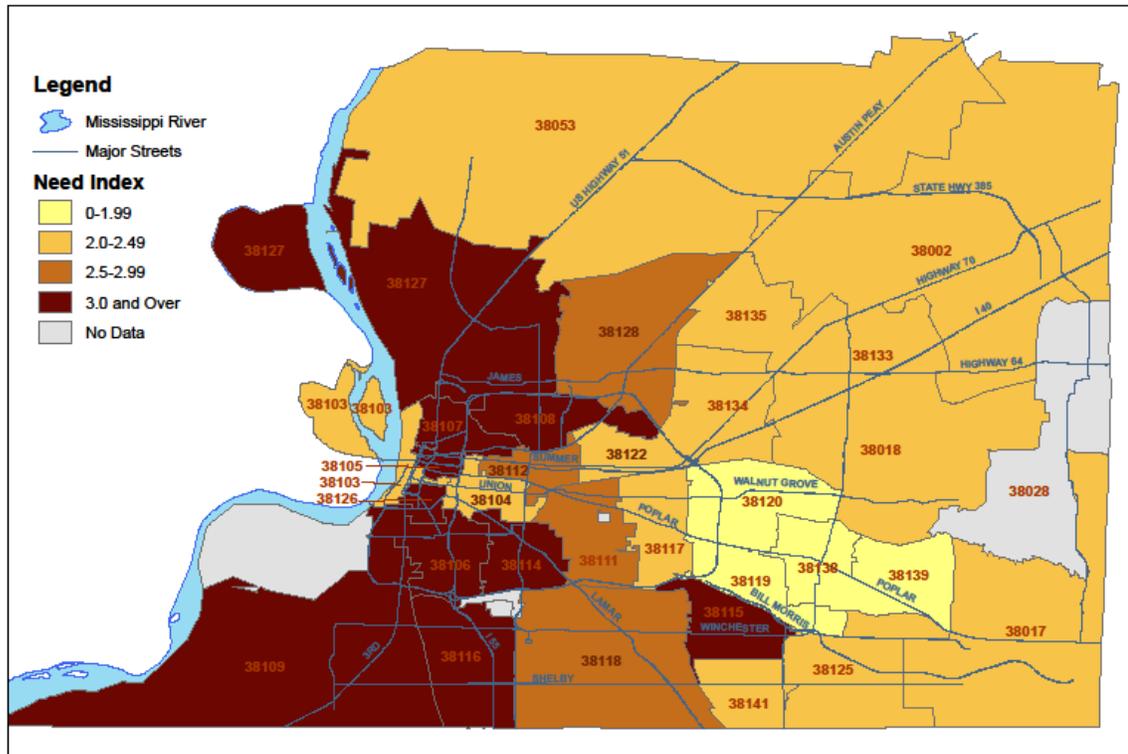
Exhibit 9
Need Index and Head Start Sites
By ZIP Code
2009-2010
(0 = Low; 5 = High)

<u>ZIP Code</u>	<u>Need Index</u>	<u>Head Start Sites</u>				<u>Needs</u>	<u>Total</u>
		<u>SCHS</u>	<u>Delegate*</u>	<u>Pre-K</u>	<u>EHS</u>		
38106	3.63	2	0	2	1	0	5
38105	3.38	0	0	0	0	0	0
38107	3.38	0	0	0	0	1	1
38114	3.38	3	0	1	0	0	4
38108	3.25	1	1	0	0	1	3
38109	3.25	3	2	2	0	0	7
38126	3.13	1	0	0	1	0	2
38115	3.00	0	0	1	0	1	3
38116	3.00	1	1	0	0	1	3
38127	3.00	2	1	3	0	2	8
38112	2.88	0	0	2	0	0	2
38111	2.75	0	1	0	0	0	1
38128	2.75	1	1	1	0	0	3
38118	2.63	2	1	2	0	2	7
38002	2.13	0	0	2	0	0	2
38104	2.13	0	0	0	0	0	0
38016	2.00	0	0	0	0	0	0
38017	1.88	0	0	0	0	0	0
38053	1.88	1	0	0	0	0	1
38103	1.88	0	0	0	0	0	0
38122	1.88	0	0	1	0	0	1
38018	1.75	0	0	0	0	0	0
38135	1.63	0	0	0	0	0	0
38125	1.50	0	0	0	0	1	1
38133	1.50	0	0	0	0	0	0
38134	1.50	0	0	0	1	1	2
38141	1.38	0	0	0	0	1	1
38117	1.13	0	0	0	0	1	1
38119	1.00	0	0	0	0	1	1
38120	0.88	0	0	0	0	0	0
38138	0.75	0	0	0	0	0	0
38139	0.75	0	0	0	0	0	0
Total		17	8	17	3	13	58

*Delegate agencies and University of Memphis contract.

Head Start Need Index by Zip Code
2010 Estimate

Map 10



Source: Calculated by Richard K. Thomas, Ph.D.

Need/Service Gap Assessment

The final activity involved in the assessment was a determination of the extent to which existing Head Start centers are meeting, failing to meet, or over-meeting the identified needs. As Exhibit 9 indicates, there is a relatively good correlation between high-need ZIP Codes and the location of Head Start sites. As demonstrated by Map 6 above most of the ZIP Codes in Shelby County are appropriately served by existing sites. That is, their locations and services are appropriate for the identified level of need. There are two suburban areas in which Head Start services are provided that do not meet the need criteria of most other census tracts. There are also some parts of the community that appear to be underserved with regard to Head Start services. These are the Binghampton community and adjacent areas, the “Jackson corridor” extending out Jackson Avenue and into Raleigh/Bartlett, and the southeastern portion of the city including Hickory Hill and adjacent areas.

The Shelby County Head Start program has been proficient in establishing sites that effectively serve its target population. As the population continues to become redistributed, care must be taken to assure that future site selection keeps pace with the population distribution.

Appendix: Data Sources

Head Start Services and Statistics

Shelby County Head Start Staff
Shelby County Head Start Published Reports
Parent Survey

Area Demographics

U.S. Census Bureau
ESRI Demographics
Hope Foundation
University of Memphis

Educational Data

Shelby County Head Start Staff
Memphis City Schools
Shelby County Schools

Health Data

Health and Performance Resources
Memphis and Shelby County Health Department
Tennessee Department of Health
The Urban Child Institute (TUCI)
Hope Foundation

Miscellaneous Data

University of Memphis
Memphis Police Department
Shelby County Government
Memphis Housing Authority
Memphis City Government
Tennessee Department of Employment Security
Hope Foundation
Coalition for the Homeless
Memphis Area Transit Authority