TENNESSEE DEPARTMENT OF HUMAN SERVICES

MOVING FAMILIES FORWARD
Transformational Pathways out of Poverty

2015
The Tennessee Department of Human Services (DHS) is pleased to present the Moving Families Forward: Transformational Pathways Out of Poverty Report in fulfillment of Public Chapter 934. In 2011, DHS embarked upon an effort to create a 21st Century Human Service Delivery Model that recognizes the strength, capabilities and resilience of the citizens that we serve. We remain optimistic about the future of those we serve and are humbled by the privilege to partner with them at strategic points in their lives. The opportunity to complete this report fit well with the transformational course being taken by DHS in service to all Tennesseans.

This report lays out a foundation that is based on strength based principles and lessons learned about brain science and poverty. Some of the promising practices identified were reflective of initiatives taking place in both the public and private sectors. The primary private sector initiatives were grounded in philanthropic support through individuals and foundations with varying levels of support from the public sector. While many emerging or promising practices were identified in this process, this report highlights practices that are reflective of the common themes.

Additionally, it identifies best practices for transforming the system of human service delivery. This report also includes information regarding workforce needs relative to skillsets required going forward. The impact of poverty has been extensively studied. This report is not a simple duplication of existing information. Rather, it is intended to go beyond data points and instead provides insight into barriers, impact, solution strategies, and considerations for future policy and programmatic directions. This report provides an excellent framework for continuous discussion and practical applications to those committed to partnering with families in their journey towards self-sufficiency and creating a better quality of life.

We would like to thank everyone involved for their time, expertise, commitment and partnership in helping realizing our vision to be a leader in partnering with individuals to assist them with establishing or re-establishing self-sufficiency.

In Service to Others,

Raquel Hatter, MSW, Ed. D.
Commissioner, Tennessee Department of Human Services
State of Tennessee

PUBLIC CHAPTER NO. 934

SENATE BILL NO. 2380

By Finney, Kylo, Tate, Harper, Burks, Green, Henry

Substituted for: House Bill No. 2266

By Akbari, Camper, Gilmore, Favors, Miller, Jones, Gloria Johnson, Shaw, Johnnie Turner, Powell, Armstrong, Towns, Pitts, Cooper, Hardaway, Stewart

AN ACT to amend Tennessee Code Annotated, Title 4 and Title 71, relative to the poverty task force

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, is amended by adding the following language as a new part:

71-5-801. The commissioner of the department of human services shall complete a study of poverty in Tennessee, including its implications and potential solution strategies with feedback from departments, agencies, and selected non-governmental organizations serving the affected populations. Such departments, agencies and organizations shall include, but not be limited to the following:

1) Department of Children's Services;
2) Department of Health;
3) The Bureau of TennCare;
4) Department of Economic and Community Development;
5) The Tennessee Commission on Children and Youth;
6) The Tennessee Commission on Aging and Disability;
7) The Room in the Inn program of Middle Tennessee;
8) The Catholic Charities in Tennessee;
9) The Area Relief Ministries of Jackson, Tennessee;
10) The Second Harvest Food Bank of Tennessee;
11) The Neighborhood Christian Center of Memphis, Tennessee; and
12) The Regional Interfaith Alliance of Jackson, Tennessee.

71-5-802.

(a) The poverty reduction plan shall:

1) Assess the current and future impact of poverty on the residents of Tennessee;
2) Examine the existing barriers, services and resources addressing the needs of persons living in poverty and their families; and
3) Develop a proposed strategy to mobilize the state response to the poverty crisis;
(b) The poverty reduction plan shall include an examination of the following in its assessment and recommendations:

(1) A determination of the economic and human impact of poverty in this state;

(2) A review of the remedies to reduce the number of individuals and families living in poverty in this state;

(3) Information to be utilized as potential legislative remedies for consideration in the One Hundred Ninth General Assembly; and

(4) Needed state policies or responses, including directions for the provision of clear and coordinated services and support to persons living in poverty and strategies to address any identified gaps in services.

71-5-803.

(a) The commissioner and other departments, agencies and selected non-governmental organizations conducting the study shall hold a public meeting and utilize technological means to gather feedback on the recommendations from the general public and from persons and families affected by poverty.

(b) The department shall submit its findings and recommendations to the governor and the general assembly in the form of a state anti-poverty plan by January 15, 2015.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.
SENATE BILL NO. 2380

PASSED: April 15, 2014

RON RAMSEY
SPEAKER OF THE SENATE

BETH HARWELL
SPEAKER
HOUSE OF REPRESENTATIVES

APPROVED this 16th day of May 2014

BILL HASLAM, GOVERNOR
Table of Contents
DEPARTMENT OF HUMAN SERVICES .............................................................................................................. 1

Executive Summary ........................................................................................................................................... 6
Underlying Philosophy and Principles ........................................................................................................ 7
  Strengths Based Practices ............................................................................................................................ 7
  Brain Science and Poverty .......................................................................................................................... 9
Transforming the System of Human Service Delivery .................................................................................. 11
Workforce Needs ........................................................................................................................................... 14
Methodologies .............................................................................................................................................. 16
Overview Transformational Pathways Out of Poverty Symposium .............................................................. 16
  Two-Generation Approaches ..................................................................................................................... 17
  Jeremiah Program ..................................................................................................................................... 21
  Bridges Out of Poverty .............................................................................................................................. 23
  The Nurse Family Partnership ................................................................................................................ 26
  Symposium Feedback ............................................................................................................................... 28
  Overview of Feedback .............................................................................................................................. 29
Summary and Future Considerations ......................................................................................................... 36
Appendix A: Demographics of Poverty in Tennessee Resources .................................................................. 38
Resources .................................................................................................................................................... 39

Table of Figures
Figure 1: Human Services Value Curve (Oftelie, 2011) .............................................................................. 11
Figure 2: Marjorie Sims, Managing Director of Ascend at the Aspen Institute ........................................... 18
Figure 3: The Two-Generation Approach (Ascend at the Aspen Institute, 2014) ........................................ 19
Figure 4: The Two-Generation Continuum (The Continuum, 2014) .......................................................... 20
Figure 5: Dr. Ruby Payne, founder of Bridges Out of Poverty and aha! Process ......................................... 24
Figure 6: Bridges Out of Poverty Resource Builder Model (The Model, 2014) ............................................ 25
Figure 7: Dr. David Olds, founder of Nurse-Family Partnership ................................................................. 27
Figure 8: Perceptions of Challenges to Moving Families out of Poverty ................................................ 29
Figure 9: Stakeholder Feedback - Strengths Based Prospective ................................................................. 32
Figure 10: Stakeholder Feedback – Perception of Tennesseans living in poverty ...................................... 33
Figure 11: Stakeholder Feedback – Perception of capacity ..................................................................... 33
Figure 12: Stakeholder Feedback – Brain Science and poverty ................................................................. 34
Figure 13: Stakeholder Feedback - Two-Generation Approaches ............................................................... 34
Figure 14: Stakeholder Feedback - Family Independence Initiatives (FII) .................................................. 35
Figure 15: Stakeholder Feedback - Bridges Out of Poverty ...................................................................... 35
Executive Summary

Public Chapter No. 934 (2014) was passed during the 108th Tennessee General Assembly, which called for a study on poverty in Tennessee. In accordance with Public Chapter No. 934, the Department is pleased to present this report on Moving Families Forward: Transformational Pathways Out of Poverty which serves to satisfy the charge as outlined. Given the scope and time allowed within Public Chapter 934, the Department took a primarily macro perspective and leveraged existing data, resources, and materials to ensure key aspects of the deliverables were met.

The study involved a primary focus on solutions. Mixed methodologies were used to inform this report including: a review of scholarly literature; phone conferences; participation in informational sessions; stakeholder feedback; facilitation of a large symposium; and generative thinking sessions. This included feedback from those impacted by poverty with a primary focus on those currently engaged in the public-private sector system of support.

At times the term self-sufficiency is misunderstood. For context, when discussing self-sufficiency in the report, it is referencing the extent to which individuals have developed a network of formal and informal supports to meet their needs. These supports include, but are not limited to, employment, family, friends, schools, faith based institutions, and community members. These concepts are consistent with principles put forth in the ecological perspective and a systems approach to working with individuals.

This report lays out a foundation that is based on strength based principles and lessons learned about brain science and poverty. Some of the promising practices identified were reflective of initiatives taking place in both the public and private sectors. The primary private sector initiatives were grounded in philanthropic support through individuals and foundations with varying levels of support from the public sector. While many emerging or promising practices were identified in this process, this report highlights practices that are reflective of the common themes. Additionally, the report identifies best practices for transforming the system of human service delivery. The report also includes information regarding workforce needs relative to skillsets required going forward. The impact of poverty has been extensively studied. This report
is not a simple duplication of existing information. Rather, this report is intended to go beyond data points and instead provides insight into barriers, impact, solution strategies, and considerations for future policy and programmatic directions. Please see appendix for additional resources related to poverty research. This includes a report issued by the Tennessee Commission on Children and Youth (TCCY). This report provides an excellent framework for continuous discussion and practical applications to those committed to partnering with families in their journey towards self-sufficiency and creating a better quality of life.

**Underlying Philosophy and Principles**

**Strengths Based Practices**
The traditional and current approaches to social services are often problem-focused. This problem-focus tends to treat the challenges of individuals and families as symptoms of dysfunction and deficiency (Early & GlenMaye, 2000). This is also referred to as a deficit based approach where the family is addressed in terms of what they seemingly lack (Saleebey, 1996; Saleebey, 2006). New research is exposing this as a key barrier to families moving forward to self-sufficiency (Babcock, 2014; Mosle & Patel, 2012). It is important to consider that poverty or being less resourced is often related to conditions of trauma, adversity, loss, and other life circumstances (Babcock, 2014; Lombardi & Mosle et al., 2014). Although obstacles and challenges may exist, there also exist resources such as knowledge, skill, virtue, capacity, and resilience, either realized or un-realized. Strengths perspective and strength based approach will be used interchangeably in this report. Strengths approaches emphasize the internal and external resources of people and focus on what they have instead of what they have not (Early & GlenMaye, 2000). In fact, scientific studies have revealed that resilience and the human ability to recover and excel after setbacks are inherent, meaning that everyone is capable of transformation and overcoming challenging circumstances (Masten, 2001; Saleebey, 2006).

**Key Points of the Strengths Perspective:** (Saleebey, 2006)

- Every individual, group, family, and community has strengths.
- Trauma and abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity.
• Assume that you don’t know the upper limits of the capacity to grow and change and take individual, group, and community aspirations seriously.
• We best serve clients by collaborating with them.
• Every environment is full of resources

The strengths perspective is a growth-focused approach, which fosters empowerment and resilience building so that less resourced individuals, families, and communities are able to move themselves forward from dependency to self-sufficiency. This approach cultivates methods that personify the unique strengths and capacities of people achieving these transformations (Saleebey, 2000; Saleebey 2006). Intentional partnerships between professionals, organizations, and clients are an essential component to jointly building innovative strategies, programs, and policies that remove barriers and encourage self-reliance.

The strengths based approach recognizes the exceptional resources and capacities of each person whether or not it is yet realized by the individual. The approach respects the knowledge, virtues, capabilities, and traits in those who have encountered and survived challenges. It does not underestimate the human experience, their personal story, capacity to grow, overcome, or self-actualize (Saleebey, 1996; Slaebeeb, 2000). Strengths based practitioners take an inventory of what clients already have and build upon those resources as a framework. Clients are treated as partners, who offer informed input on their lives, and engage in a customized service plan based on their specific goals. The strengths based approach coaches clients in a language of empowerment, resilience, and community building (Saleebey, 2006).

Empowerment is a key ingredient to the strengths perspective, which refers to the guidance/coaching process that directs individuals, families, and communities toward internal and external resources. Empowering people can also mean helping them identify what is limiting them or holding them back, while guiding them toward avenues that free them from any limiting internal or external constraints (Saleebey, 2006). Resilience refers to good outcomes despite serious threats to development and adaptation (Masten, 2001). Resilience studies have invalidated many negative assumptions and deficit-focused models.
Brain Science and Poverty
Promising practices are emerging out of brain science based on the discovery of the relationship between poverty and the executive function development of the brain. High stress levels create an inhibiting amount of the stress hormone cortisol, which hinders brain development and function, specifically the executive function (EF) area. The EF is responsible for the skill sets that rely on memory, mental flexibility, and self-control (Babcock, 2014; NCLD, 2014). These brain functions support the human ability to make plans, keep track of time, retrieve past information, make correlations, change the mind while actively engaged in activities such as speaking or reading, self-control, asking for help, constructing questions, organizing, evaluating, reflecting, and multitasking; all of which are needed to maintain personal relationships, care for children, manage money, obtain an education, create plan B, make goals, find and hold a job, and sustain a successful career (Babcock, 2014; NCLD, 2014). The brain’s EF develops in highly stimulating environments with low stress levels. Every individual is born with the capacity to develop the EF of their brain, and yet science has confirmed that poverty has a direct impact on the brain’s EF development.

Often situational and chronic poverty are associated with trauma and adversity. Moving forward requires strong reliance on the executive brain function to manage decision making (Babcock, 2014). The awareness of new brain science research helps to explain how an individual’s brain function is or may have been affected. Transformational policies and programs are required in order to meet these challenges (Babcock, 2014; NCLD, 2014). New approaches and outlooks could provide more relevant responses to today’s less resourced families and create new and meaningful opportunities to achieve independence (Babcock, 2014). Fortunately, the EF of the brain affected by the experience of trauma, adversity, and poverty remain malleable throughout life, and can be developed at any time with proper coaching and training. These executive brain function challenges have been scientifically studied and help to inform on how to modify policy and programs (Babcock, 2014). The following minor modifications can be implemented by practitioners to reduce high levels of client stress:

1. Offer easy to understand written documents that use multiple communication techniques including written, oral, pictures, sound, and video forms
2. Providing clients with organizational tools such as check lists, reminders, and prompts help to improve outcomes

3. Create a warm and inviting environments reduce unhealthy stress levels

4. Break longer tasks into shorter incremental steps to shorten time and offer more frequent positive feedback on progress (Babcock, 2014)

EF training for staff alone can greatly improve deliverables and quality of customer care (Babcock, 2014). Programs and modifications that help strengthen executive brain functions consider ways to create processes that encourage new behavior and the opportunities to regularly practice the new behavior. The more frequently the new behavior is repeated, the more likely it is to become a habit. Program designers should consider this when creating opportunities for clients (Babcock, 2014). Skill building can be challenging to achieve, so stimulation is an important component to consider in this process. Instead of using an instruction based approach, consider trying an assessment to see if the client/individual is open to coaching and interventions. If the client/individual is ready, it is important that they are provided with opportunities that allow them to practice new thoughts and behaviors in a way that they have choices in their own skill building and goals (Babcock, 2014). Problem solving and other decision making exercises also greatly help to strengthen the executive brain function.
Transforming the System of Human Service Delivery
Antonio Oftelie (2011) introduced the Human Services Value Curve (HSVC) as a guide to assist leaders in understanding and transforming their business models. The following provides an overview of the various models along the curve:

- **Regulative Business Model:** The focus is on serving people who are eligible for particular services while complying with categorical policy and program regulations.

- **Collaborative Business Model:** The focus is on supporting people in receiving the best combination of services for which they’re eligible by working across agency and programmatic boundaries.

- **Integrative Business Model:** The focus is on addressing the root causes of individual and family needs and problems by coordinating and integrating services at an optimum level.

- **Generative Business Model:** The focus is on generating healthy communities by co-creating solutions for multi-dimensional family and socioeconomic challenges and opportunities.
He notes the importance of understanding the dynamic nature of moving along the curve. An organization can be operating at different points along the curve within the various levels of the organization. The HSVC should serve as a guide for organizations as they progress toward the generative business model.

The American Public Human Services Association (APHSA) is a bipartisan, nonprofit membership organization representing state and local human service agencies through their top-level leadership. APHSA has been working to improve public health and human services for over 80 years by collaborating with state and local agencies and partnering with national policymakers, to promote effective policies and innovative strategies. APHSA is on a path of laying a foundation for systemic change and result driven approaches. APHSA’s aim is play a lead and supportive role in the necessary transformation of the system of the human service system of service delivery (APHSA, 2014).

APHSA (through their Pathways Initiative: The Opportunities Ahead for Human Services) has identified key foundational principles that are critical for executing this transformational charge: flexible financing, technology and infrastructure, a prepared workforce, accountability, and client engagement. The idea of innovation as a method of operating is a primary theme in the work they have put forth. The 4 major outcomes sought in this effort are:

1) Achieving Gainful Employment and Independence
2) Stronger Families, Adults, and Communities
3) Healthier Families, Adults, and Communities
4) Sustained Well-being of Children and Youth

Additionally they have identified the following 5 key elements to realizing these outcomes:

1) Prevention
2) Early Intervention
3) Bridge Supports
4) Capacity Building
5) Sustainability
The APHSA (2014) has also been a leader in demonstrating the importance of effective public-private partnerships through the establishment of the National Workgroup on Integration (NWI) which focuses on identifying emerging issues that are enablers or barriers to integrating health and human services and to create a sense of urgency for enterprise transformation. The APHSA is developing guidance and providing tools to help APHSA members to achieve interoperability and integration across health and human services. Additionally, the organization works to gather and disseminate best practices enabling leaders to strategically position their organization for system improvement, as well as recommending changes to laws and regulations to support improvements (APHSA, 2014).

The Alliance for Strong Families and Communities (The Alliance) is another leader in the transformation of the system of human services. The Alliance is a national organization dedicated to achieving a vision of a healthy society and strong communities for all children, adults, and families. The Alliance works for transformational change by representing and supporting its network of hundreds of nonprofit human serving organizations across North America as they translate knowledge into best practices that improve their communities. The Alliance strives to achieve high impact by reducing the number of people living in poverty; increasing the number of people with opportunities to live healthy lives; and increasing the number of people with access to educational and employment success (The Alliance, 2011).

The Alliance does an excellent job at demonstrating the importance of high impact nonprofit organizations in this transformational process. They emphasize the importance of intentionality that is required of nonprofits that are committed to this vision. They specifically outline 10 commitments nonprofits must make and demonstrate to realize this vision:

Leading with Vision

- Governing for the Future
- Executing on Mission
- Partnering with Purpose
- Co-creating with Community
- Investing in Capacity
- Measuring that Matters
- Innovating with Enterprise
- Engaging All Voices
• Advancing Equity

These commitments were developed based on an extensive research they conducted. The Alliance states “…landscape of the sector will require successful organizations to have a well-honed radar for adaptation” (The Alliance, 2011, para 2). With this in mind and through extensive research, they also identified six disruptive forces that non-profits must consider. This information is highly applicable to the public sector.

The disruptive forces are as follows:

1) Purposeful Experimentation
2) Information Liberation
3) Integrating Science
4) Uncompromising Demand For Impact
5) Branding Causes, Not Organizations
6) Attracting Investors, Not Donors

There are several entities not identified in this report making contributions to the efforts toward transformation. This report highlights two that are reflective of the many themes identified by those engaged in an effort to improve service delivery. APHSA and The Alliance for Strong Families and Communities often work in partnership and their work is highly conducive to helping the public-private sector move up the HSVC.

**Workforce Needs**

Key observations in the research were consistent with reports across the country from employers regarding the need for a more skilled workforce. In previous years, individuals could more readily find and secure employment. However, this reality has changed. The Brookings Institute stated,

“Governments at all levels, educators, training organizations, and civic leaders can utilize job vacancy data to better understand the opportunities available to workers and the specific skills required of them. Improving educational and training opportunities to acquire STEM knowledge should be part of any strategy to help unemployed or low-wage workers improve their earnings and employability” (Rothwell, 2014, para 5).
Additionally, The STEM Workforce Challenge from the Department of Labor, Employment and Training Administration [ETA] (2007) reported that science, technology, engineering, and mathematics known as STEM fields have become crucial to the economic advantage, growth, and development of the U.S. economy. Sustainable strategies that will increase the quality of life and create opportunities for American families “will require coordinated efforts among public, private, and not-for-profit entities to promote innovation and to prepare an adequate supply of qualified workers for employment in STEM fields (U.S. Department of Labor, Employment and Training Administration [ETA], 2007, p.1). The Department of Labor made the following points and recommendations:

- America will not hold the security or leadership of STEM or advance without considerable amounts of time and investment (ETA, 2007).
- Current K-12, higher education in science and math, paired with current demographic and supply tendencies expose a serious issue: “our nation needs to increase the supply and quality of ‘knowledge workers’ whose specialized skills enable them to work productively within the STEM industries and occupations” (ETA, 2007, p. 1).
- It will not be enough to pursue “baccalaureate and advanced degree holders in STEM fields. Our nation’s economic future depends upon improving the pipeline into the STEM fields for sub-baccalaureate students as well as BA and advanced degree holders, for youth moving toward employment and adults already in the workforce, for those already employed in STEM fields and those who would like to change careers to secure better employment and earnings” (ETA, 2007, p. 1).
- Based on these certainties “it is clear that programs focused on moving people toward self-sufficiency adopt a focus that includes addressing the changing workforce needs” (ETA, 2007, p.1).

The Drive to 55 Alliance (2014) is rightly aligned to address the challenges noted by industry experts relative to workforce needs. Drive to 55 Alliance is part of a cross-sector partnership and sustainable plan to provide 55 percent of Tennesseans with college degrees or certificates by the goal year 2025 (Drive to 55 Alliance, 2014). The growing Alliance is formed between private sector partners, non-profits, and statewide leaders working together toward four primary goals:

1. Increase private sector awareness of Alliance and efforts to strengthen the workforce
2. Generate support needed to increase college entry and completion
3. Offer support for adult training and education
4. Identifies skills gaps in order to prepare Tennessee’s workforce for the jobs of today and tomorrow (Drive to 55 Alliance, 2014).

The Alliance supports the Drive to 55 initiatives, which include the Tennessee Promise Scholarship, Tennessee Reconnect, Tennessee LEAP, and growing involvement with the private sector (Drive to 55 Alliance, 2014).

**Methodologies**

The department used a mixed methods approach in conducting a method analysis including, but not limited to, a literature review, collected feedback, generative thinking sessions, meetings, conference calls, and facilitated a symposium. During this process, DHS gathered feedback from other state departments, and NGOs that serve the less resourced populations across the state of Tennessee. Extensive state and nationwide research was conducted on promising practices that move families forward to self-sufficiency. Conference calls were held with the developers of various practices.

**Overview Transformational Pathways Out of Poverty Symposium**

The Transformational Pathways Out of Poverty Symposium was hosted by DHS in November 2014, which called for strategy sessions and feedback from departments, agencies, and selected NGO’s serving the less resourced populations of Tennessee. The Symposium provided attendees with an overview of strengths and evidence based promising practices that move families forward to self-sufficiency, and yielded feedback from the select entities listed in the legislation.

Symposium presenters included representatives from select national agencies including: Ascend at the Aspen Institute, the Jeremiah Program, and Bridges Out of Poverty from aha! Process, and Nurse-Family Partnership. These agencies shared their models, outcomes, and service deliverables. Symposium attendees included state agencies, DHS, supervisory and executive level staff as well as state and nationwide community partners. The symposium provided an opportunity to exchange ideas, share promising practices, and discuss solution strategies moving
forward. The next section provides a more in depth overview of the models featured in the symposium.

**Two-Generation Approaches**

Two-generation programs work with parents and their children together through sustainable practices that increase self-sufficiency. Two-generation approaches offer services that focus with equal intensity and duration to serve both parents and children, which have a heavy focus on education and workforce development (Chase-Lansdale & Brooks-Gunn, 2014). These programs target both children and parents of the same low income family. For a child, services can include quality early education, health services, and home visits. For parents, services can include; life coaching, learning English, literacy, General Educational Development exam (GED) preparation, financial counseling, credit rebuilding, resume writing, job skills training, post-secondary education, parenting skills, health services, prenatal care, and preventative care in child abuse and domestic violence (Chase-Lansdale & Brooks-Gunn, 2014; Lombardi, Mosle & Petal, et al., 2014).

The traditional one-generation approach presented a dichotomy between support for parents or a focus on the child. Scientific evidence shows that connected and supportive families have greater positive outcomes, especially for children. This evidence has led to a progressive shift towards a family focus rather than a traditional fragmented focus. There is a clear distinction between the two approaches. The traditional system has been a one-generational approach, which serves the child or parent, emphasizes care or education, and provides transactional services including paperwork, information, participation, referrals, and use data for compliance (Lombardi, 2014). However, the two-generation approach encourages serving two or more generations simultaneously. Some of these services include:

- Life skills, leadership, workforce, and positive parenting coaching
- Financial counseling and economic supports
- Access to education
- Social, health, and mental health services, and use
- Data collection for continuous improvement (Lombardi, 2014)
Ascend at the Aspen Institute (Ascend) is a national leader in breakthrough ideas and collaborations committed to moving low income families forward together toward educational and professional success and economic security. Ascend offers statistical data and recommendations that support a model of economic equality through social innovation; strengthening low income families using a two-generation approach to meet the goals of both children and parents simultaneously. Ascend recommends a family focused framework built upon education, economic supports, social capital, health and well-being, all of which are core elements that create an “intergenerational cycle of opportunity” (Lombardi & Mosle, et al., 2014). The three primary functions of the two-generation approach are:

1. Elevation and investing in two-generation programs, policies, and community solutions.
2. Building a network of diverse leaders through a national fellowship program and learning network
3. Engaging in the perspectives, strengths, and resilience of low-income families to inform programs and policies.

The two-generation approach places the whole family on the road to long term economic security and self-sufficiency. New research has identified an urgent need to reexamine and shift the traditional one-generation approach into a two-generation approach in order to better serve the new demographic and economic climate of today. The two-generation framework is a lens for viewing policies, programs, systems, and conducting research (Lombardi et al., 2014). The two-generation framework is built upon historical child and adult program efforts and scientific demonstrations on the inextricable linkage between child and parent development. “Parents gain motivation to succeed from their children and vice versa: their efforts are mutually reinforcing. The two-generation framework suggests that when opportunities for children and parents are addressed in tandem, the benefits may be greater than the sum of the separate, programmatic parts.” (Lombardi et al., 2014, p. 4). Scientific
demonstrations repeatedly show that when children and parents are approached with opportunities simultaneously, they each gain motivation from the other.

The two-generation framework is structured to move the whole family forward to self-sufficiency. The Ascend at Aspen Institute found that it is not likely that one organization or program can support this approach (Lombardi, et. al., 2014). Therefore, it is crucial that new strategies, solutions, and the economy work on their behalf, not against, to build multiple partnerships across the sectors; businesses, governments, philanthropists, communities, programs, and organizations (Lombardi, et al., 2014).

One suggested strategy to achieve this goal is to bridge the gaps between sectors, incomes, systems, and realities. This may be achieved through governments and organizations moving forward together creating vast networks that generate solutions, innovation, and conversations that are grounded in science, research, and evidence. In a post economic recession era, creating this kind of extensive partnership system will empower families with a more solid platform to stand while they transform their lives (Lombardi, et al., 2014). By providing the educational and economic strength supports, current and future generations start the intergenerational cycle of
opportunity. The result of seeing ones children, parents, neighbors, community, and city thriving creates a contagiously inspiring effect on others. Studies have shown these positive ripple effects occurring in communities across the country (Chase-Lansdale & Brooks-Gunn, 2014; Lombardi, 2014).

The early childhood relationships with parents and primary caregivers are essential to development. These findings have been recorded throughout the fields of neuroscience, molecular biology, genomics, epigenetics, and economics (Lombardi, et al., 2014). “What young children learn from adults who raise and care for them lays the foundation for future social, emotional, language, and cognitive growth. When children do not have these protective relationships and experience deprivation and high stress levels that often come with poverty, their brains and bodies adapt in ways that can have long-term negative effects” (Lombardi, et al., 2014, p. 7). The recommended solution is to expand existing programs to partner with parents as well as children. While parents and children continue to learn, parents are also offered the resources to explore their own dreams and goals, many of them for the first time. Parents need opportunities to enhance parenting skills and workforce development, which can greatly impact their confidence levels at minimum. This can pave the path for successful employment, a career, and/or continued education (Lombardi, 2014).

Figure 4: The Two-Generation Continuum (The Continuum, 2014)
Ascend at the Aspen Institute created a model for the implementation of the two-generation framework using three core components centered on strengthening families focus and providing opportunities for both parents and children simultaneously to support their educational, economic, and social advancement. Health and wellbeing have recently been added as a fourth core component to this framework. These four core components are:

1. Education 
2. Economic supports 
3. Social Capital and Networks 
4. Health and Well-Being 

These are achieved through partnerships with multiple organizations across sectors. Early childhood programs cannot be expected to address the needs of both children and families alone. Programs need a responsible infrastructure to support and provide quality services support children while partnering with adult-serving agencies. These partnerships can be encouraged across the sectors and through incentives at the federal, state, and local levels, including promotion of statewide community planning efforts (Lombardi, 2014; Mosle & Petal, 2012).

**Jeremiah Program**
The Jeremiah Program is a resiliency-based sustainable community model. It is a non-profit NGO founded by Reverend Michael O’Connell in Minneapolis, Minnesota more than 15 years ago. His vision was to build a partnership with cross-sector leaders in the community that was rooted in the belief that determined mothers and their children can move forward to self-sufficiency with access to collective community resources. Today, the Jeremiah model continues to offer mothers and children safe and affordable housing, quality early childhood education, career-track and college education support, empowerment, life skills training, and alumni services (Jeremiah Program, 2012).

The partnerships are formed between corporate professionals and the Jeremiah Program residents. Each Jeremiah community campus has a local board with representation from five sectors; business, education, faith based congregations, government/social services, and philanthropy. Business partners offer personal coaching and graduates of the program receive access to employment initiatives. The educational partners provide participants with help exploring interests, colleges, campus services, and financial assistance. Communities and faith based partners bring volunteers, funding, social networks, and support for families and projects.
Government and social services partners bring mental health, county support, and child education resources. The philanthropic partners bring foundation and corporate volunteers, board and committee members, grants, gifts, funding, networking, and employment opportunities to residents (Jeremiah Program, 2012).

The program offers young mothers and their children a safe and affordable place to live on the Jeremiah Program campus. The stability of the environment provides mothers with the opportunity to prepare for her career, to obtain a post-secondary education, and build parenting skills. Rent is on a sliding scale, and the average rent paid by residents is $135.00 per month. This provides mothers with the opportunity to work and pursue an education, while their children have access to quality education and care in the campus Child Development Centers. This lays the framework for academic success, health, stability, economic productivity, and reduction in criminal behavior. Coaches and teachers work with the children and mothers on building skills and relationships (Jeremiah Program, 2012).

The personal empowerment and life skills training teach mothers how to manage their finances, financial independence, healthy relationships, and the impacts of their actions, accountability, decision making, goal setting, and positive parenting. The Jeremiah program participants receive this training weekly. They also receive career and college education support. This is an important component of the program due to the volume of barriers standing between low-income single mothers and a college education. Education is the key to financial independence and self-sufficiency for most low income families (Jeremiah Program, 2012).

The Jeremiah Program model has significant proven outcomes. Since the program began, it has expanded to three campuses within Minnesota and now has campuses opening in North Dakota, Texas, and Massachusetts. The Minneapolis and Saint Paul, Minnesota campuses received a four star rating from Parent Aware (Jeremiah Program, 2012). In 2012, Wilder Research conducted a return on investment analysis and compared the economic value of outcomes to program investments. The study revealed significantly positive economic returns. Each dollar invested in a Jeremiah Program participant can return four to six dollars to society and private funders depending on the number of people who enter and graduate. Over the course of 100 graduated
participant’s lifetimes, society receives an estimated minimum return on investment of over $16 million.

The reported benefits of the program from first generation graduates of the program are:

- Increased incomes due to post-secondary education
- Increased taxes paid by participants
- Reduced public assistance
- Tax-payer savings on reduction of dependency

The benefits of the second generation graduates of the program are:

- Increased lifetime incomes
- Increased taxes paid to the state
- Saving on costs spent on crime and special education

Quantifiable outcomes of the program are:

- 93% of children that go through the program achieve a grade or more higher
- 90% of graduates maintain longstanding employment
- 77% of 2012-2013 graduates make an average of $16.25 dollars per hour

The Jeremiah Program holds annual conferences on multigenerational strategies and continues to improve and expand the model (Diaz & Pina, 2013; Jeremiah Program, 2011).

**Bridges Out of Poverty**

Bridges Out of Poverty is a strength-based community engagement model that focuses on the development of human capacity to solve problems related to the realities of being under-resourced. It is not a program, but a set of concepts, tools, and strategies. The Bridges model defines poverty as “the extent to which one does without resources” (Payne, DeVol & Smith, 2012, p.20). It is designed to help create pathways out of poverty that lead to economic self-sufficiency and self-actualization through the engagement in community educational, business, faith, and civic sectors. The model encourages innovation and does not impose strategies or programs. Instead, Bridges is a community problem solving model that attracts people who take ownership of ideas and apply them in their organizations, neighborhoods, and communities (Pfarr, Dreussi-Smith, & Devol, 2010).
Problems are encouraged to be solved through community action. The Bridges model emphasizes the range of social and economic benefits to society when individuals and communities are thriving; therefore, it recommends people of all socioeconomic backgrounds work and dialogue together. It also emphasizes the importance of bringing less resourced individuals to the decision making table so that they can inform on concrete local information, problem solve, and plan alongside lawmakers. According to Bridges literature, it is important for people from all socioeconomic classes or backgrounds to shift their thinking in order for communities to thrive, not just the less resourced. It is thought that those with fewer resources should alone change their thinking, which is a large part of the problem. The Bridges model focuses on four key areas:

1. Direct instruction with under-resourced individuals to help them realize their own human capacity including talents and expertise.
   - Create sustainable communities by inviting those with resources to participate in solving poverty related problems that include state agencies, people from poverty, and resourced individuals.
   - Educate the resourced on the realities of being under resourced.
   - Bring adults from poverty to the decision making table.

According to Dr. Payne, it is crucial to address the four identified causes of poverty for effective results simultaneously:

1. Individual behaviors and circumstances
2. Community conditions
3. Exploitation
4. Political and economic structures.

The Gettin’ Ahead in a Just-Gettin’ By World (Gettin’ Ahead) is a proprietary program, which consists of a 50 hour strengths based training curriculum. Graduates learn tools that help them reach self-sufficiency. Graduates can also become certified trainers and spread the tools...
throughout their communities to improve lives and neighborhoods. For example, money is a resource and so is access to knowledge and social networks. The Gettin’ Ahead program teaches people tools that help them to identify the existing resources within and around an individual or family. There are more than 8,000 certified Bridges trainers that have taken over 30,000 people in poverty through the Gettin’ Ahead program.

Figure 6: Bridges Out of Poverty Resource Builder Model (The Model, 2014)

Currently, there are Bridges communities in 35 states. A few of the successful examples of the Bridges/Getting’ Ahead community program are:

- The Assisi Foundation, Memphis Inc., is one of many organizations that supports and facilitates workshops and certification training for Bridges Out of Poverty and Getting Ahead in a Just-Gettin’ – By World.
- In 2 ½ years in Youngstown State University, Ohio, of 385 participants in 15 getting ahead groups, 81% completed the program and full-time employment increased from 31% to 76%. 58% pursued an advanced education (aha, Process Solution!).
- In Dubuque, Iowa, 248 participated in 7 Gettin’ Ahead groups, and 70% completed the training. Employment doubled and homelessness dropped from 21% to 7% by the next year (aha! Process Solution,)
• Cascade Engineering, Grand Rapids MI, created a public/private partnership and increased employment and decreased generational poverty from 26% to 69% (Stanford Social Innovations Review, 2003; Payne, 2014);
• Muskogee, OK, of 89 graduates, 54% have an increased income, 56% have pursued their GED or post-secondary education, 57% have reduced debt, and 64% have a banking account (Payne, 2014).

The Nurse Family Partnership
The Nurse-Family Partnership (NFP) is a maternal-child health model that creates partnerships between trained registered nurses and low income first time mothers from their first trimester until the child’s second year. The Nurse-Family Partnership is a two-generation approach that helps to eradicate circumstantial and generational poverty by offering mothers the healthcare and preparation they need to become confident and empowered parents who can guide their children and themselves toward successful futures. 37 years of research has verified that NFP lowers incidents rates of abuse by 80% and improves maternal employment, family planning, children’s health, and reduces public assistance dependence (Demonte, 2010).

The nurse commits to a 2.5 year partnership with the mother and will make a total of 64 home visits. During these visits, the nurse teaches the mother parenting and life skills, emotional preparation for the baby’s arrival, and positive maternal child relations. This early intervention creates the opportunity to make timely behavioral and health changes critical to the well-being of the mother, child, and her future children. This intentional partnership is based on 37 years of rigorous studies and randomized control trials with proven outcomes including:

• Increased synapse formation
• Brain function
• Vision
• Hearing
• Language proficiency
• Reduced intervals of births between children
• Reduced rates of births
• Save local, state, and federal governments millions of dollars
• Reduced use of Temporary Assistance for Needy Families (TANF)
• Reduced arrests and incarceration
• Increase in partnership and marriage duration
• Increased biological father involvement
• Improved employment rates
• Increased pregnancy planning

(Karoly, Kilburn & Cannon, 2005; Olds, Kitzman & Hanks, et al., 2010).

Dr. David Olds developed the program in the early 1970’s to offer low income mothers prenatal care, guidance, emotional, social, and physical support both during and after pregnancy (Karoly & Kilburn et al., 2005; Nurse-Family Partnership, 2014). Since that time, there have been multiple studies conducted on NFP outcomes including three randomized control trials held in Elmira, New York (1977), Memphis, Tennessee (1988), and Denver Colorado (1994). The results revealed improved outcomes in the development and health of the infant as well as improved relationship building and decision making in mothers (Coalition for Evidence-Based Policy, 2012; Nurse-Family Partnership, 2011). The Children’s Legal Rights Journal states “The NFP has been shown to enhance children’s health, improve family planning, increase rates of maternal employment, and decrease reliance on welfare and public aid by high-risk families” (Demonte, 2010, p.67). Additionally, the Center on the Developing Child at Harvard University released a report that illustrated brain function during the first 30 months of a child’s life and the transformational impact the Nurse-Family Partnership is making in the lives of multiple generations (Karoly et al, 2005; Nurse-Family Partnership, 2014).

The randomized control in Memphis, Tennessee, consisted of 743 low income women who agreed to participate in the NFP. The effects of the first born child at age two were as follows: 23% fewer injuries; 78% fewer days hospitalized due to injuries. By age 12, the NFP children were less likely to have used tobacco, drugs or alcohol, 28% less likely to have depression or anxiety, 8% higher reading and math grade point averages between 1st and 6th grade, and scored...
6 percentile points higher on Tennessee state reading and math tests. The mothers of the children had the following outcomes by the time the first born child turned 12 years old: 9% decreased dependency on public assistance; 9% decreased dependence on food stamps or SNAP, $1,210 decrease in annual government spending per woman on public assistance, Medicaid, and SNAP during the 12 year period. The data showed that the average return on investment for $1.00 spent on NFP is $5.70 (Karoly et al., 2005). The NFP costs approximately $8,700 per family, a comparatively much lower price to pay (Demonte, 2010). The NFP average cost per family in Tennessee is $7,529, and saves the government an average of $15,929 per family (Demonte, 2010). Currently, the NFP currently exists in 43 states, six tribal communities, and the U.S. Virgin Islands (From a desire to help, 2011).

**Symposium Feedback**

The strengths of each of the two-generation models featured in the symposium, which included, Jeremiah Program, Bridges Out of Poverty, and Nurse-Family Partnership, were identified as:

1. Cross-sector approaches
2. Cognitive restructuring
3. Coaching and life skills
4. Empowerment
5. Training people with tools to move themselves forward

Each of these models found ways to help clients overcome barriers, which were identified as strengths. For example, the Jeremiah Program requires clients to attend College while in the program so the campuses are strategically located near colleges and Universities. This reduces the obstacle of transportation with on-campus services such as child care and proximity to college and University classes. The Bridges Out of Poverty model strengths were identified as: bringing those in poverty and low-income families to the decision making table and sharing their realities with stakeholders; and the 45 hour Gettin’ Ahead workshop that teaches those in poverty tools to move themselves forward to self-sufficiency by building upon their resources. Finally, the Nurse-Family partnership strengths were identified as the focus on pre-natal and pre-birth because there are so many challenges that children are born into in regards to their physical health. Providing moms with knowledge of how to take care of herself and her baby was viewed as exceptional. The feedback echoed comments of finding ways to incorporate models into programs and organizations.
Finally, the Nurse-Family partnership strengths were identified as the focus on pre-natal and pre-birth. Providing moms with knowledge of how to take care of herself and her baby was viewed as exceptional. The outcomes of all of the programs were seen as favorable and encouraging to participants as well.

**Overview of Feedback**

The following section provides a synthesis of the feedback obtained through informational sessions, stakeholder engagement, and generative thinking sessions. It includes feedback from those impacted by poverty with a primary focus on those currently engaged in the public-private sector system of support.

**Perceptions of Challenges to Moving Families out of Poverty**

![Figure 8: Perceptions of Challenges to Moving Families out of Poverty](image)

Respondents were asked to identify potential challenges or barriers to moving families out of poverty at both the state and local level. Perceptions of challenges regarding housing, transportation, and affordable quality child care were mainly related to access and availability of these resources. Challenges associated with the lack of education, training, and jobs focused on adequate job training as well as the ability to obtain quality jobs that enable one to effectively meet their needs. Some of the challenges associated with inflexible rules and regulations focused on the following:
1. The need for greater flexibility regarding time limits relative to the level of assistance needed;
2. The need for greater flexibility regarding time limits for education that can count towards work participation;
3. The need to delink childcare from Families First;
4. The fiscal cliff or diminishing returns experienced by those who make financial advancements (through job attainment or promotion), but not enough to meet or sustain family needs;
5. The “Other” category includes but is not limited to a variety of challenges such as community motivation, family motivation, and family engagement.

Personal Impact Statements from those Impacted by Poverty:

The information below provides actual statements from customers who have personally experienced some of the challenges captured in the previous section:

“For such a small amount of money, that is not even enough to pay your electric bill, you are expected to do so much. I believe more effort should be put into helping people get jobs, job skills, and education. That is the key to getting people off the system! Things should not be so complicated to get help.”

“...It’s a big headache when I just need assistance with childcare.”

“Give the clients a chance. They are trying to help themselves and not depend on assistance forever. Take myself for example, I work and go to school and they still want me to do additional activities. What time do I have for my own life and my son?”

“...Help us with a self-esteem program to show us how to believe in ourselves and not be dependent on the Families First Program, but to overcome the Families First Program.”

“If an individual is enrolled in school at least half time, they should not be subject to the 15 hours requirement. Not everyone studies for an hour. I personally study up to 10-20 hours a week but the state does not acknowledge this. I enrolled in 13 credit hours, have 13 study hours, but I still have to do additional activities. This cuts into my study time.”

“...It makes no sense that some families get $500-$900 in food stamps and $183.00 in cash. Who can pay rent, utilities, food, commodities plus buy clothes and shoes for children with that amount of money.”

“I would allow individuals to opt for childcare assistance without necessarily receiving cash benefits.”
“There should not be a 12 month limit on Vocational Education.”

“...DHS needs to separate child care from Families First and expand eligibility for child care. It's the only reason I signed up.”

“We shouldn't have to sign up for families first just to receive daycare. I would change that. Parents that work and don't need families first should get a voucher for daycare...”

Additional Stakeholder Feedback
Respondents were asked to provide feedback regarding the basic tenants of Saleebey’s (2006) strengths based perspective relative to the degree to which they had agreed with them.

- Key points 1 – 94.9% of respondents strongly agree and agree that every individual, group, family, and community has strengths.
- Key points 2 – 94.8% of respondents strongly agree and agree that trauma and abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity.
- Key point 3 – 51.6% of respondents strongly agree and agree that they assume not to know the upper limits of the capacity to grow and change and take individual, group, and community aspirations seriously.
- Key points 4 – 89.8% of respondents strongly agree and agree that we best serve clients by collaborating with them.
- Key point 5 – 55.3%, the majority of respondents, strongly agree and agree that every environment is full of resources.

(See chart on next page)
The following are the basic tenets of the strengths based perspective (Saleebey, 2006). Please indicate if you agree or disagree with each.

Key Point 1
- Strongly Disagree: 2.6%
- Disagree: 63.2%
- Neither Disagree Nor Agree: 59.0%
- Agree: 25.8%
- Strongly Agree: 31.6%

Key Point 2
- Strongly Disagree: 2.6%
- Disagree: 48.4%
- Neither Disagree Nor Agree: 59.0%
- Agree: 26.3%
- Strongly Agree: 34.2%

Key Point 3
- Strongly Disagree: 2.6%
- Disagree: 31.6%
- Neither Disagree Nor Agree: 25.8%
- Agree: 5.1%
- Strongly Agree: 21.1%

Key Point 4
- Strongly Disagree: 2.6%
- Disagree: 2.6%
- Neither Disagree Nor Agree: 5.1%
- Agree: 5.3%
- Strongly Agree: 13.2%

Key Point 5
- Strongly Disagree: 2.6%
- Disagree: 2.6%
- Neither Disagree Nor Agree: 2.6%
- Agree: 63.2%
- Strongly Agree: 25.8%
74.4% of respondents reported that they think Tennesseans living in poverty or who have low incomes desire to create a better life for themselves and their families.

89.5% of respondents think Tennesseans who have low incomes have the potential and capacity to do better.
66.7% of respondents reported that they were unaware of most recent research regarding brain science and poverty. 30.8% reported being aware of this research.

60.5% of respondents reported that they were not familiar with the two-generation approaches.
78.9% of respondents reported that they were not familiar with Family Independence Initiatives (FII). FII empowers families through social and financial mobility. FII financial resources and data collection focus on strengths and initiatives rather than struggles or perceived weaknesses. FII believes that the keys to economic mobility for these families are: strong connections among families and communities, leveraging capital, and making self-directed choices.

51.4% of respondents reported that they had heard of Bridges Out of Poverty and the Gettin’ Ahead workshop.
Summary and Future Considerations
The underlying principles and promising practices noted within this report constitute a fundamental paradigm shift at all levels, which represent transformational change. The strength based approach is a departure from the more traditional deficit-based approach. This generally involves a shift in thinking among service providers and those receiving services. The Human Services Value Curve provides an excellent guide for how to navigate a change of this magnitude.

The report highlights some of the gaps and barriers in the current system of support. It should be noted that many of these are due to rules and laws at the state and federal level which may limit flexibility and the ability to innovate in a manner whereby some practices cannot be readily implemented. A comprehensive review of these rules and laws to determine opportunities to modify would be beneficial. This process should include a focus on ensuring modifications are congruent with promising practices noted that actually move people forward based on identified and individual needs. A basic premise is that the services are not a destination. Instead, they are tools available to assist individuals when they are experiencing vulnerable circumstances. An approach that doesn’t account for this premise is likely unsustainable and may not result in improved outcomes. Any review of existing laws and practices must also address how to improve service coordination. There are many collaborative efforts taking place; however, a challenge is often related to rules and laws, and in particular, privacy and confidentiality concerns.

It should be noted that the perceptions of most of the stakeholders were reflective of a strengths perspective. Relative to the perception of those living in poverty, the feedback received reflects that most stakeholders have positive perceptions about Tennesseans living in poverty and most think that these individuals desire a better quality of life for themselves and their families. The feedback also indicated that most were unfamiliar with the emerging and promising practices discussed in the report including those practices being implemented in Tennessee. This may be reflective of a knowledge gap. While many are familiar with the brain science research there remains a need to identify and implement effective strategies throughout the human service system of support.
Preparing individuals for high quality jobs is a key strategy. It is important for any workforce development approach to be informed by the realities of the changing needs of employers. The Drive to 55 offers initiatives such as the Tennessee Promise which is reflective of the need to close the workforce needs gap. Additionally, the Drive to 55 is congruent with the two generational approaches. It has the potential to move Tennessee families forward two generations at a time.

Consideration should be given to conducting a review of current funding streams relative to the system of support with a focus on identifying duplication, redundancies, improvement opportunities relative processes and efficiency. When generating new ideas, a weakness that often emerges is the lack of sufficient due diligence to prevent redundancy or duplication. A comprehensive review will inform the extent to which current resources need to be reallocated or new resources need to be added. The following outlines possible next steps:

1. Integrate a more intentional engagement of those receiving services into the development of their individual strategy to move themselves and their families toward self-sufficiency and a better quality of life.
2. Raise the awareness of the system of providers about emerging and existing promising practices which includes a focus on the strengths perspective and lessons learned regarding brain science. While many are familiar with brain science research their remains a need to identify and implement effective strategies throughout the human services system of support.
3. Raise the awareness of the system of workforce development entities around the current and future skill sets needed. TCATS can serve as a great resource.
4. Consider conducting demonstration projects, through the use of current resources (reallocation) that are aligned with emerging and promising practices.

We would like to thank everyone involved for their time, expertise, commitment and partnership in helping realizing our vision to be a leader in partnering with individuals to assist them with establishing or re-establishing self-sufficiency.
Appendix A: Demographics of Poverty in Tennessee Resources

The following links provide poverty demographics for the state of Tennessee:


**The U.S. Census**: [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S1701&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S1701&prodType=table)

Resources

http://www.ahaprocess.com/the-model/

_Alliance for Strong Families and Communities_. (2011). Disruptive forces: driving a human services revolution. Retrieved October 1, 2014 from,
http://alliance1.org/disruptive-forces/executive-summary


http://ascend.aspeninstitute.org/pages/the-two-generation-approach


_Coalition for Evidence-Based Policy_. (2012). Retrieved October 21, 2014, from:
http://evidencebasedprograms.org/1366-2/nurse-family-partnership

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CB4QFjAA&url=http%3A%2F%2Fwww.nursefamilypartnership.org%2FCMSPages%2FGetFile.aspx%3Fnodeguid%3D49e3eeac-b4e5-46a6-a828-5b39e9cd05d9&ei=OTyYVKO4CsiUNqGFgIgC&usg=AFQjCNFAsXJDpfD4NHqh83j3h31cP2Ch7w


