community health profile

metro nashville-davidson county

2014

Metro Public Health Dept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

This report is a product of the Metro Nashville Public Health Department's *Division of Epidemiology and Research* and *Division of Prevention and Wellness*. A sincere thanks to the Epidemiology and Research staff who contributed to the development and review of content and data in this report: Dr. Sandra Thomas-Trudo, Dr. Burns Rogers, Brook McKelvey, Justin Gatebuke, Karen Grimm, Amanda Holley, and Dr. Michael Rickles. Thanks to all community partners and Metro Public Health Department staff who participated in the Community Health Status Assessment process that identified and prioritized the health indicators contained in this report, and to Tracy Buck, Julie Fitzgerald, and Joe Pinilla for facilitating the Community Health Assessment process.

Note: A minor correction was made to indicator W34 in this report following its initial release.

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Metro Public Health Dept
Nashville/Davidson County

Protecting, **Improving,** and **Sustaining** Health

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Introduction

Overview

The Community Health Profile (CHP) report uses quantitative indicators to describe the overall health of the Nashville community. It builds on a wide range of community-level health indicators identified through the Community Health Status Assessment, a phase of the Mobilizing Action through Planning and Partnerships (MAPP) process facilitated by the Metro Nashville Public Health Department in 2013. The MAPP process engaged community partners from a number of local organizations in health-related fields to identify indicators of community health to target and evaluate over the next several years in order to improve the health and well-being of the Nashville community.

The CHP establishes a baseline for evaluating improvements in community health and provides empirical data to guide local public, private, and non-profit health initiatives. Each health indicator includes a definition, brief description of its importance, and the most recent or valid quantitative data available at the county level. Comparison data is reported when available, including time series comparisons, geographical comparisons at the state and national levels, and demographic breakouts by age, sex, and race/ethnicity.

This report is intended for a broad audience, including health officials, healthcare providers, researchers, non-profits, educators, and community members. The indicators of community health in this report can:

1. inform decision-making and enhance local health programs, initiatives, and policies;
2. be included in grant submissions to provide justification for proposed programs;
3. be used by area universities for research purposes; and
4. be used as a reference guide and for educational purposes in a wide variety of settings.

Indicators of Nashville's Health

The health indicators in this report were identified through the Community Health Status Assessment (CHSA) process, a phase of the Mobilizing Action through Planning and Partnerships (MAPP) process facilitated by the Metro Nashville Public Health Department in 2013.

The purpose of the CHSA process was to address two questions:

1. How healthy are our residents?
2. What does the health status of our community look like?

Institutions within the local public health system were invited to participate in the CHSA process to ensure the process was collaborative and represented a range of community interests. Ultimately, 15 participants representing 11 institutions within Davidson County participated in the process:

- Dr. Sanmi Areola, *Metro Public Health Department*
- Jeff Blum, *Davidson County Sheriff's Office*
- Dr. Mary Bufwack, *United Neighborhood Health Services*
- Roslyn Gooch, *Metro Public Health Department*
- Dr. Marie Griffin, *Vanderbilt University School of Public Health*
- Laura Hansen, *Metro Nashville Public Schools*
- Dr. John Harkey, *Harkey Research*
- Nancy Lim, *Saint Thomas Hospital*
- Dr. Marybeth Shinn, *Vanderbilt University Peabody College*
- Yvette Spicer, *Fisk University*
- Dr. Sandra Thomas-Trudo, *Metro Public Health Department*
- Phillip Vest, *Hospital Corporation of America*
- Dr. John Vick, *Metro Public Heath Department*
- Dr. Lynn Walker, *Vanderbilt Children's Hospital*
- Dr. Robert Wingfield, *Fisk University*

The CHSA participants collectively determined what topics needed to be considered in order to understand the health status of the residents of Davidson County, and developed an action plan for gathering and analyzing data.

The participants brainstormed health status topic areas using the Technology of Participation (ToP) facilitation methods. The consensus workshop resulted in nine broad indicator topic areas:

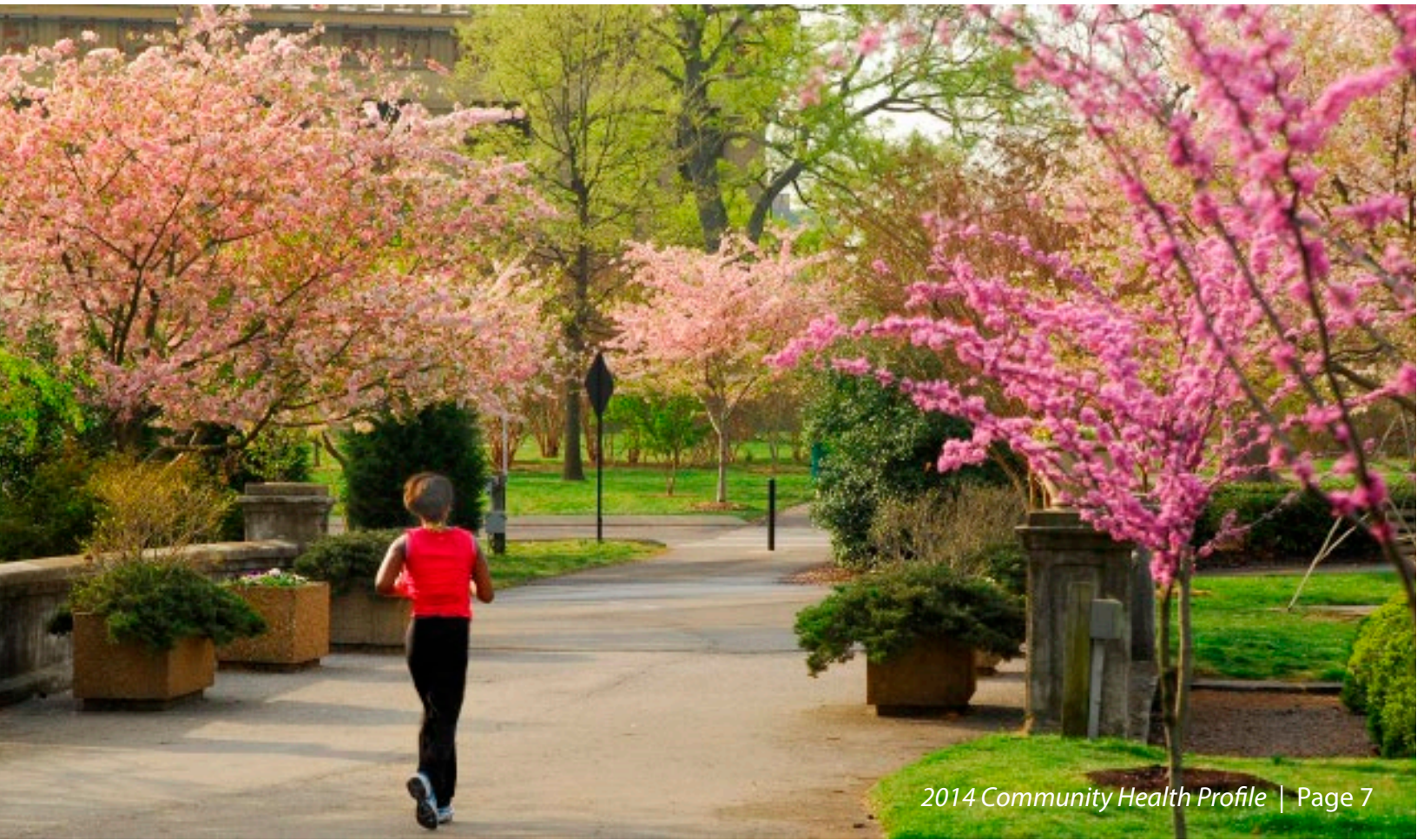
1. Choices and Health
2. Well-Being
3. Access and Systems
4. Evolving Family Systems
5. Health Indicators
6. Politics and Policy
7. Demographics
8. Social Determinants
9. Environments (Social, Natural, Built)

These broad topic areas were condensed into three categories: *demographics*, *well-being*, and *environment*.

Sub-groups were then formed to identify indicators with existing data for each of the three topic areas. Once indicators were identified, a process recommended by the National Association of City and County Health Officials (NACCHO) was used to vet the indicators using the following criteria:

- Meaningful, Relevant, and Actionable
- Validity and Accuracy
- Stability, Reliability, and Timeliness
- Outcome-oriented

The resulting collection of indicators chosen by the committee was vetted for representativeness to ensure that collectively the indicators measure the overall health and quality of life in Nashville.



A Broad Definition of Health

The indicators in this report reflect a broad definition of health, one that includes not only healthcare and diseases, but also socioeconomic, built environment, and other factors that contribute to the overall health of the community but may not always be considered when targeting improved health outcomes.

The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." [1] This definition requires a broad view of what makes people healthy and what determines health. Factors that contribute to a person's current state of health, or *determinants of health,* can be biological, socioeconomic, psychosocial, behavioral, or social.[2] The content of this report reflects this broad definition of health, and includes measures of health that recognize the importance of, and interplay between, behavior and context in the health and well-being of individuals.

Inclusion of a diverse group of health indicators in this report supports the idea that health should be a consideration in decision-making across multiple sectors. Housing, law enforcement, education, urban planning, and numerous others have important roles to play in improving community health.

1 Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

2 Centers for Disease Control and Prevention. (2014). Social determinants of health. Retrieved from: http://www.cdc.gov/socialdeterminants/Definitions.html

Structure of the Report

This report includes 129 community health indicators divided into 3 categories:

demographics
includes indicators of income, poverty, employment, social support programs, education, housing, homelessness, criminal justice, and child abuse

well-being
includes indicators of mortality, cancer, infectious diseases, chronic diseases, smoking, healthcare, natality, substance abuse, social and family environment, mental health, and reproductive justice

environment
includes indicators of access to healthcare, water safety, food security, air quality, parks, transportation, and crime

Each section begins with a brief introduction and highlights from the data in that section. Within each catetetory, the indicators are labelled for quick reference. For example, demographics indicators are labelled D1, D2, etc., and environmental indicators E1, E2, etc.

Each indicator page includes:

- a brief statement about its importance
- a description of the data
- the data source(s)
- the data for Davidson County

Also included when available are: comparison data at the state and national levels; data breakouts by sex, age, race/ethnicity to show disparities; multiple years of data to show changes over time; and national benchmarks. All information for each indicator is contained on a single page to facilitate their use as "one-pagers" that can be easily copied for use in meetings or presentations.

demographics

Demographics

Tracking the demographics of a community is useful for understanding trends that help predict current and future public health needs. Examining changes in poverty, income, employment, social services, child abuse, and housing cost provide contextual information that can help to explain or predict current health trends and how they may change over time. Conditions such as poverty, lack of affordable housing, and high unemployment contribute to poor health outcomes.

For example, examining housing affordability can help determine whether housing cost may be contributing to increased stress, less money available for healthy food or preventive healthcare expenses, or deferred home maintenance that can lead to health-related housing problems such as mold or pests. Tracking changes in homelessness can help determine if current efforts are effectively addressing the issue, or if the problem is growing and additional resources should be dedicated to providing housing and services to that population. Examining income inequality and poverty provide an indication of whether economic conditions are improving or worsening, and for whom, and helps with assessing the potential health implications of those trends. Together, these and other demographic indicators help to gauge access to resources, and exposure to risks, that contribute to people's health.

Section Highlights

- Income inequality in the county has improved over the past two years, and is now lower than in both Tennessee and the U.S. (indicator D4)
- 30.5% of people 18 years or younger in the county live below the poverty line, more than double that of people 18 to 64 years old (15.1%), and more than triple those 65 and older (8.2%). (indicator D7)
- 8% of youths in Davidson County between ages 16 and 19 are neither enrolled in school nor employed. (indicator D16)
- 2.3 full-time minimum wage jobs are needed in a household to afford a 2-bedroom apartment at Fair Market Rent in Davidson County. (indicator D22)
- There are 2,301 people experiencing homelessness at a given time in Davidson County. Homelessness has increased in the county over the past six years. (indicator D24)
- Over the past three years, the income of renters in Dadvidson County has increased, and renters are spending a smaller percentage of their income on rent. (indicators D19 and D20)
- The number of juvenile court case referrals in the county increased from 12,247 in 2010 to 20,270 in 2012, an increase of 65.5%. (indicator D29)
- There were 3,177 homeless children in Metro Nashville Public Schools during the 2013–2014 school year, an increase of 52.5% over the 2009–2010 school year. (indicator D32)
- 14.7% of households in Davidson County received SNAP benefits (food assistance) in 2013. (indicator D12)

D1

Household Income

Income is a measure of the economic well-being of communities, households, and individuals. The most commonly used measure is median household income, which is more useful than individual measures of income since housing and other costs can be shared between household members.[1]

Data Description

This indicator shows the median household income, which is the total income for all people living at the same address, regardless of relationship or marital status.

Data Source

U.S. Census Bureau. (2006–2013). American Community Survey, 1–year estimates. Median Income in the Past 12 Months, Table S1903.

County

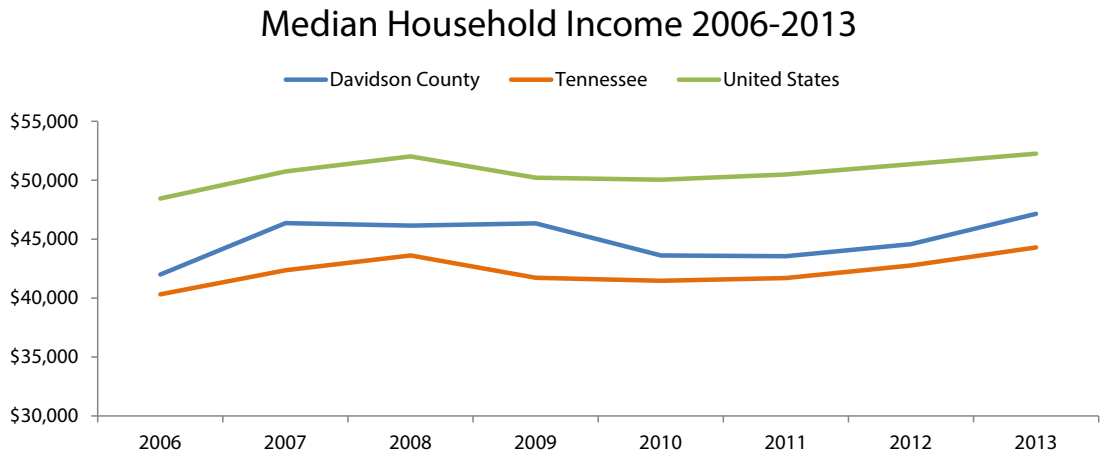
$47,150 median household income in 2013

State

$44,297 median household income in 2013

National

$52,250 median household income in 2013



1 Missouri Census Data Center. (2010). Measures of income in the Census. Retrieved from: http://mcdc.missouri.edu/allabout/measures_of_income/

D2

Household Income by Race

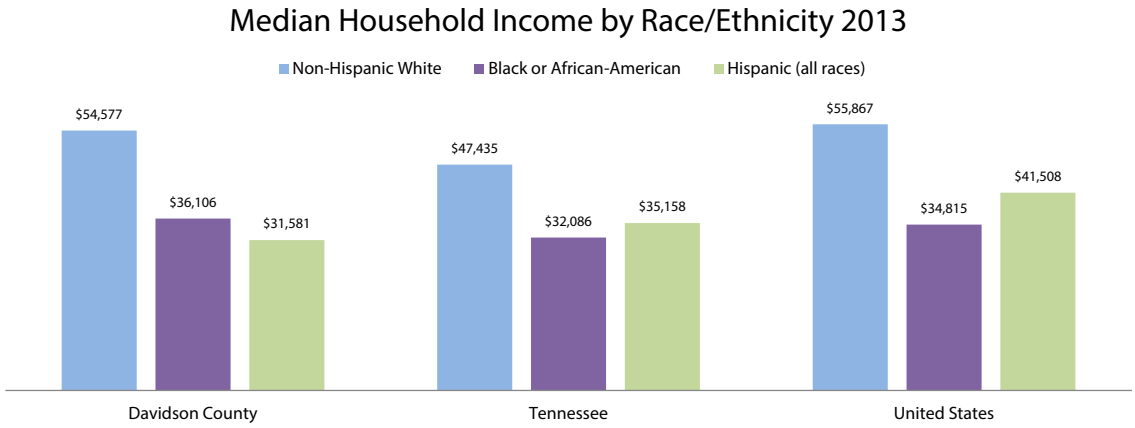
Income is a measure of the economic well-being of communities, households, and individuals. The most commonly used measure is median household income, which is more useful than individual measures of income since housing and other costs can be shared between household members.[1]

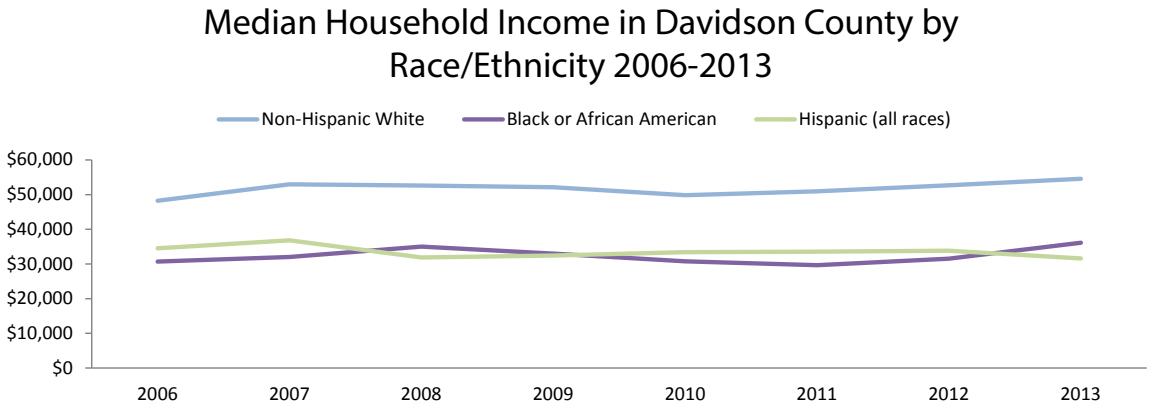
Data Description

This indicator shows the median household income in Davidson County by race, including Non-Hispanic White, Black or African-American, and Hispanic. Median household income is the total income for all people living at the same address, regardless of relationship or marital status.

Data Source

U.S. Census Bureau. (2006–2013). American Community Survey, 1–year estimates. Median Income in the Past 12 Months, Table S1903.





1 Missouri Census Data Center. (2010). Measures of income in the Census. Retrieved from: http://mcdc.missouri.edu/allabout/measures_of_income/

D3

Income by Householder

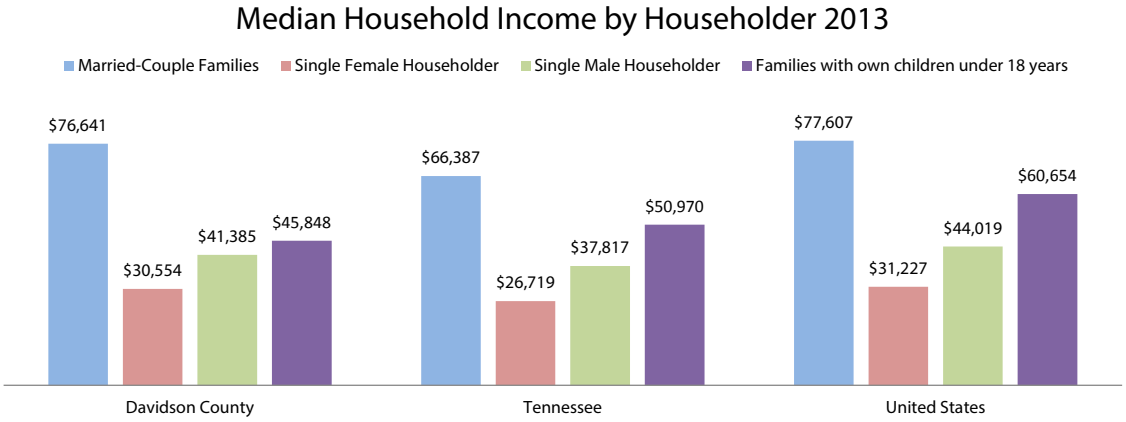
Income is a measure of the economic well-being of communities, households, and individuals. Measuring household income by householder helps to identify household types which may have a lower percentage of their income to spend on basic costs of living such as housing, food, and transportation, all of which impact the health and well-being of individuals.

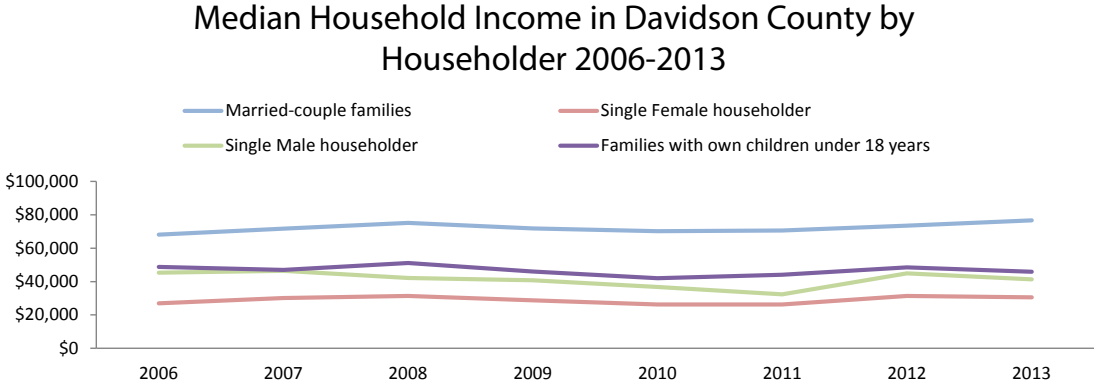
Data Description

This indicator shows the median household income by householder. Median family income is the total income for all people living at the same address who are related by blood, marriage, or adoption.[1]

Data Source

U.S. Census Bureau. (2006–2013). American Community Survey, 1–year estimates. Median Income in the Past 12 Months, Table S1903.





1 Missouri Census Data Center. (2010). Measures of income in the Census. Retrieved from: http://mcdc.missouri.edu/allabout/measures_of_income/

D4

Income Distribution

Population health is less good in societies where income inequality is greater.[1] The GINI Index is the most commonly used measure of income inequality. It measures the extent to which the income distribution among a population is different from one where each proportion of the population earns the same proportion of the total income. The GINI Index has been used to measure health inequality by estimating the distribution of health risk, among populations or groups. [2]

Data Description

This indicator reports the GINI Index, which is a measure of the income distribution of an area's residents. The index ranges from 0 (complete equality) to 1 (complete inequality, where one person has all of the income and other others have none). So, the higher the index score, the higher the income inequality.

Data Source

U.S. Census Bureau. (2006–2013). American Community Survey 1–year estimates. GINI Index of Income Inequality, Table B19083.

County

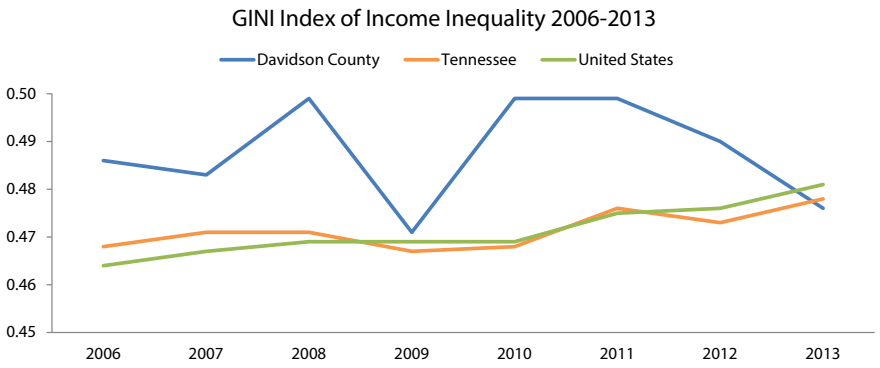
0.476 GINI Index score in 2013

State

0.478 GINI Index score in 2013

National

0.481 GINI Index score in 2013



1 Wilkinson, R.G. & Pickett, K.E. (2006). Income inequality and population health: A review and explanation of the evidence, *Social Science & Medicine, 62*(7), 1768–1784.

2 Centers for Disease Control and Prevention. (2011). CDC health disparities and inequalities report-United States, 2011. Retrieved from: http://www.cdc.gov/mmwr/pdf/other/su6001.pdf

D5

Poverty

The poverty level is set annually by the U.S. Census Bureau, and varies by size of family and the ages of family members. High poverty is both a cause and a consequence of poor economic conditions, and serves as an indication that local employment opportunities are not sufficient to provide for local residents. Poverty decreases buying power and tax revenue, which in turn negatively impact local economies and health.[1]

Data Description

This indicator shows the percentage of people whose income in the past 12 months was below the poverty level.

Data Source

Source: U.S. Census Bureau. (2006–2013). American Community Survey 1–year estimates. Poverty Status in the last 12 months; Table S1701.

County

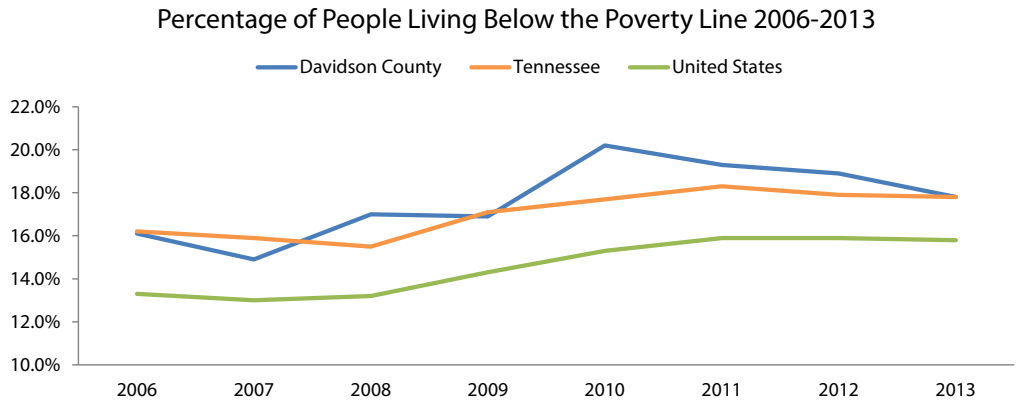
17.8% of residents lived below the poverty line in 2013

State

17.8% of residents lived below the poverty line in 2013

National

15.8% of residents lived below the poverty line in 2013



1 HealthyNashville.org. (2014). People living below poverty level. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=8391190

D6

Poverty by Location

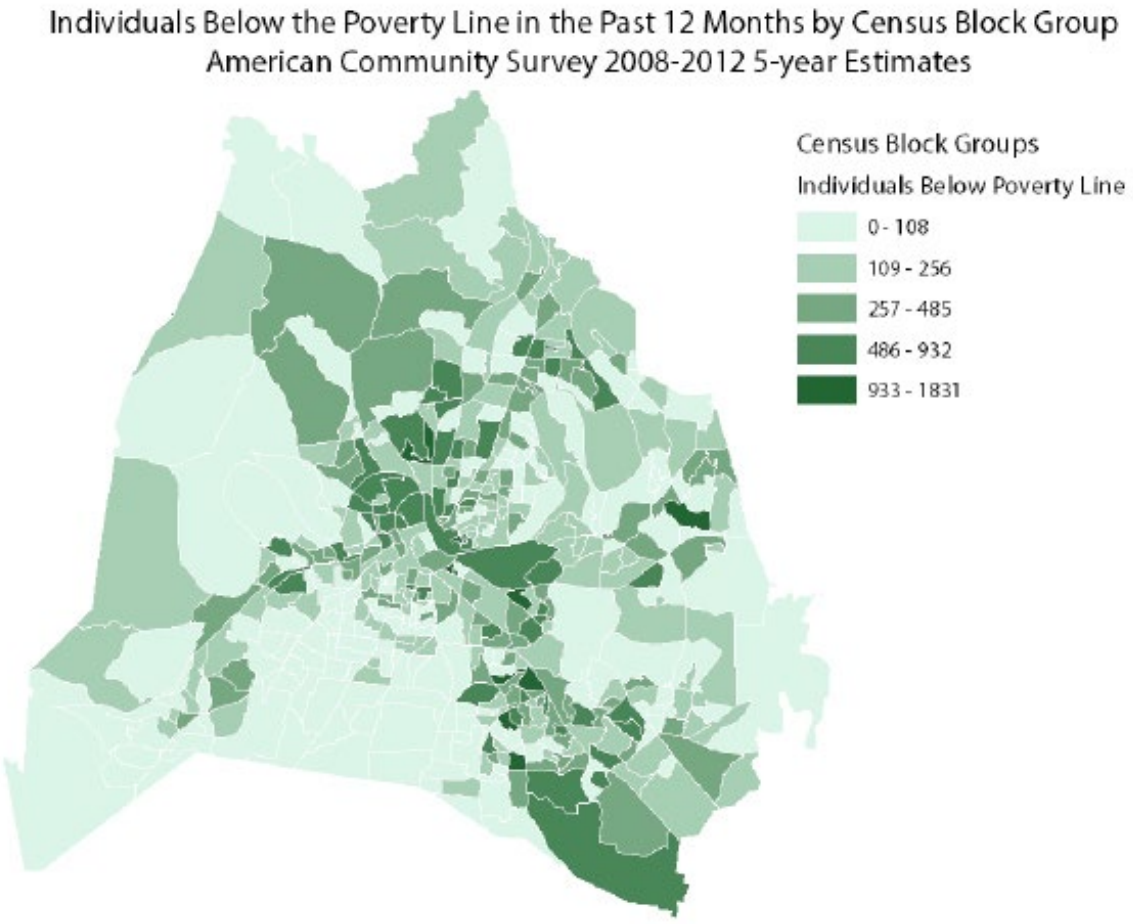
The poverty level is set annually by the U.S. Census Bureau, and vary by size of family and the ages of family members. High poverty is both a cause and a consequence of poor economic conditions, and serves as an indication that local employment opportunities are not sufficient to provide for local residents. Poverty decreases buying power and tax revenue, which in turn negatively impact local economies and health.[1]

Data Description

This indicator shows the location of residents whose income in the past 12 months was below the poverty level.

Data Source

Source: U.S. Census Bureau. (2012). TIGER/Line Shapefile, American Community Survey 2008–2012 5–year estimates. Income in the Past 12 months Below Poverty Level, B17017e2.



1 HealthyNashville.org. (2014). People living below poverty level. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=8391190

D7

Poverty by Age

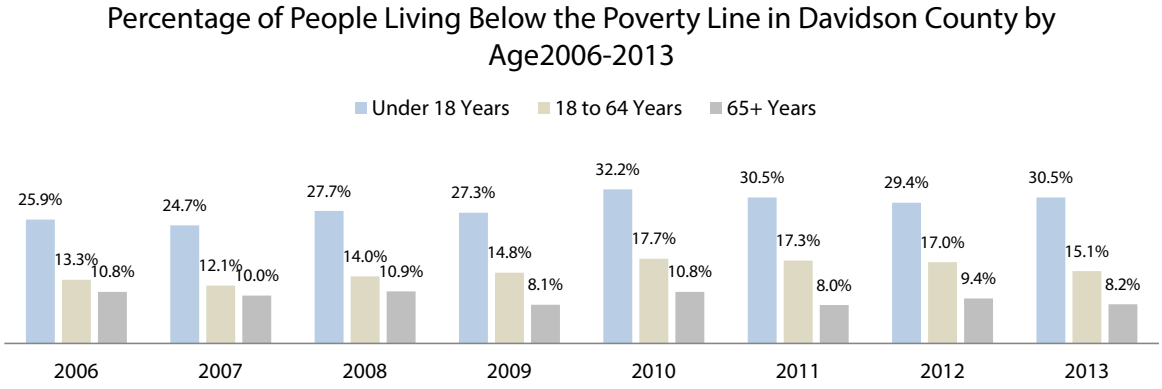
The poverty level is set annually by the U.S. Census Bureau, and vary by size of family and the ages of family members. High poverty is both a cause and a consequence of poor economic conditions, and serves as an indication that local employment opportunities are not sufficient to provide for local residents. Poverty decreases buying power and tax revenue, which in turn negatively impact local economies and health.[1]

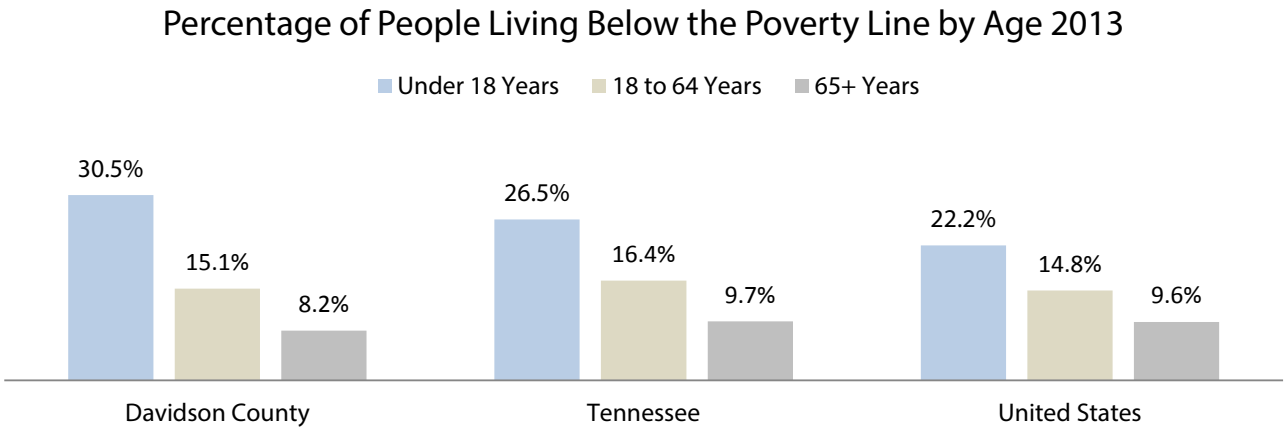
Data Description

This indicator shows the percentage of people whose income in the past 12 months was below the poverty level by age.

Data Source

Source: U.S .Census Bureau. (2006–2013). American Community Survey 1–year estimates. Poverty Status in the last 12 months; Table S1701.





1 HealthyNashville.org. (2014). People living below poverty level. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=8391190

D8

Poverty by Race or Ethnicity

The poverty level is set annually by the U.S. Census Bureau, and vary by size of family and the ages of family members. High poverty is both a cause and a consequence of poor economic conditions, and serves as an indication that local employment opportunities are not sufficient to provide for local residents. Poverty decreases buying power and tax revenue, which in turn negatively impact local economies and health.[1]

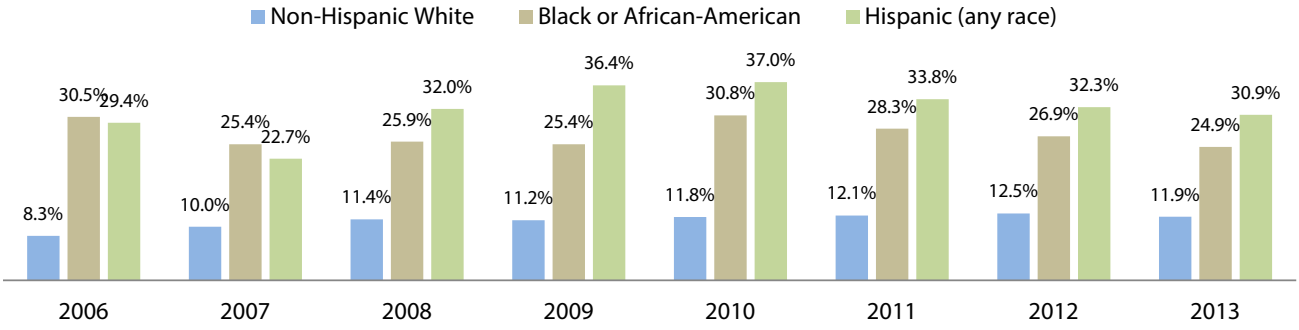
Data Description

This indicator shows the percentage of people whose income in the past 12 months was below the poverty level by race or ethnicity.

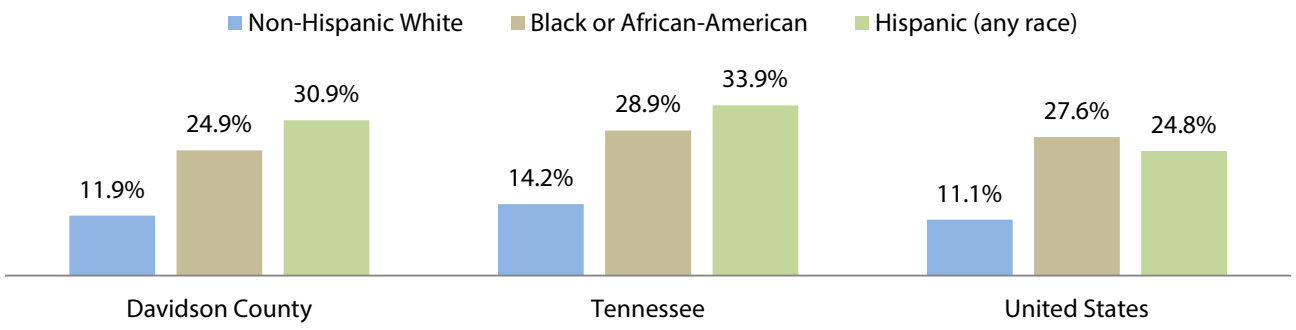
Data Source

Source: U.S. Census Bureau. (2006–2013). American Community Survey 1–year estimates. Poverty Status in the last 12 months; Table S1701.

Percentage of People Living Below the Poverty Line in Davidson County by Race or Ethnicity 2006-2013



Percentage of People Living Below the Poverty Line by Race or Ethnicity 2013



1 HealthyNashville.org. (2014). People living below poverty level. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=8391190

D9

Unemployment

The unemployment rate is an important of the local economy. A high unemployment rate has both individual and societal impacts. Individuals can experience severe economic strain, mental stress, and reduced access to healthcare. A high unemployment rate places strain on financial support systems such as unemployment benefits and food assistance, which places a burden on the entire community.[1]

Data Description

This indicator shows the percentage of the civilian labor force who were unemployed in the past 12 months.

Data Source

U.S. Census Bureau. (2006–2013). American Community Survey 1–year estimates. Selected Economic Characteristics; Table DP03.

County

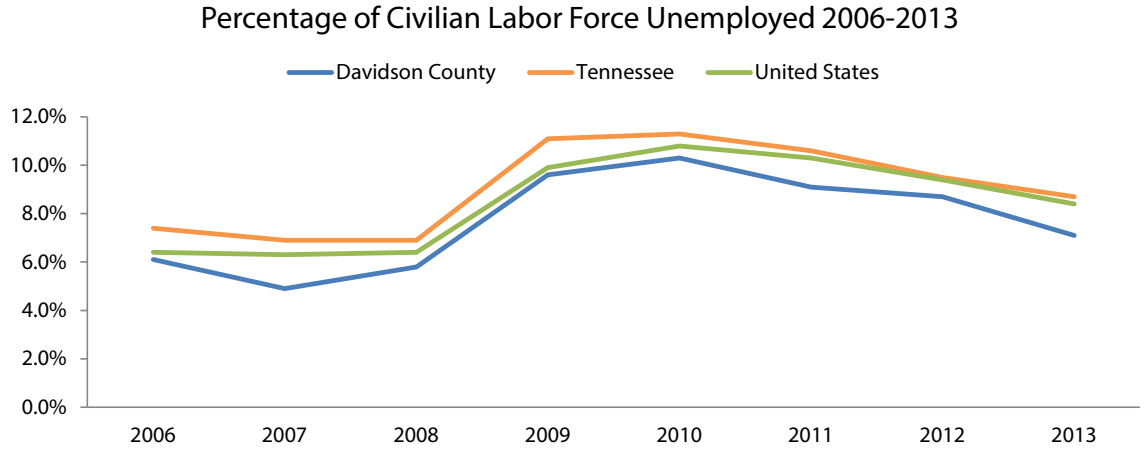
7.1% unemployed in 2013

State

8.7% unemployed in 2013

National

8.4% unemployed in 2013



1 HealthyNashville.org. (2014). Unemployed workers in civilian labor force. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=12385732

D10

Employment and Poverty

The poverty level is set annually by the U.S. Census Bureau, and vary by size of family and the ages of family members. High poverty is both a cause and a consequence of poor economic conditions, and serves as an indication that local employment opportunities are not sufficient to provide for local residents. Poverty decreases buying power and tax revenue, which in turn negatively impact local economies and health.[1]

Data Description

This indicator shows the percentage of the Davidson County civilian labor force 16 years and over living below the poverty line by employment status in the past 12 months.

Data Source

U.S. Census Bureau. (2006–2013). American Community Survey 1–year estimates. Selected Economic Characteristics; Table S1701.

County

8.1% of employed workers lived below the poverty line in 2013

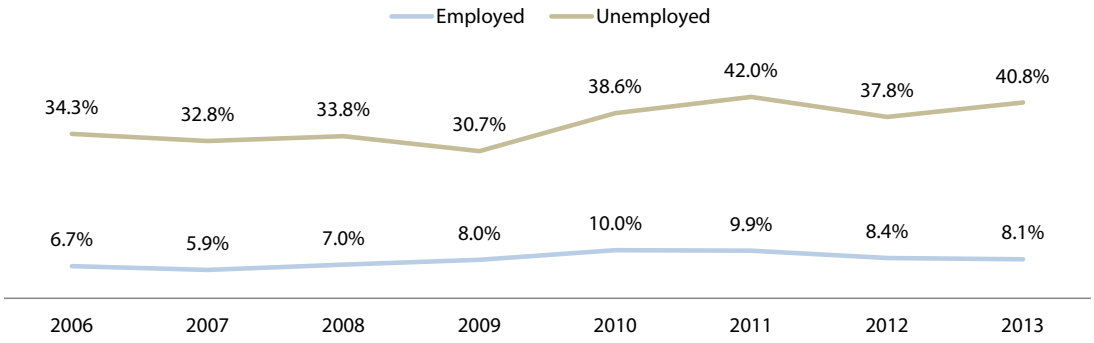
State

8.2% of employed workers lived below the poverty line in 2013

National

7.5% of employed workers lived below the poverty line in 2013

Percentage of Civilian Labor Force 16 and Older Unemployed and Living Below the Poverty Line in Davidson County 2006-2013



1 HealthyNashville.org. (2014). People living below poverty level. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=8391190

D11

Temporary Assistance for Needy Families (TANF)

The purpose of the Temporary Assistance for Needy Families (TANF) program is to help needy families become self-sufficient. The four primary purposes of the program are to: 1) provide assistance to needy families so that children can be cared for in their own homes, 2) reduce the dependency of needy parents by promoting job preparation, work and marriage, 3) prevent and reduce the incidence of out-of-wedlock pregnancies, and 4) encourage the formation and maintenance of two-parent families.[1]

Data Description

This indicator shows the percentage of households receiving cash public assistance income (TANF) in the past 12 months.

Data Source

U.S. Census Bureau. (2006–2013). American Community Survey 1–year estimates. Selected Economic Characteristics; Table DP03.

County

5.4% of households received TANF benefits in 2013

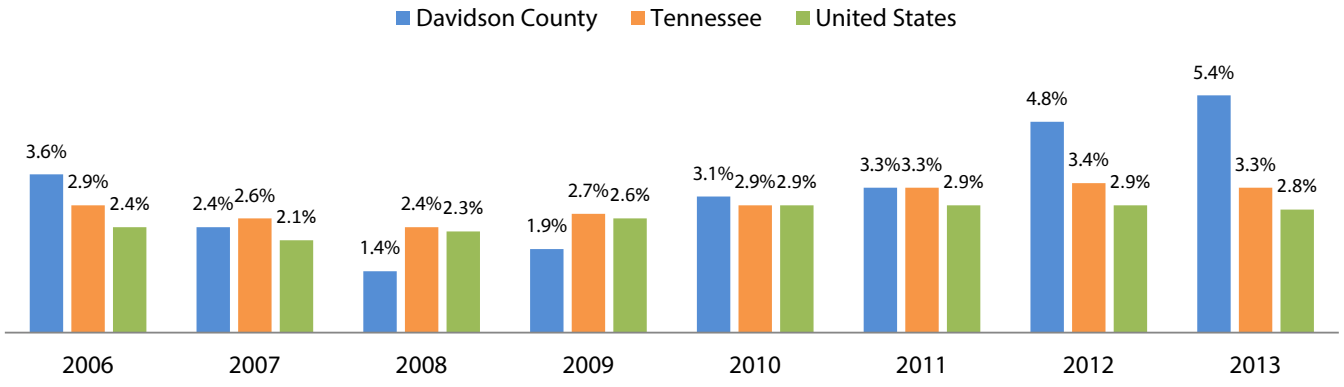
State

3.3% of households received TANF benefits in 2013

National

2.8% of households received TANF benefits in 2013

Percentage of Households Receiving TANF 2006-2013



1 U.S. Department of Health and Human Services. (2014). About TANF, Office of Family Assistance. Retrieved from: http://www.acf.hhs.gov/programs/ofa/programs/tanf/about

D12

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) provides nutrition assistance to low-income individuals and families. It is the largest program in the domestic hunger safety net, and provides both health and economic benefits to communities.[1]

Data Description

This indicator shows the percentage of households participating in the Supplemental Nutrition Assistance Program (SNAP) in the past 12 months.

Data Source

U.S. Census Bureau. (2006–2013). American Community Survey 1–year estimates. Selected Economic Characteristics; Table DP03.

County

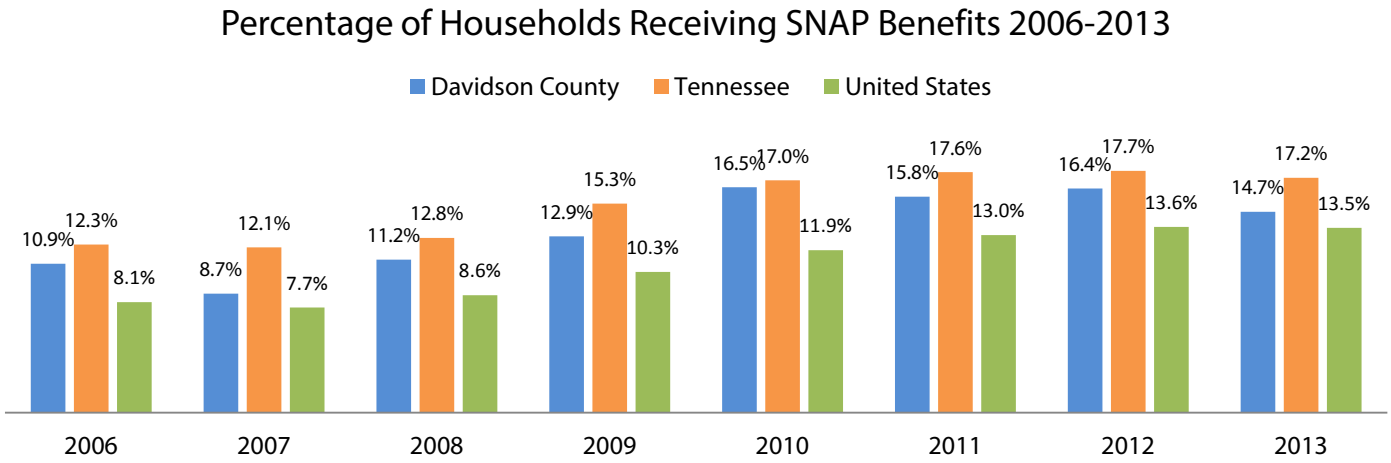
14.7% of households received SNAP benefits in 2013

State

17.2% of households received SNAP benefits in 2013

National

13.5% of households received SNAP benefits in 2013



1 U.S. Department of Agriculture. (2014). Supplemental Nutrition Assistance Program (SNAP), Food and Nutrition Service. Retrieved from: http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

D13

Supplemental Security Income (SSI)

Supplemental Security Income (SSI) is a Federal supplemental income program funded by general tax revenues (not Social Security taxes). It provides assistance to people who are aged, blind, or disabled who have little or no income, providing cash to meet basic needs such as food, clothing, and shelter.[1]

Data Description

This indicator shows the percentage of households receiving supplemental security income (SSI) in the past 12 months.

Data Source

U.S. Census Bureau. (2006–2013). American Community Survey 1–year estimates. Selected Economic Characteristics; Table DP03.

County

3.8% of households received SSI benefits in 2013

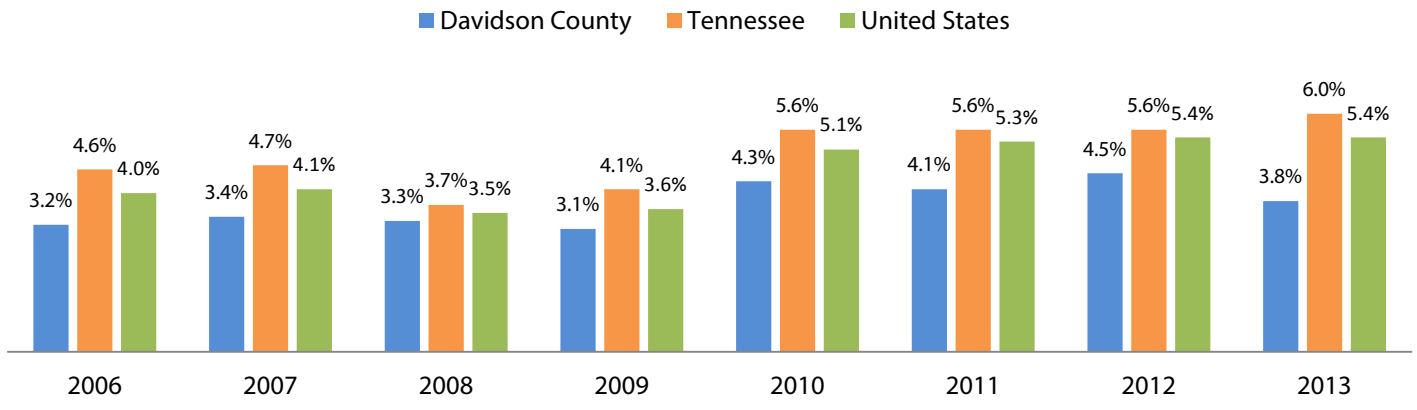
State

6.0% of households received SSI benefits in 2013

National

5.4% of households received SSI benefits in 2013

Percentage of Households Receiving SSI Benefits 2006-2013



1 U.S. Social Security Administration. (2014). Supplemental security income home page. Retrieved from: http://www.ssa.gov/ssi/

D14

Households Without a Vehicle

While some households choose not to own a private automobile, others do not have have a vehicle due to their high cost of ownership, resulting in environmental and economic disadvantages. It is important to improve transportation accessibility for these households. Reliable transportation provides access to jobs, goods, services, social events, and healthcare.

Data Description

This indicator shows the percentage of households without access to a private automobile in the past 12 months.

Data Source

U.S. Census Bureau. (2006–2013). American Community Survey 1–year estimates. Selected Housing Characteristics, Table DP04.

County

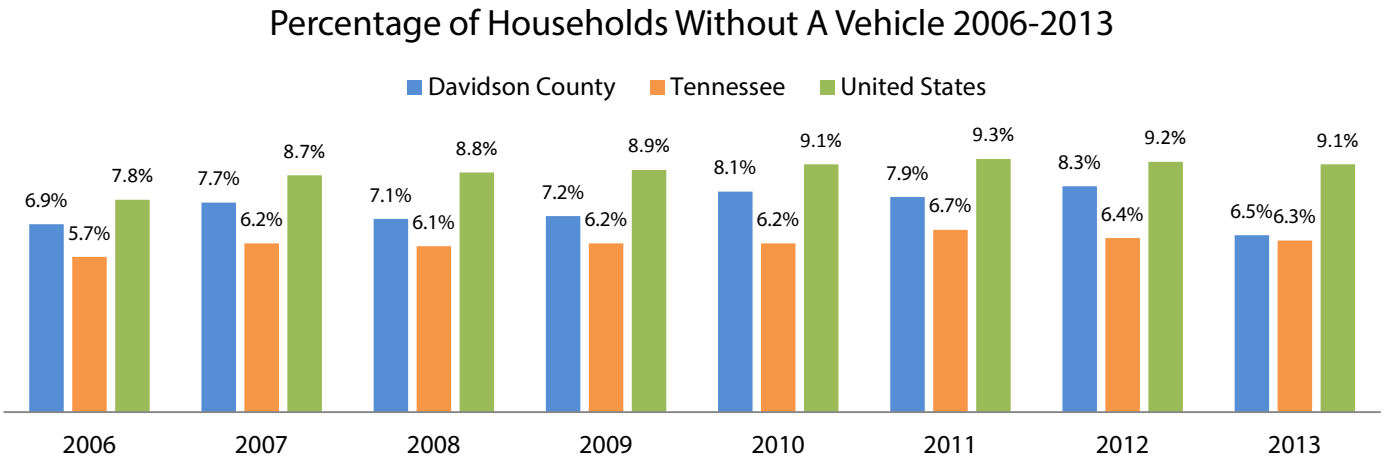
6.5% without access to a vehicle in 2013

State

6.3% without access to a vehicle in 2013

National

9.1% without access to a vehicle in 2013



D15

Youth Educational Attainment

Academic success is a strong indicator for the overall well-being of youth and is a predictor and determinant of health outcomes. As an adult it is critical for educational attainment to be addressed early in a person's life. Studies have found relationships between level of education and various health risk factors, including smoking, drinking, diet and exercise, illegal drug use, household safety, use of preventive medical care, and care for hypertension and diabetes. People who are better educated have lower morbidity and mortality rates, and generally have better physical and mental health.[1]

Data Description

This indicator shows the educational attainment for the population aged 18 to 24 years.

Data Source

U.S. Census Bureau. (2006–2013). US Census Bureau. American Community Survey 1–year estimates. Educational Attainment, Table S1501.

County

28.8% high school graduate or equivalent in 2013

15.8% bachelor's degree or higher in 2013

State

35.3% high school graduate or equivalent in 2013

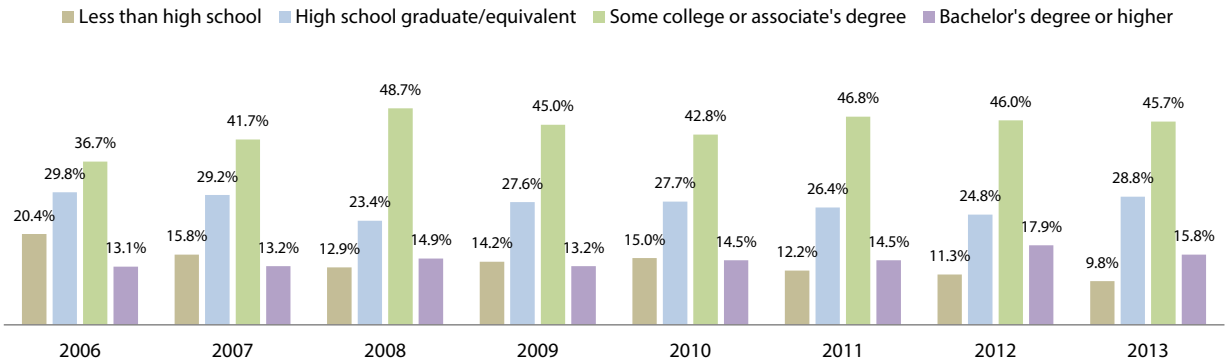
8.4% bachelor's degree or higher in 2013

National

29.6% high school graduate or equivalent in 2013

9.7% bachelor's degree or higher in 2013

Educational Attainment for those 18 to 24 Years Old in Davidson County 2006-2013



1 Telfair, J. & Shelton, T.L. (2012). Educational attainment as a social determinant of health. *North Carolina Journal of Medicine, 73*(5), 358–365.

D16

Youths Not Employed or In School

Youths who are neither employed nor enrolled in school are sometimes referred to as "idle teens" or "disconnected youth." As individuals who are not productive social participants through either work or education, these youth are at risk of poor social, economic, and health outcomes.

Data Description

This indicator shows the percentage of youths between age 16 and 19 who are not enrolled in school (full- or part-time) and not employed (full- or part-time).

Data Source

National Kids Count Data Center. (2013). Teens ages 16 to 19 not attending school and not working. Retrieved from: http://datacenter.kidscount.org/data#TN/2/0

County

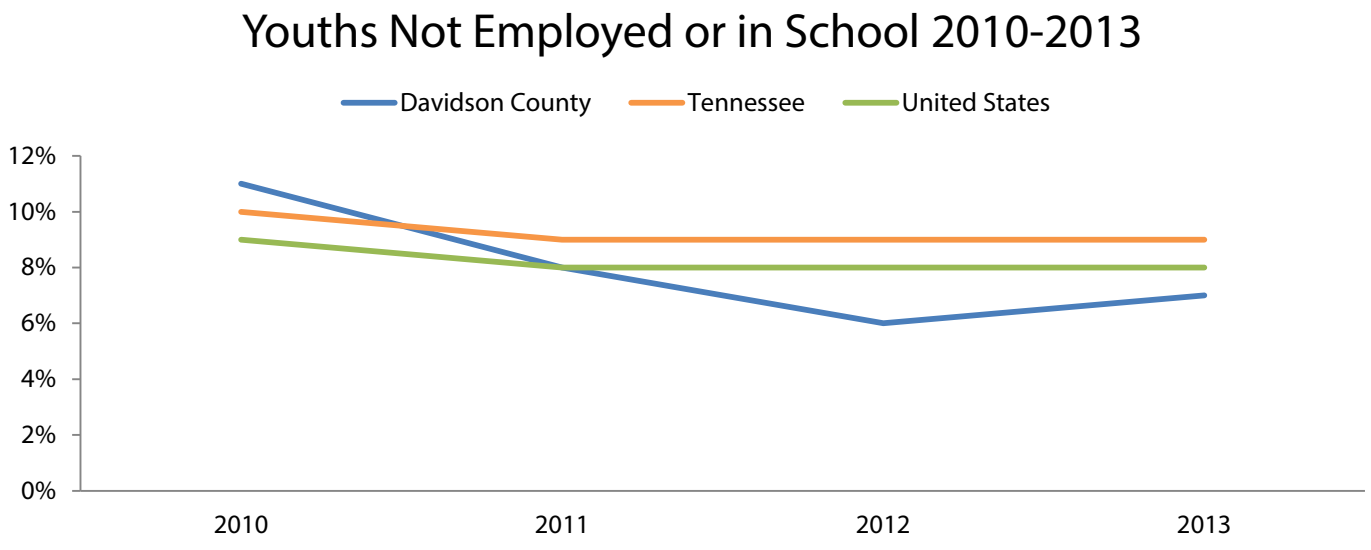
7% of youths not employed or in school in 2013

State

9% of youths not employed or in school in 2013

National

8% of youths not employed or in school in 2013



D17

Fair Market Rent

Fair Market Rent (FMR) serves as an indicator of the affordability of housing in an area. When FMR increases, without an increase in income, housing becomes less affordable, particularly for lower-income workers. When households spend a greater percentage of their income on housing, less money is available for other needs, including food, healthcare, and other basic necessities. Further, rising housing costs can displace renters and result in less stable home environments that place additional stress on families.

Data Description

This indicator shows the Fair Market Rent (FMR) for a 2-bedroom unit. FMR is the price for which a property would rent if it were currently available to lease. FMRs are determined in the U.S. Department of Housing and Urban Development (HUD) Office of Policy Development and Research based on a number of factors, including local economic conditions and housing demand.

Data Source

U.S. Department of Housing and Urban Development. (2014). Fair Market Rents. Retrieved from: http://www.huduser.org/portal/datasets/fmr.html

County

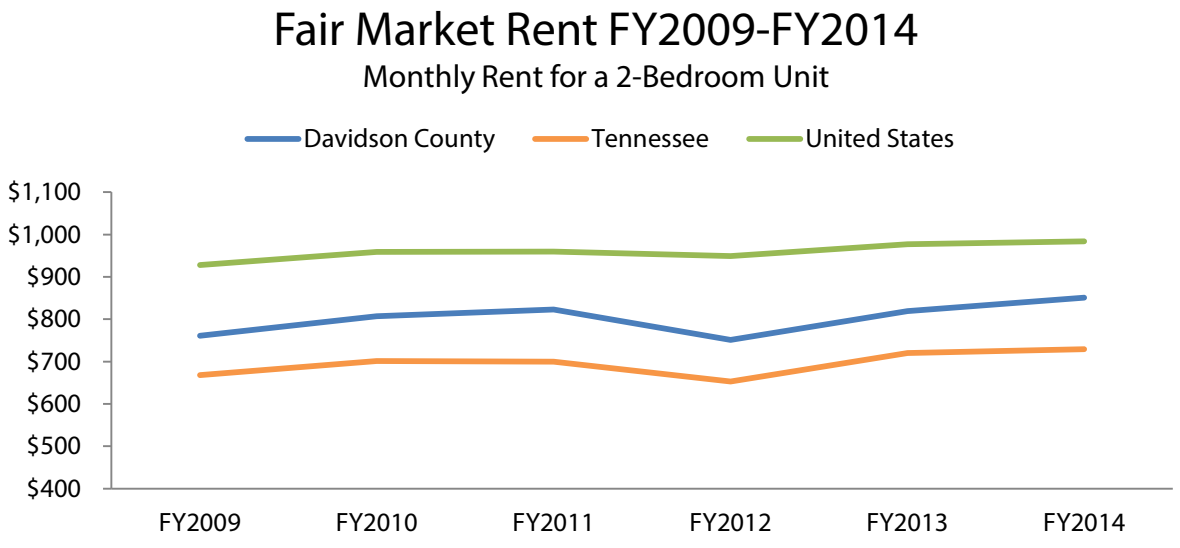
$851/month FMR in FY2014

State

$729/month FMR in FY2014

National

$984/month FMR in FY2014



D18

Housing Wage Needed to Afford Fair Market Rent

The Housing Wage demonstrates the gap between wages and rents across the country, and reveals the growing disparity that low-income renters face. A full-time minimum-wage worker cannot afford an apartment without spending more than 30% of his or her income on housing, which is referred to as being housing *cost burdened*. When households spend a greater percentage of their income on housing, less money is available for other necessities, including food, healthcare, and other basic necessities. Further, rising housing costs can displace renters and result in less stable home enviornments that place additional stress on families.

Data Description

This indicator shows the Housing Wage, which is the hourly wage a full-time worker must earn to afford a 2-bedroom apartment at Fair Market Rent (FMR) without spending more than 30% of income on rent. FMR is the price for which a property would rent if it were currently available to lease. FMRs are determined in the the U.S. Department of Housing and Urban Development (HUD) Office of Policy Development and Research based on a number of factors, including local economic conditions and housing demand.

Data Source

U.S. Department of Housing and Urban Development. (2014). Fair Market Rents. Retrieved from: http://www.huduser.org/portal/datasets/fmr.html

County

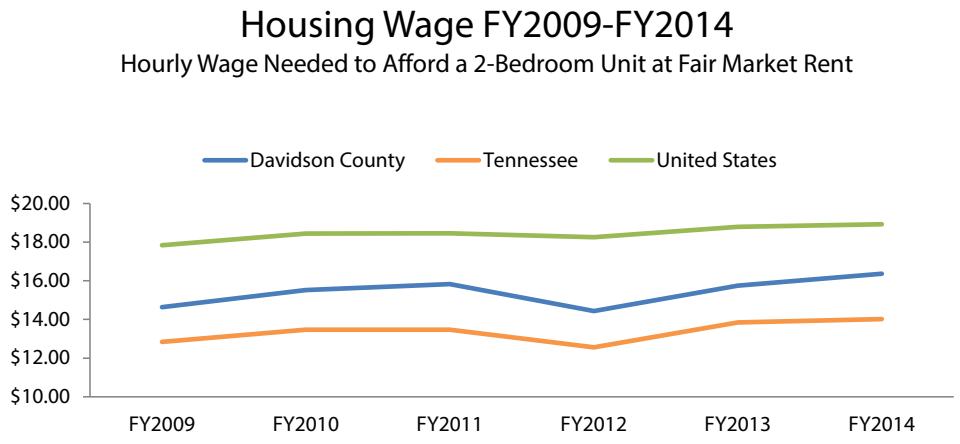
$16.37/hr housing wage in FY2014

State

$14.02/hr housing wage in FY2014

National

$18.92/hr housing wage in FY2014



D19

Cost-Burdened Renters

Households that spend more than 30% of their income on housing costs are considered *cost-burdened*. Spending more than 30% of income on housing leaves less income for other expenses, including food, healthcare, and other basic necessities.

Data Description

This indicator shows the percentage of renter households that are cost-burdened, defined as spending more than 30% of their income on housing.

Data Source

U.S. Census Bureau. (2009–2013). American Community Survey 1–year estimates. Gross Rent as a Percentage of Household Income, Selected Housing Characteristics, DP04.

County

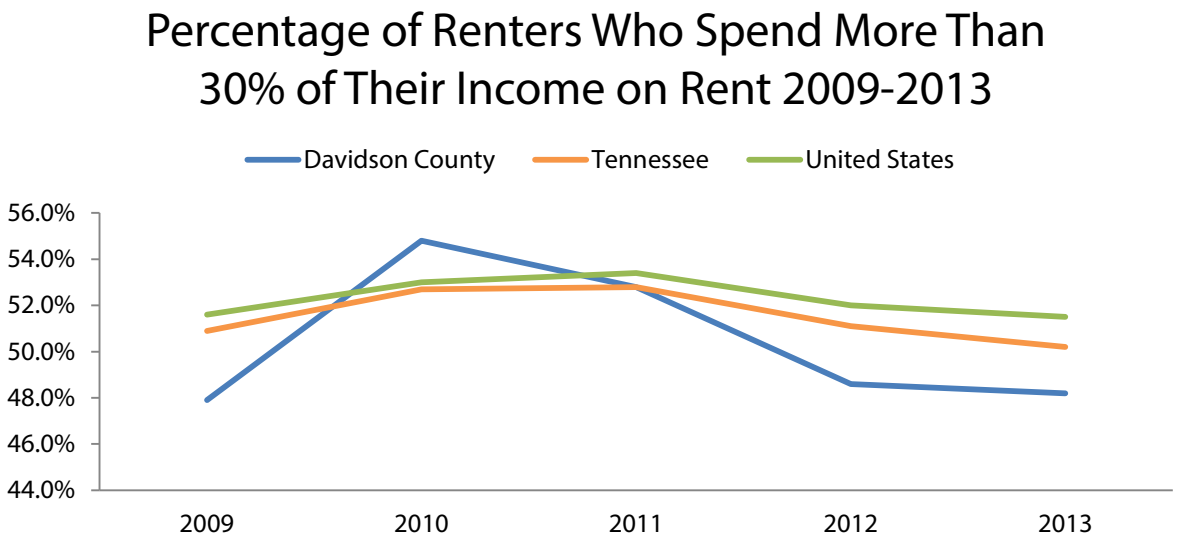
48.2% of renters were cost-burdened in 2013

State

50.2% of renters were cost-burdened in 2013

National

51.5% of renters were cost-burdened in 2013



D20

Hourly Wage of Renters

Comparing the mean renter wage to the Housing Wage (the hourly wage necessary to afford a two bedroom unit at Fair Market Rent) shows whether such a rental is affordable for the average renter. When households spend a greater percentage of their income on housing, less money is available for other necessities, including food, healthcare, and other basic necessities. Further, rising housing costs can displace renters and result in less stable home enviornments that place additional stress on families.

Data Description

This indicator shows the estimated hourly wage among renters, based on 2012 Bureau of Labor Statistics data, adjusted using the ratio of renter income to the overall household income reported in the American Community Survey and projected to April 1, 2014.

Data Source

Arnold, A., Crowley, S., Bravve, E., Brundage, S., and Biddlecombe. C. (2014). Out of Reach 2014. National Low Income Housing Coalition, Washington D.C.

County

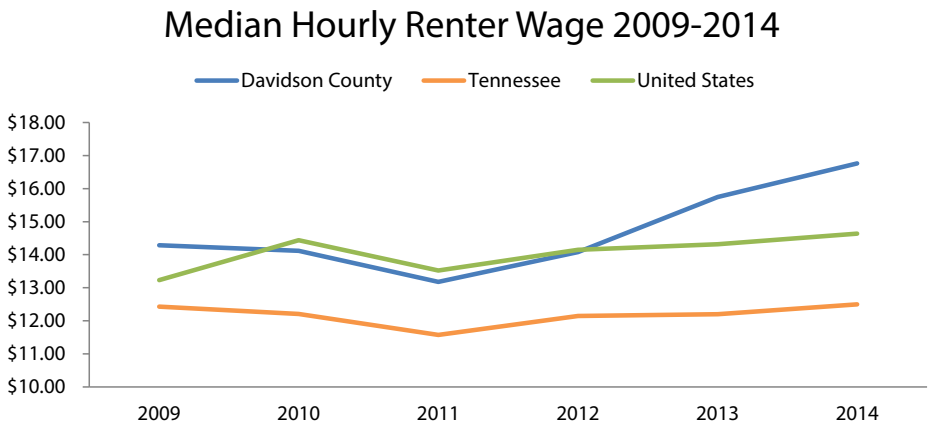
$16.76/hr mean renter wage in 2014

State

$12.50/hr mean renter wage in 2014

National

$14.64/hr mean renter wage in 2014



D21

Number of Mean Renter Wage Jobs to Afford Rent

Fair Market Rent (FMR) should be affordable to households at the mean renter wage. When households spend a greater percentage of their income on housing, less money is available for other necessities, including food, healthcare, and other basic necessities. Further, rising housing costs can displace renters and result in less stable home enviornments that place additional stress on families.

Data Description

This indicator shows the number of full-time mean renter wage jobs needed in a household to afford a 2-bedroom apartment at Fair Market Rent. FMR is the price for which a property would rent if it were currently available to lease. FMRs are determined in the the U.S. Department of Housing and Urban Development (HUD) Office of Policy Development and Research based on a number of factors, including local economic conditions and housing demand.

Data Source

Arnold, A., Crowley, S., Bravve, E., Brundage, S., and Biddlecombe. C. (2014). Out of Reach 2014. National Low Income Housing Coalition, Washington D.C.

County

1.0 mean renter wage jobs needed to afford a 2-bedroom unit at FMR in 2014

State

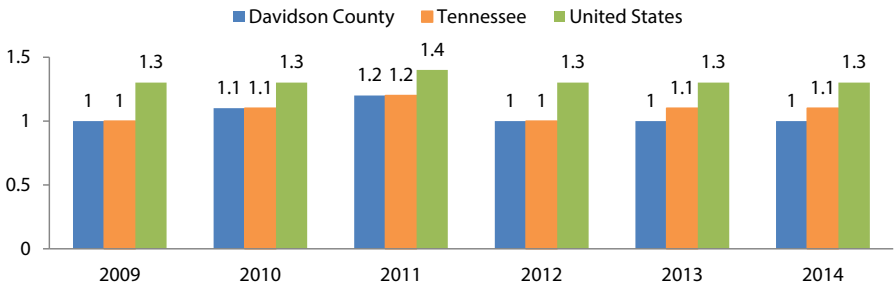
1.1 mean renter wage jobs needed to afford a 2-bedroom unit at FMR in 2014

National

1.3 mean renter wage jobs needed to afford a 2-bedroom unit at FMR in 2014

Number of Median Renter Wage Jobs Needed to Afford Rent at FMR 2009-2014

For a 2-Bedroom Unit



D22

Number of Minimum Wage Jobs to Afford Rent

Families earning minimum wage often spend more than 30% of their household income on rent. When households spend a greater percentage of their income on housing, less money is available for other necessities, including food, healthcare, and other basic necessities. Further, rising housing costs can displace renters and result in less stable home enviornments that place additional stress on families.

Data Description

This indicator shows the number of full-time minimum wage jobs needed in a household to afford a 2-bedroom apartment at Fair Market Rent. FMR is the price for which a property would rent if it were currently available to lease. FMRs are determined in the the U.S. Department of Housing and Urban Development (HUD) Office of Policy Development and Research based on a number of factors, including local economic conditions and housing demand.

Data Source

Arnold, A., Crowley, S., Bravve, E., Brundage, S., and Biddlecombe. C. (2014). Out of Reach 2014. National Low Income Housing Coalition, Washington D.C.

County

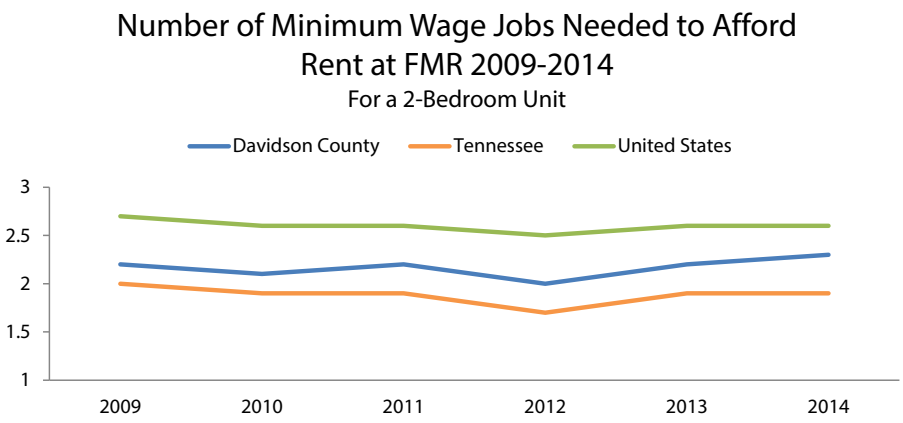
2.3 minimum wage jobs needed to afford a 2-bedroom unit at FMR in 2014

State

1.9 minimum wage jobs needed to afford a 2-bedroom unit at FMR in 2014

National

2.6 minimum wage jobs needed to afford a 2-bedroom unit at FMR in 2014



D23

Minimum Wage

Families earning minimum wage spend a greater percentage of their household income on basic necessities such as rent, food, clothing, and healthcare. Most minimum wage jobs are in the service sector, the fastest growing sector in the economy. As women and people of color are over-represented in these jobs, they are disproportionately impacted by the gap between the minimum wage and the wage necessary to afford Fair Market Rent. The current federal minimum wage has remained unchanged since 2009.[1]

Data Description

This indicator shows the minimum hourly wage for workers in 2014.

Data Source

U.S. Department of Labor. (2014). Minimum Wage. Wage and Hour Division. Retrieved from: http://www.dol.gov/whd/minimumwage.htm

County

$7.75/hr minimum wage in 2014

State

$7.75/hr minimum wage in 2014

National

$7.75/hr minimum wage in 2014

1 U.S. Bureau of Labor Statistics. (2014). Characteristics of minimum wage workers, 2013. BLS Reports. http://www.bls.gov/cps/minwage2013.pdf

D24

Homelessness

Homelessness is associated with poor health. People experiencing homelessness are 3 to 6 times more likely to become ill, and 3 to 4 times more likely to die. They also have difficulty with basic hygiene, first aid, and good nutrition, as well as treating chronic or long term conditions. Homelessness can also make accessing health care more difficult. The average life expectancy of the homeless population is estimated between 42 and 52 years, compared to 78 years in the general population. According to the National Coalition for the Homeless, housing is the first form of treatment for homeless people with medical problems.[1]

Data Description

This indicator shows the total number of people experiencing homelessness, both on the street and in shelters, at a single point-in-time in January. Larger municipalities are required by the U.S. Department of Housing and Urban Development to conduct an annual point-in-time count. Volunteers scan the streets for an outdoor count and collect data from local shelters during the same night. A point-in time count should be considered a conservative estimate of the number of people experiencing homelessness annually, as it does not capture the total number of persons who experience homelessness at some time a given year.

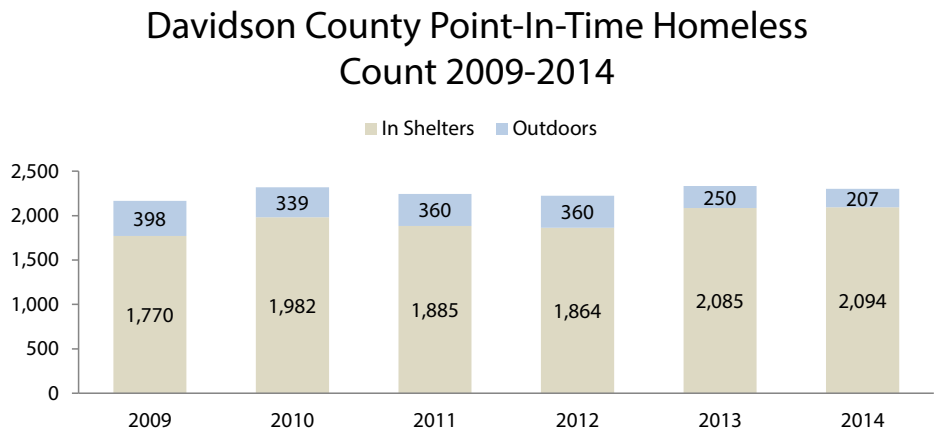
Data Sources

Metro Government of Nashville and Davidson County, Tennessee. (2014). Homeless Counts. Retrieved from: http://www.nashville.gov/Social-Services/Homelessness-Commission/About-Homelessness/Homeless-Counts.aspx

National Alliance to End Homelessness. (2014). The State of Homelessness in America. Retrieved from: http://www.endhomelessness.org/library/entry/the-state-of-homelessness-2014

County

2,301 people homeless in 2014



1 National Coalition for the Homeless. (2009). Health care and the homeless. http://www.nationalhomeless.org/factsheets/health.html

D25

Felony Admissions

Correctional systems have both direct and indirect impacts on health. They have indirect influence on family structure, economic opportunities, and political participation, as well as diverting resources from other social needs. They can also have the potential for a direct impact on the health of urban populations (which are disproportionately represented in correctional facilities) through health care and health promotion in jails and prisons, linking inmates to community services after release, and assisting inmates with community reintegration.[1]

Data Description

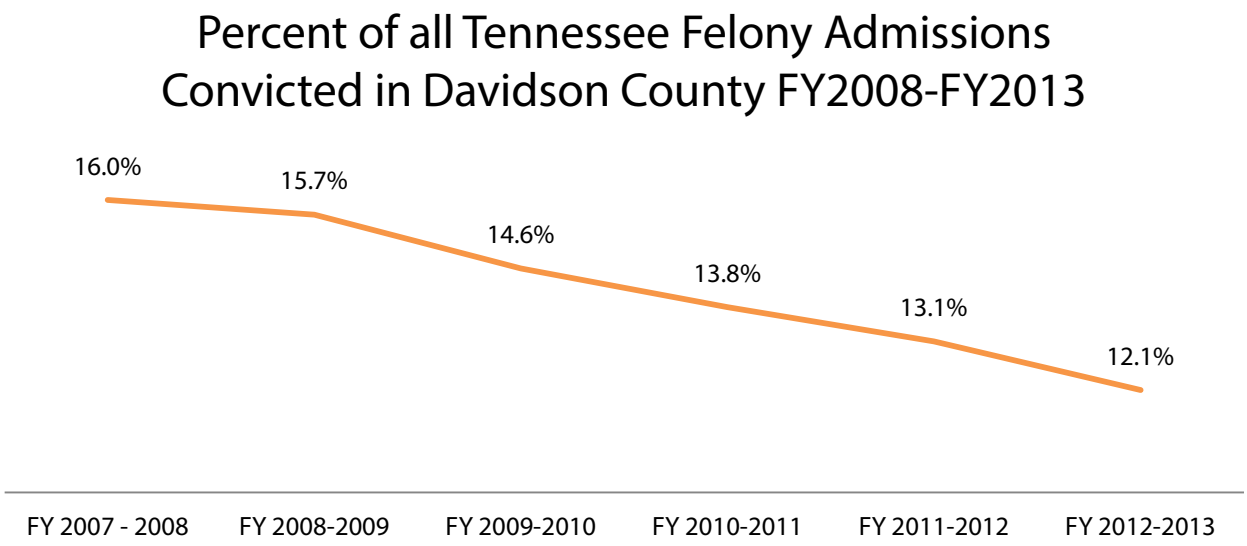
This indicator shows the percentage of all Tennessee felony admissions convicted in Davidson County.

Data Source

Tennessee Department of Correction. (2013). FY 2013 Statistical Abstract. Retrieved from: http://www.tn.gov/correction/pdf/StatisticalAbstract2013.pdf

County

12.1% of felony admissions in Tennessee in FY 2012–2013 are from Davidson County (Davidson County is 10% of the Tennessee population)



1 Freudenberg, N. (2001). Jails, prisons, and the health of urban populations: a review of the impact of the correctional system on community health, *Journal of Urban Health, 78*(2), 214–35.

D26

Felony Population

Correctional systems have both direct and indirect impacts on health. They have indirect influence on family structure, economic opportunities, and political participation, as well as diverting resources from other social needs. They can also have the potential for a direct impact on the health of urban populations (which are disproportionately represented in correctional facilities) through health care and health promotion in jails and prisons, linking inmates to community services after release, and assisting inmates with community reintegration.[1]

Data Description

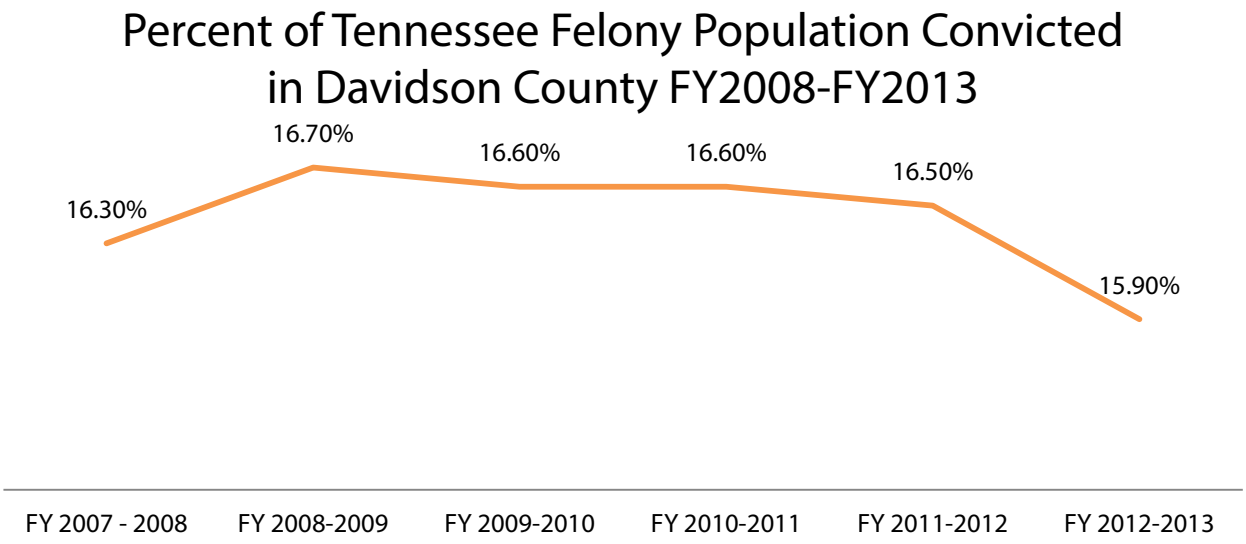
This indicator shows the percentage of the total Tennessee felony population convicted in Davidson County.

Data Source

Tennessee Department of Correction. FY 2013 Statistical Abstract. Retrieved from: http://www.tn.gov/correction/pdf/StatisticalAbstract2013.pdf

County

15.9% of felony population in Tennessee in FY 2012–2013 are from Davidson County (Davidson County is 10% of the Tennessee population)



1 Freudenberg, N. (2001). Jails, prisons, and the health of urban populations: a review of the impact of the correctional system on community health, *Journal of Urban Health, 78*(2), 214–35.

D27

Jail Population

Correctional systems have both direct and indirect impacts on health. They have indirect influence on family structure, economic opportunities, and political participation, as well as diverting resources from other social needs. They can also have the potential for a direct impact on the health of urban populations (which are disproportionately represented in correctional facilities) through health care and health promotion in jails and prisons, linking inmates to community services after release, and assisting inmates with community reintegration.[1]

Data Description

This indicator shows the average daily number and rate (per 100,000 people) of the Davidson County Jail Population. The figure includes locally-sentenced felons and Tennessee Department of Corrections backup.

Data Sources

Metro Government of Nashville and Davidson County, Tennessee Criminal Justice Planning. (2014). Assessment of 2013 Five-Year Population Projections of Davidson County Correction Facilities and Criminal Justice Trends. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/CriminalJusticePlanning/docs/Mid_Year_Assessment.pdf

Tennessee Department of Correction Decision Support. (2013). Research & Planning. Tennessee Jail Summary Report. Retrieved from: http://www.tn.gov/correction/pdf/JailSeptember2013%20.pdf

Minton, T.D. (2013). Jail Inmates at Midyear 2012 - Statistical Tables. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from: http://www.bjs.gov/content/pub/pdf/jim12st.pdf

County

3,151 average daily jail population in 2013
(rate = 478/100,000 population)

State

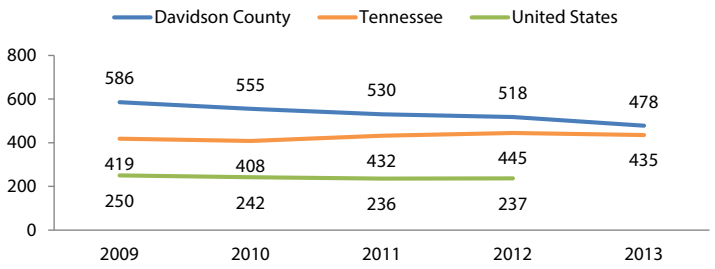
28,276 average daily jail population in 2013
(rate = 435/100,000 population)

National

735,983 average daily jail population in 2013
(rate = 237/100,000 population)

Average Daily Jail Population Rate (per 100,000 population) 2009-2013

*2013 rate for United States not available



1 Freudenberg, N. (2001). Jails, prisons, and the health of urban populations: a review of the impact of the correctional system on community health, *Journal of Urban Health, 78*(2), 214–35.

D28

Jail Population by Sex and Race

Jail populations divert resources from other social needs, including those that impact health.

Data Description

This indicator shows the average daily number and rate (per 100,000 people) of the Davidson County Jail Population by sex and race. The figure includes locally-sentenced felons and Tennessee Department of Corrections backup.

Data Source

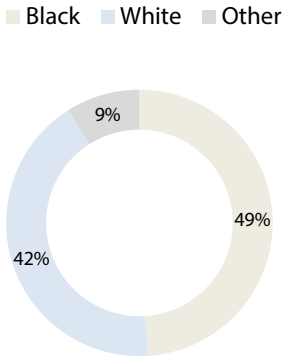
Corn, Terry. (2014). Davidson County Sheriff's Office Average Daily Population by Sex and Race, 1/1/2009 – 12/31/2013. Personal communication.

County

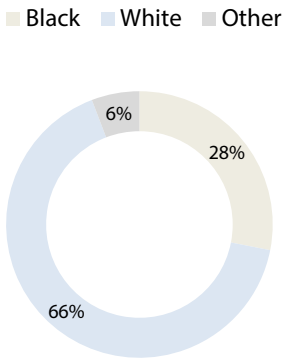
Davidson County Sheriff's Office Average Daily Population by Sex and Race
January 1, 2009 – December 31, 2013

		2009	*2010*	*2011*	*2012*	*2013*	*Average*
Female	Asian	21	28	24	35	24	*26*
	Black	3,514	3,560	3,584	3,753	3,559	*3,594*
	Hispanic	184	202	200	243	202	*206*
	Native Am.	5	5	11	8	14	*9*
	Unidentified Race	4	4	4	4	2	*4*
	Unknown	2	5	6	20	9	*9*
	White	3,887	3,478	3,867	4,070	3,796	*3,820*
	Average	*1,088*	*1,040*	*1,099*	*1,162*	*1,087*	*1,095*
Male	Asian	99	90	119	104	128	*108*
	Black	15,203	14,530	14,409	14,451	13,854	*14,489*
	Hispanic	2,758	2,753	2,946	2,647	2,242	*2,669*
	Native Am.	12	33	24	16	19	*21*
	Unidentified Race	33	14	21	15	3	*17*
	Unknown	9	78	52	99	57	*59*
	White	12,133	10,760	10,712	11,149	10,294	*11,010*
	Average	*4,321*	*4,037*	*4,040*	*4,069*	*3,800*	*4,053*
Unknown Sex	White	0	0	1	0	0	*1*
Overall Daily Average per Year		*2,705*	*2,539*	*2,570*	*2,338*	*2,190*	*2,574*

Average Daily Jail Population in Davidson County by Race 2009-2013



Population in Davidson County by Race in 2013



D29

Juvenile Court Cases

Juvenile court involvement is predictive of poorer educational and health outcomes later in life, and may indicate an unstable home environment, which impacts a child's current and future health. Many types of juvenile court cases are brought for the benefit of the child: custody, visitation, child support, etc. However, involvement in juvenile court as a defendant can directly limit a child's educational and vocational opportunities and lead to further involvement in the criminal justice system as an adult, becoming an entry point into the "school to prison pipeline."

Data Description

This indicator shows the total number of annual juvenile court case referrals.

Data Sources

National Center for Juvenile Justice. (2014). Easy Access to Juvenile Court Statistics: 1985–2011. Retrieved from: http://www.ojjdp.gov/ojstatbb/ezajcs/asp/demo.asp Last updated 5/22/2014.

Tennessee Council of Juvenile and Family Court Judges (2012). Summary Report January–December 2012, Davidson County. Retrieved from: http://www.tncourts.gov/sites/default/files/docs/davidson_15.pdf

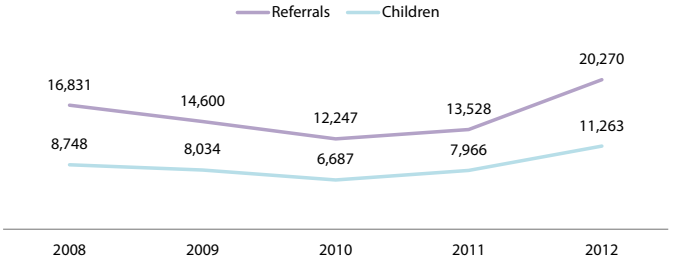
County

20,270 total referrals in 2012 for 11,263 children

State

192,742 referrals in 2012 for 90,881 children

Total Number of Juvenile Court Case Referrals and Children in Davidson County 2008-2012



Number of Children Referred to Juvenile Court in Davidson County by Race, 2008–2012

	White Male	Black Male	Other Male	White Female	Black Female	Other Female	Unknown Race or Sex	*Total*
2012	1,619	3,270	204	1,480	2,852	161	1,677	*11,263*
2011	1,033	2,386	136	785	1,931	115	1,580	*7,966*
2010	944	2,153	139	722	1,523	101	1,105	*6,687*
2009	1,090	2,472	157	821	1,765	128	1,601	*8,034*
2008	1,275	2,868	169	930	1,922	113	1,653	8,748
Total	*5,961*	*13,149*	*805*	*4,738*	*9,993*	*618*	*7,616*	*42,698*

D30

Children in Foster Care

Children who grow up without a safe and stable home face long-term consequences. They may suffer reduced learning ability, are more likely to fail classes, and fall behind in socialization. They also may struggle with emotional difficulties and long-term health problems. Most foster children do not receive regular physical examinations and are at greater risk of poor health outcomes. For those foster children who never find a permanent home and eventually age out of the foster care system, only 50% complete high school, 25% will become homeless, 40% will depend on some form of public assistance, and 27% of males and 10% of females will be incarcerated at least once.[1]

Data Description

This indicator shows the number of children per 10,000 children in the population who were removed to foster care between April 2010 and March 2011.

Data Source

Fostering Court Improvement. (2011). Statistics for Davidson County. Retrieved from: http://fosteringcourtimprovement.org/tn/County/Davidson/

County

27.5/10,000 children removed to foster care in 2011

State

40.5/10,000 children removed to foster care in 2011

1 A Child's Hope International. (2012). Myths and facts about foster care. Retrieved from: http://thechildrenarewaiting.org/foster-care/myths/

D31

Child Abuse and Neglect

It is critical for children and adolescents to grow up in a safe and supportive environment in order to reach their full potential. Children and adolescents who are involved in the child welfare and juvenile justice systems are at greater risk of poor health and well-being outcomes in adulthood.[1]

Data Description

This indicator shows the unduplicated counts of child abuse and neglect cases for which sufficient evidence exists per 1,000 child population (children younger than 18 years of age). Yearly data are based on a calendar year. The number of cases is determined in part by available resources to process cases at service agencies, which should be noted when interpreting changes in annual totals.

Data Sources

Annie E. Casey Foundation. (2014). Kids Count Data Center. Retrieved from: http://datacenter.kidscount.org/data/tables/2986-substantiated-child-abuse-neglect-cases?loc=44&loct=5#detailed/5/6420-6514/false/868,867,133,38,35/any/6176,13282

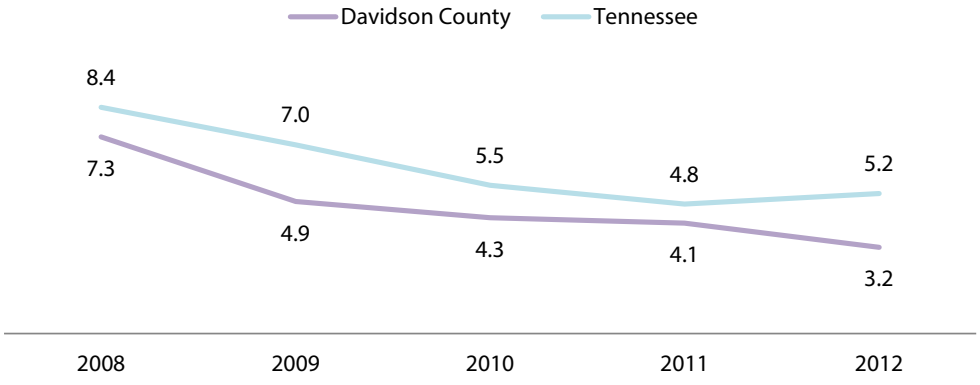
County

3.2/1,000 children involved in an abuse or neglect case in 2012

State

5.2/1,000 children involved in an abuse or neglect case in 2012

Number per 1,000 Children Involved in a Child Abuse or Neglect Case in Davidson County 2008-2012



1 Annie E. Casey Foundation. (2014). Safety and risky behaviors, Kids Count Data Center. Retrieved from: http://datacenter.kidscount.org/data#USA/2/35/36,37,38,41,40

D32

Homeless Children

Homelessness has negative physical, emotional, and educational impacts on children. Compared to children who are housed, children who are homeless: have more respiratory infections, ear infections, and gastrointestinal problems; greater nutritional deficiency; higher rates of emotional and behavioral health problems; and are more likely to have learning disabilities and delayed educational development. Homeless families move frequently, resulting in more school changes, missed classes, repeated grades, and higher dropout rates than children in stable housing.[1]

Data Description

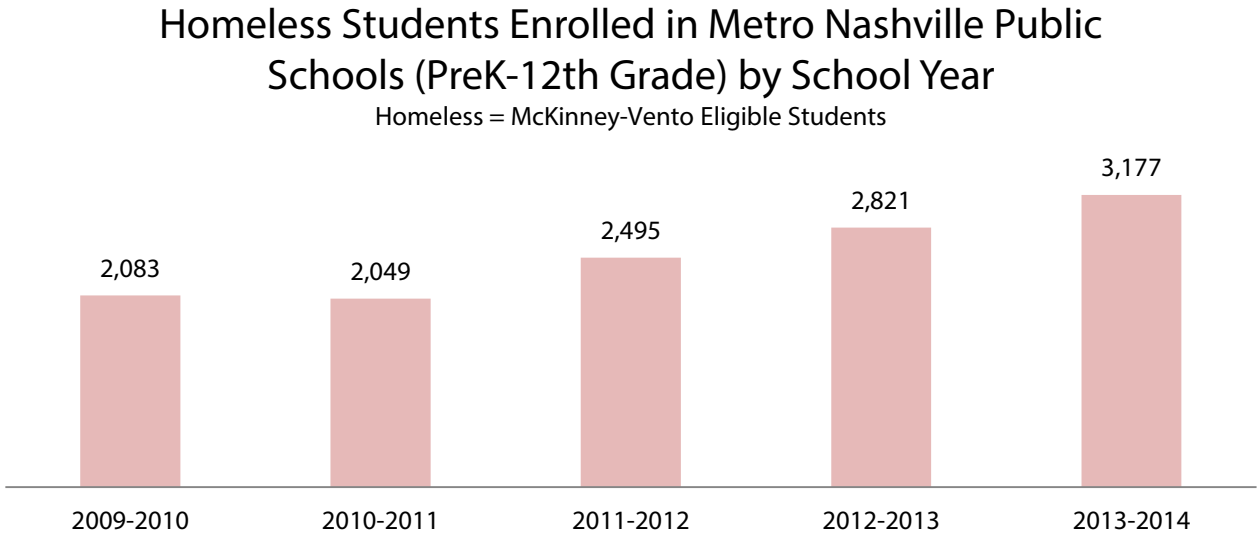
This indicator reports data from Metro Nashville Public Schools (MNPS) that determine annually the number of MNPS students who were homeless at some point during the school year. MNPS defines homelessness according to the McKinney-Vento Act, which includes those who lack a fixed, regular, and adequate nighttime residence, as well as those who are sharing a home with others due to a loss of housing (sometimes called "doubling-up").

Data Source

Metro Nashville Public Schools. (2014). Catherine Knowles, HERO Program. Personal Communication.

County

3,177 children were homeless in Davidson County during the 2013–2014 school year



1 National Center on Family Homelessness. (2011). The characteristics and needs of families experiencing homelessness. Retrieved from: http://www.familyhomelessness.org/media/306.pdf

D33

Population

Tracking population change over time helps provide context for other changes in the community, and can help determine whether additional resources and infrastructure may be needed to support a growing population.

Data Description

This indicator shows the total population for Metro Nashville-Davidson County.

Data Source

U.S. Census Bureau. (2008–2013). American Community Survey, 1–year estimates. Total Population, Table B01003.

County

658,602 total population in 2013

5.2% change from 2008 to 2013

State

6,495,978 total population in 2013

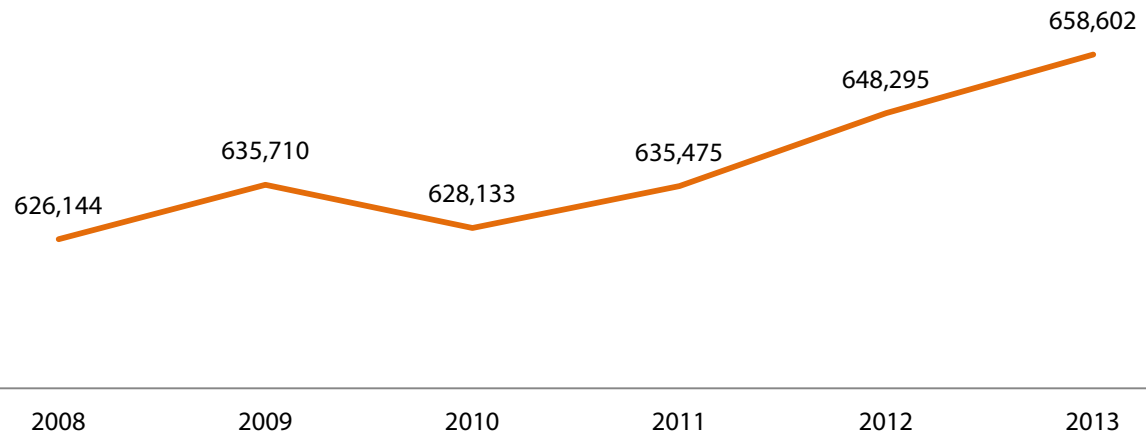
4.5% change from 2008 to 2013

National

316,128,839 total population in 2013

4.0% change from 2008 to 2013

Davidson County Population 2008-2013



D34

Age Distribution

Tracking changes in age distribution over time helps provide context for other changes in the community. For example, age distribution can help determine whether the local economy is attracting or retaining young workers, and whether additional resources and infrastructure may be needed to support an ageing population.

Data Description

This indicator shows the percentage of Davidson County residents by age group and the median age.

Data Source

U.S. Census Bureau. (2008, 2013). American Community Survey, 1–year estimates. Age and Sex, Table S0101.

County

Age Distribution in Davidson County in 2008 and 2013

Age	2013	2008
Under 5 years	7.0%	7.5%
5 to 9 years	6.1%	7.0%
10 to 14 years	5.5%	5.9%
15 to 19 years	5.7%	6.3%
20 to 24 years	7.9%	6.2%
25 to 29 years	10.0%	6.5%
30 to 34 years	9.0%	7.6%
35 to 39 years	6.7%	8.4%
40 to 44 years	7.2%	7.4%
45 to 49 years	6.1%	7.8%
50 to 54 years	6.6%	7.3%
55 to 59 years	6.3%	6.4%
60 to 64 years	5.3%	4.8%
65 to 69 years	3.7%	3.1%
70 to 74 years	2.3%	2.7%
75 to 79 years	1.8%	2.1%
80 to 84 years	1.6%	1.6%
85 years and over	1.3%	1.4%
Median Age (in years)	*34.2*	*36.8*

D35

Racial and Ethnic Distribution

Tracking changes in racial/ethnic distribution over time helps provide context for other changes in the community. It can help determine whether additional resources may be needed to reach out to immigrant or minority communites on health issues that disproportionately impact those groups, as well as address any potential barriers to care (such as language or cultural barriers).

Data Description

This indicator shows the percentage of Davidson County residents by racial/ethnic group.

Data Source

U.S. Census Bureau. (2008, 2013). American Community Survey, 1–year estimates. ACS Demographic and Housing Estimates, Table DP05.

County

Racial/Ethnic Distribution in Davidson County in 2008 and 2013		
Race/Ethnicity	**2013**	**2008**
Hispanic or Latino (of any race)	9.9%	7.9%
Mexican	5.8%	5.3%
Puerto Rican	0.5%	0.3%
Cuban	0.5%	0.3%
Other Hispanic or Latino	3.1%	2.1%
Not Hispanic or Latino	90.1%	92.1%
White Alone	57.0%	60.4%
Black or African-American Alone	27.4%	26.8%
American Indian and Alaska Native Alone	0.3%	0.3%
Asian Alone	3.3%	3.1%
Native Hawaiian and Other Pacific Islander Alone	0.1%	0.2%
Two or More Races	1.9%	1.2%

D36

Foreign-Born Residents

The percentage of foreign-born residents helps provide context for other changes in the community. It can help determine whether additional resources may be needed to reach out to immigrant or minority communites on health issues that disproportionately impact those groups, as well as address any potential barriers to care (such as language or cultural barriers).

Data Description

This indicator shows the percentage of residents who were born outside of the United States, and the region of the world where they were born.

Data Source

U.S. Census Bureau. (2013). American Community Survey, 1–year estimates. Selected Social Characteristics in the United States, Table DP02.

County

11.9% of residents were foreign-born in 2013

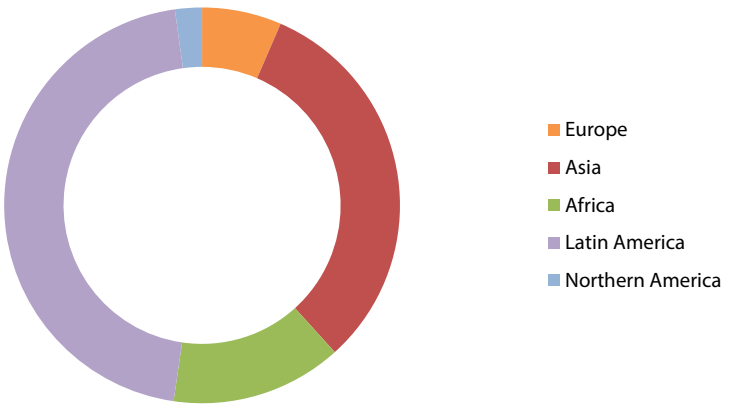
State

4.7% of residents were foreign-born in 2013

National

13.1% of residents were foreign-born in 2013

Percentage of Foreign-Born Davidson County Residents
by World Region of Birth 2013



D37

Net Migration

Tracking net migration helps provide context for other changes in the community, and is an indicator of whether the local economy is attracting workers or residents.

Data Description

This indicator shows the resident net migration total for the period from April 1, 2010 to July 1, 2013. Net international migration for the United States includes the international migration of both native and foreign -born populations. Specifically, it includes: (a) the net international migration of the foreign born, (b) the net migration between the United States and Puerto Rico, (c) the net migration of natives to and from the United States, and (d) the net movement of the Armed Forces population between the United States and overseas. Net international migration for Puerto Rico includes the migration of native and foreign-born populations between the United States and Puerto Rico.

Data Source

U.S. Census Bureau. (2013). 2013 Population Estimates. Estimates of the Components of Resident Population Change: April 1, 2010 to July 1, 2013, Table PEPTCOMP.

County

9,624 net domestic migration from 2010–2013

7,330 net international migration from 2010–2013

D38

Household Structure

Household structure impacts individual health outcomes. Married people are generally healthier than unmarried people.[1] Children who grow up in single-parent households typically have fewer resources compared to those in two-parent households. In single-parent households, both adults and children are at a higher risk for adverse health effects than those from two-parent households, including emotional and behavioral problems.[2]

Data Description

This indicator shows the percentage of households by household type, total number of households, average household size, and average family size in Davidson County.

Data Source

U.S. Census Bureau. (2008, 2013). American Community Survey, 1–year estimates. Selected Social Characteristics in the United States, Table DP02.

County

Household Structure in Davidson County in 2008 and 2013

	2013	2008
Total households	261,571	257,193
Family households (families)	54.7%	55.3%
With own children under 18 years	23.3%	24.8%
Married-couple family	36.3%	37.3%
With own children under 18 years	13.8%	15.1%
Male householder, no wife present, family	4.4%	4.5%
With own children under 18 years	2.0%	1.8%
Female householder, no husband present, family	14.0%	13.6%
With own children under 18 years	7.5%	7.9%
Nonfamily households	45.3%	44.7%
Householder living alone	36.4%	37.1%
65 years and over	8.6%	9.2%
Households with one or more people under 18 years	26.9%	27.7%
Households with one or more people 65 years and over	19.8%	19.7%
Average household size	2.43	2.35
Average family size	3.26	3.17

1 U.S. Department of Health and Human Services. (2007). The efffects of marriage on health: A synthesis of recent research evidence. ASPE research brief. Retrieved from: http://aspe.hhs.gov/hsp/07/marriageonhealth/index.htm

2 HealthyNashville.org. (2014). Single-parent households. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=8413191

D39

Grandparents Raising Grandchildren

When grandparents take on the responsibility for raising their own grandchildren it is typically unplanned and out of necessity because the parents are unable or unwilling to care for their children. Grandparents may face financial, health, housing, or work challenges that impede their ability to effectively care for their grandchildren, and may require additional supports, resources, and services.

Data Description

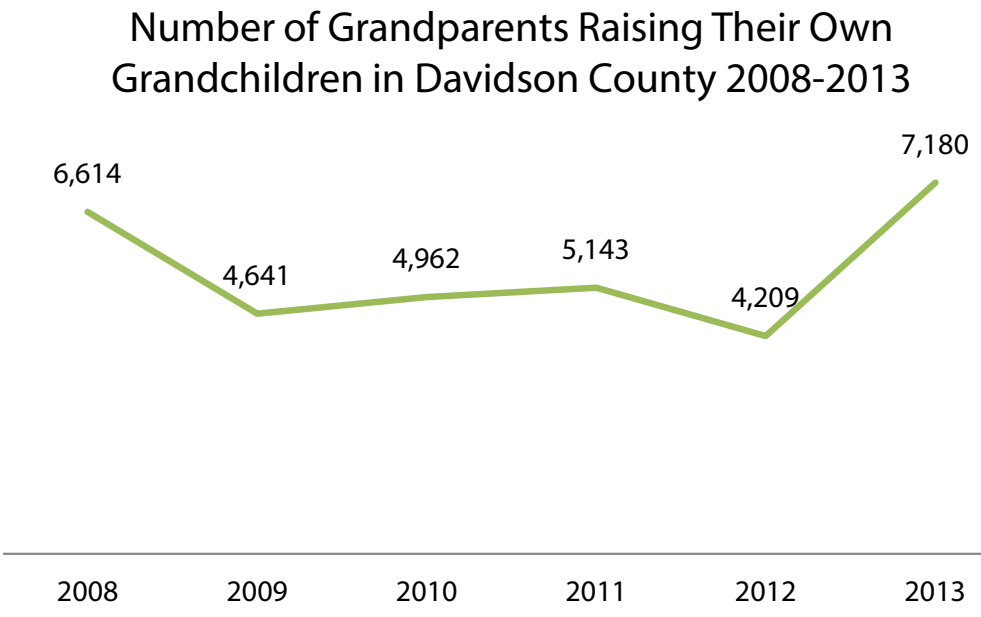
This indicator reports the number of grandparents responsible for raising their own grandchildren in Davidson County.

Data Source

U.S. Census Bureau. (2008–2013). American Community Survey, 1–year estimates. Selected Social Characteristics in the United States, Table DP02.

County

7,180 grandparents raising their own grandchildren in 2013



D40

Job Growth

Job growth provides an indication of a community's economic productivity and trajectory, which impacts (and is impacted by) a community's health. Growth in the number of jobs in a community indicates more opportunities for work, a growing economy, and the desirability of the community as a place to live.

Data Description

This indicator shows the total employment for Davidson County from 2001 to 2013.

Data Source

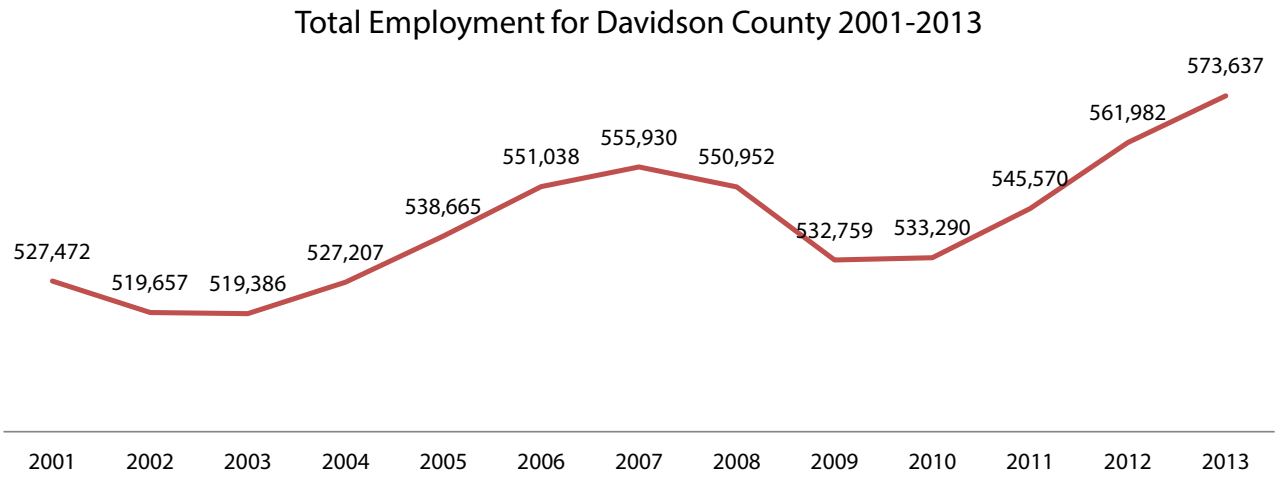
Bureau of Economic Analysis. (2014). Total full-time and part-time employment by NAICS industry, Table CA25N.

County

573,637 total employment in 2013

11,655 jobs added in the past year

8.75% increase in total employment since 2001



D41

Gross Metro Product

The Gross Metro Product (the Gross Domestic Product or GDP for a metro area) is an indicator of a community's economic productivity, which impacts (and is impacted by) a community's health. A healthy community is a productive community. Worker productivity, wages, and tax revenue are all components of the local economy which relate directly to health and healthcare expenditures.

Data Description

This indicator reports the annual Gross Metro Product (GMP) for the Nashville-Davidson County Metropolitan Statistical Area (MSA), and the ranking among all MSAs in the U.S. The Nashville MSA includes the cities of Franklin and Murfreesboro, Tennessee. The chart reports the GMP in millions of dollars.

Data Source

Bureau of Economic Analysis. (2014). Advance 2013, and revised 2001–2012 GDP-by-Metropolitan-Area Statistics. Retrieved from: http://www.bea.gov/newsreleases/regional/gdp_metro/gdp_metro_newsrelease.htm

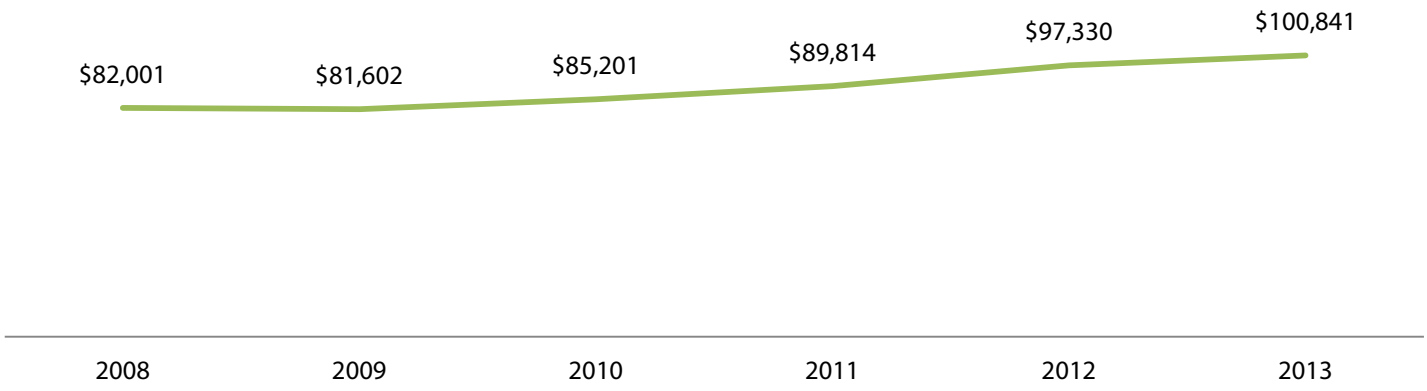
County

$100,841,000,000 Gross Metro Product in 2013

34 out of 381 total MSAs

Gross Metro Product in Millions of Dollars for Nashville-Davidson County Metropolitan Statistical Area* 2008-2013

*includes Franklin and Murfreesboro, TN



D42

Major Industries

Tracking the major industries of employment in a community may be useful in identifying causes of health outcomes. Some industries, such as manufacturing, can pose safety risks to workers and result in physical ailments and disability due to manual labor. Some industries often do not pay a living wage, such as retail and food service, which impacts the ability of individuals to pay for food, healthcare, transportation, housing, and other basic necessities that impact their health.

Data Description

This indicator shows the top 3 industries for each area and the percentage of the total number of workers in each of those industries in 2012.

Data Source

U.S. Census Bureau. (2013). Geography area series: County business patterns, Table CB1200A11.

County

18.6% of workers employed in *Health Care and Social Assistance* in 2012

10.5% of workers employed in *Accomodation and Food Services* in 2012

9.8% of workers employed in *Retail Trade* in 2012

State

16.4% of workers employed in *Health Care and Social Assistance* in 2012

13.2% of workers employed in *Retail Trade* in 2012

12.6% of workers employed in *Manufacturing* in 2012

National

15.9% of workers employed in *Health Care and Social Assistance* in 2012

12.8% of workers employed in *Retail Trade* in 2012

10.3% of workers employed in *Accomodation and Food Services* in 2012

D43

Housing Values

Home values can have both positive and negative impacts on a community's health. For homeowners, rising home values can lead to greater equity in one's home, but also increase property taxes which can be detrimental to individuals living on a fixed income. For renters, home value increases may result in properties commanding higher rents, increasing their housing costs and reducing money left for other expenses.

Data Description

This indicator shows the estimated median home value (in dollars).

Data Source

U.S. Census Bureau. (2008–2013). American Community Survey, 1–year estimates. Selected Housing Characteristics, Table DP04.

County

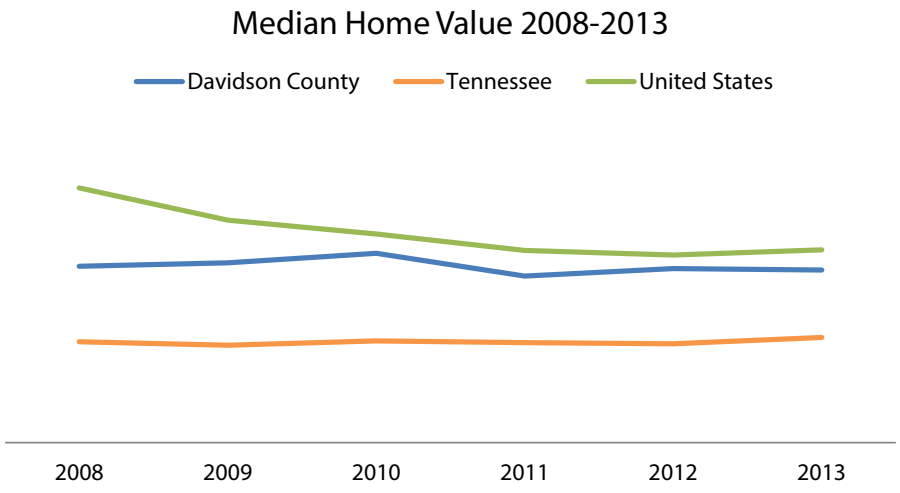
$166,100 median home value in 2013

State

$140,300 median home value in 2013

National

$173,900 median home value in 2013



well-being

Well-Being

The term *well-being* is used in a wide variety of contexts and has numerous definitions. Here, it is intended to represent both the physical and mental health of individuals. This section includes indicators of both chronic and infectious diseases, mortality, natality, and reproductive justice, as well as behaviors that contribute to overall health including substance abuse, screenings, and immunizations. Mental health indicators include depression, social and lingustic isolation, and self-perceived general well-being and satisfaction.

Many of the indicators in this section are traditional measures of health, such as rates of sexually-transmitted diseases, cancer, obesity, and births. Indicators of lifestyles that contribure to health and well-being are also reported, such as fruit and vegetable consumption, inadequate social support, and physical activity. Together, the indicators in this category represent both causes and outcomes of the community's health.

Section Highlights

- Cancer and heart disease are the two leading causes of death in Davidson County, together representing over 60% of all county deaths in 2011. (indicator W1)
- In Davidson County, the prostate cancer death rate for Black or African-American residents is more than 3 times that of White residents. (indicator W5)
- The percentage of Davidson County residents who smoke decreased from 22.4% in 2008 to 16.2% in 2010. (indicator W12)
- 58.2% of county residents were either overweight or obese in 2010, a lower percentage than in Tennessee (67.8%) and the U.S. (63.7%). (indicator W16)
- Only 13.6% of adults in the county consumed the recommended 5 servings daily of fruits or vegetables in 2010. (indicator W18)
- Rates of infant mortality, low birthweight, and preterm births are higher for Black or African-American residents than for White residents. (indicators W22–W24)
- The number of newly reported HIV cases (incidence) in the county has decreased each year from 2009 to 2013. In 2013, most new HIV cases were male (80.2%), non-Hispanic Black or African-American (59.2%), or between the ages of 15 and 24 (54.2%). (indicator W35)
- 7% of adults in Davidson County had a depressive episode in 2010. (indicator W42)
- 38% of Davidson County teens used alcohol in 2007. (indicator W26)
- In 2013, 46% of children in the county lived in single-parent households. (indicator W40)

W1

Leading Causes of Death

Determining the leading causes of death for a population is useful for determining the relative impact of particular health conditions or risks, and can aid in setting priorities for improving health and safety in a community.

Data Description

This indicator shows the leading causes of death in Davidson County with the corresponding age-adjusted mortality rates (per 100,000 population).

Data Source

Rogers, B. Thomas-Trudo, S. & McKelvey, B. (2014). Davidson County Mortality Report, Data for 2011. Metro Nashville Public Health Department, Nashville, TN.

County

Leading Causes of Death with Corresponding Age-Adjusted Mortality Rates (per 100,000 population) in Davidson County, 2007-2011

Note: grey cells indicate not a leading cause of death for that year

Disease	2007		2008		2009		2010		2011	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
Cancer	1,113	198.2	1,116	198.6	1,100	187.1	1,114	196.3	1,115	190.8
Heart Disease	1,226	217.6	1,277	224.6	1,134	187.9	1,122	198.4	1,088	187.6
Accidents	266	45.6	285	48.9	303	47.9	336	55	302	49.1
Chronic Lower Respiratory Disease	260	47.0	294	54.1	268	45.4	254	46.2	301	54.2
Stroke	276	49.5	276	49.2	269	44.9	259	46.8	213	38.2
Diabetes	180	31.5	155	27.7	168	28.3	167	29.5	154	26.2
Alzheimer's Disease	182	32.5	201	36.4	149	24.9	164	30.4	149	27.5
Suicide	60	10.4	80	13.4	82	12.6	69	10.8	74	11.4
Nephritis, Nephrotic Syndrome & Nephrosis	64	11.5					74	13.4	72	12.5
Chronic Liver Disease & Cirrhosis			67	11.5					68	10.7
Influenza and Pneumonia	95	16.5	109	19.4	96	16.1	96	17.4	68	68
Homicide	74	12.8	74	12.9	74	11.5				

W2

Leading Causes of Potential Life Lost

A death occurring early in life is considered more serious than a later death since they do not reach their full life potential. Early or premature death is calculated in years as *potential life lost*. Determining the age at which deaths occur in a population is useful for determining the impact of a particular disease, and can aid in setting health issue priorities.[1]

Data Description

This indicator shows the years of potential life lost for the leading causes of death in Davidson County. Potential years of life lost (YPLL) is calculated by subtracting each person's age of death from 75.

Data Source

Rogers, B. Thomas-Trudo, S. & McKelvey, B. (2014). Davidson County Mortality Report, Data for 2011. Metro Nashville Public Health Department, Nashville, TN.

County

Years of Potential Life Lost for the Leading Causes of Death in Davidson County, 2007–2011

Note: grey cells indicate not a leading cause of death for that year

Disease	2009	2010	2011
Cancer	9,652	9,027	9,942
Heart Disease	7,294	7,606	7,385
Accidents	6,394	7,415	6,864
Chronic Lower Respiratory Disease	1,616	1,442	1,665
Stroke	1,729	1,229	1,175
Diabetes	1,610	1,508	1,623
Alzheimer's Disease	61	127	71
Suicide	2,578	2,075	2,064
Nephritis, Nephrotic Syndrome & Nephrosis		599	582
Chronic Liver Disease & Cirrhosis			1,206
Influenza and Pneumonia	862	478	378
Homicide	3,131		

1 University of Ottawa. (2014). Years of potential life lost. Society, the individual, and medicine. Retrieved from: http://www.med.uottawa.ca/sim/data/PYLL_e.htm

W3

Cancer Death Rate

Cancer is the second leading cause of death in the United States. Cancer is a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 types of cancer, with lung, colorectal, breast, pancreatic, and prostate cancer resulting in the greatest number of annual deaths.[1]

Data Description

This indicator shows the annual age-adjusted death rate per 100,000 population for all types of cancer during the 2006–2010 period.

Data Source

National Cancer Institute. (2014). State Cancer Profiles. Retrieved from: http://statecancerprofiles.cancer.gov/deathrates/deathrates.html

County

202.0/100,000 population cancer death rate in 2006–2010

State

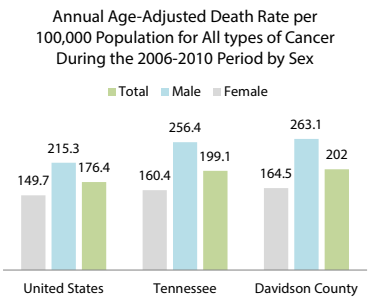
199.1/100,000 population cancer death rate in 2006–2010

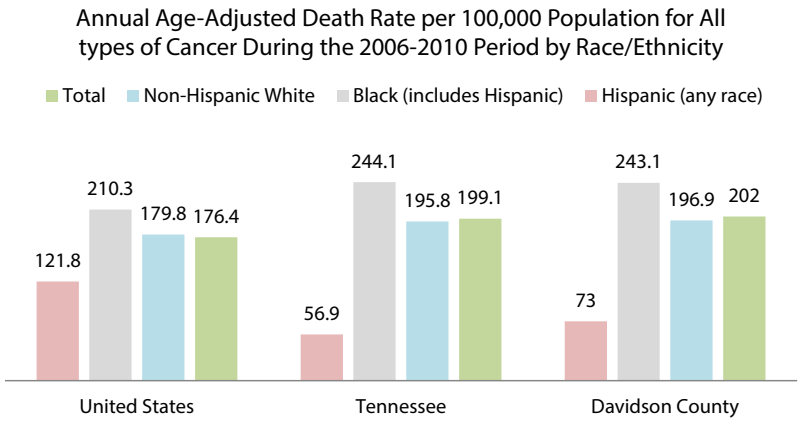
National

176.4/100,000 population cancer death rate in 2006–2010

Benchmark

161.4 Healthy People 2020 Target





1 HealthyNashville.org. (2014). Age-adjusted death rate due to cancer. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=12345147

W4

Breast Cancer Death Rate

In the U.S., breast cancer is the second most common type of cancer among women, and the second leading cause of cancer death among women. Age is the greatest risk factor in developing breast cancer. Advancement in detection and treatment have led to progressively declining breast cancer death rates since 1990.[1]

Data Description

This indicator shows the annual age-adjusted death rate per 100,000 population for breast cancer (women only) during the 2006–2010 period.

Data Source

National Cancer Institute. (2014). State Cancer Profiles. Retrieved from: http://statecancerprofiles.cancer.gov/deathrates/deathrates.html

County

24.8/100,000 population breast cancer death rate in 2006–2010

State

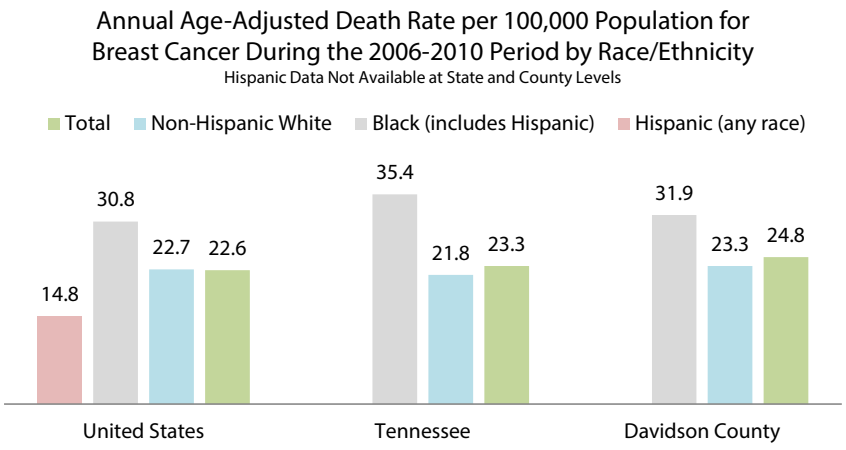
23.3/100,000 population breast cancer death rate in 2006–2010

National

22.6/100,000 population breast cancer death rate in 2006–2010

Benchmark

20.7 Healthy People 2020 Target



1 HealthyNashville.org. (2014). Age-adjusted death rate due to breast cancer. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=12349511

W5

Prostate Cancer Death Rate

Prostate cancer is the most commonly diagnosed form of cancer among men in the U.S. It is the second-leading cause of cancer-related death among men, following lung cancer. Age and race/ethnicity are the leading risk factors, with men who are African-American and over the age of 65 having the highest incidence rates.[1]

Data Description

This indicator shows the annual age-adjusted death rate per 100,000 population for prostate cancer (men only) during the 2006–2010 period.

Data Source

National Cancer Institute. (2014). State Cancer Profiles. Retrieved from: http://statecancerprofiles.cancer.gov/deathrates/deathrates.html

County

28.3/100,000 population prostate cancer death rate in 2006–2010

State

25.2/100,000 population prostate cancer death rate in 2006–2010

National

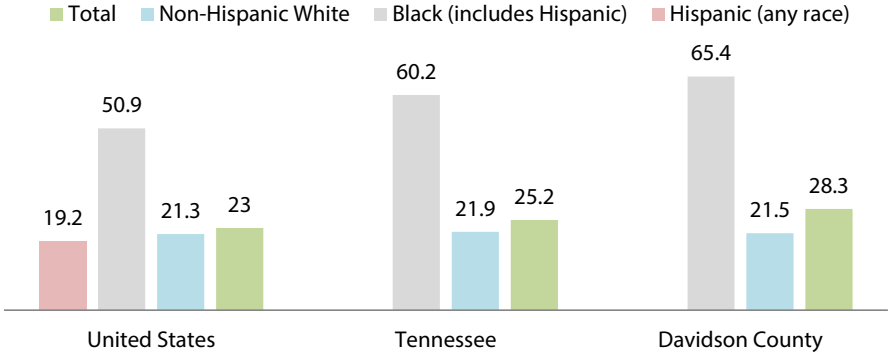
23.0/100,000 population prostate cancer death rate in 2006–2010

Benchmark

21.8 Healthy People 2020 Target

Annual Age-Adjusted Death Rate per 100,000 Population for Prostate Cancer During the 2006-2010 Period by Race/Ethnicity

Hispanic Data Not Available at State and County Levels



1 HealthyNashville.org. (2014). Age-adjusted death rate due to prostate cancer. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=12364989

W6

Lung Cancer Death Rate

Lung cancer is the leading cancer killer in the U.S., greater than the total number of deaths caused by breast cancer, colorectal cancer, and prostate cancer combined. Smoking is the greatest risk factor for lung cancer. The mortality rate among men due to lung cancer has levelled off, but the mortality rate among women continues to increase.[1]

Data Description

This indicator shows the annual age-adjusted death rate per 100,000 population for lung cancer during the 2006–2010 period.

Data Source

National Cancer Institute. (2014). State Cancer Profiles. Retrieved from: http://statecancerprofiles.cancer.gov/deathrates/deathrates.html

County

63.9/100,000 population lung cancer death rate in 2006–2010

State

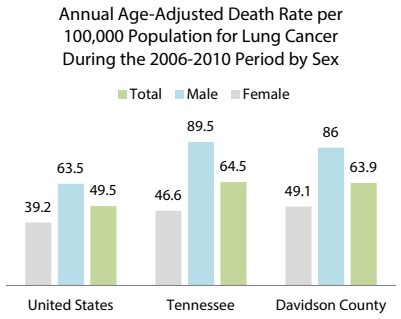
64.5/100,000 population lung cancer death rate in 2006–2010

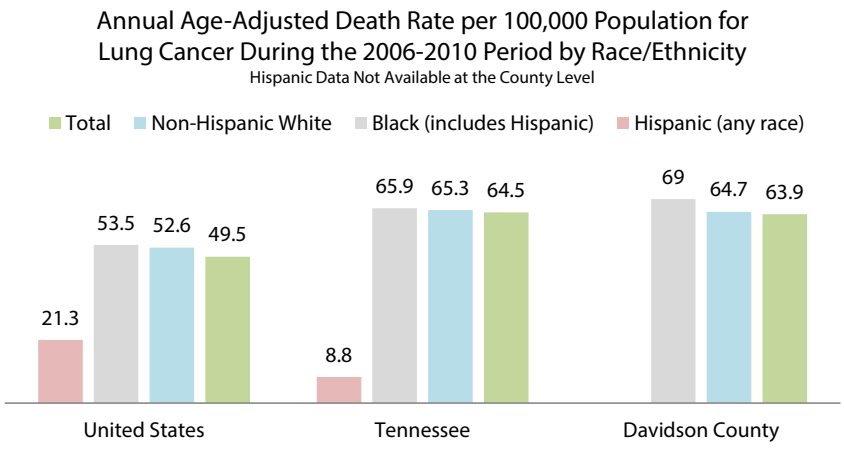
National

49.5/100,000 population lung cancer death rate in 2006–2010

Benchmark

45.5 Healthy People 2020 Target





1 HealthyNashville.org. (2014). Age-adjusted death rate due to lung cancer. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=12359041

W7

Colorectal Cancer Death Rate

Colorectal cancer is the second leading cancer killer in the U.S. Up to 60 percent of these deaths could be prevented If adults aged 50 or older had regular screenings. Screening procedures include: fecal occult blood tests (FOBT) annually; flexible sigmoidoscopy every 5 years; double-contrast barium enema every 5 years, or colonoscopy every 10 years.[1]

Data Description

This indicator shows the annual age-adjusted death rate per 100,000 population for colorectal cancer during the 2006–2010 period.

Data Source

National Cancer Institute. (2014). State Cancer Profiles. Retrieved from: http://statecancerprofiles.cancer.gov/deathrates/deathrates.html

County

17.8/100,000 population colorectal cancer death rate in 2006–2010

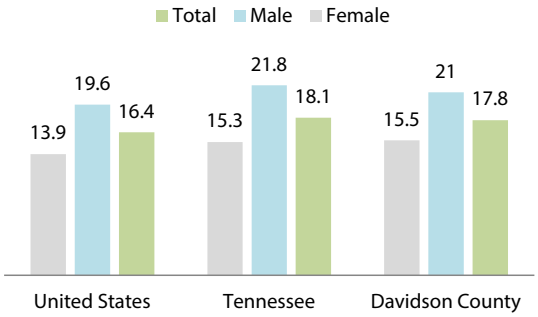
State

18.1/100,000 population colorectal cancer death rate in 2006–2010

National

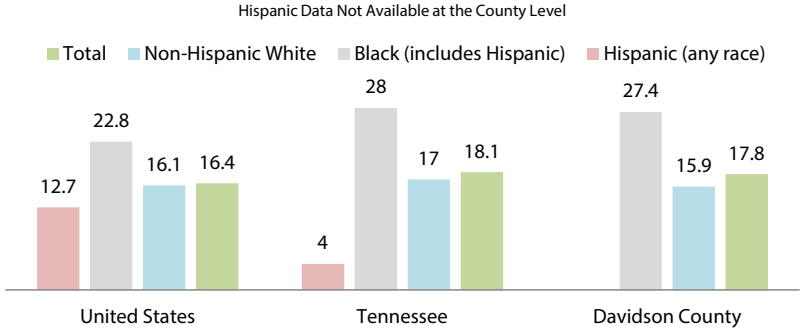
16.4/100,000 population colorectal cancer death rate in 2006–2010

Annual Age-Adjusted Death Rate per 100,000 Population for Colorectal Cancer During the 2006-2010 Period by Sex



Annual Age-Adjusted Death Rate per 100,000 Population for Colorectal Cancer During the 2006-2010 Period by Race/Ethnicity

Hispanic Data Not Available at the County Level



1 HealthyNashville.org. (2014). Colon cancer screenings. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11201809

W8

Colorectal Cancer Screenings

Colorectal cancer is the second leading cancer killer in the U.S. Up to 60 percent of these deaths could be prevented If adults aged 50 or older had regular screenings. Screening procedures include: fecal occult blood tests (FOBT) annually; flexible sigmoidoscopy every 5 years; double-contrast barium enema every 5 years, or colonoscopy every 10 years.[1]

Data Description

This indicator shows the percentage of adults aged 50 and older who have ever had a sigmoidoscopy or colonoscopy exam.

Data Source

Metro Nashville Public Health Department. (2008). Prevalence of Behavior Risk Factor Survey Data. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/BRFSS_RISK_CI_2008.pdf

County

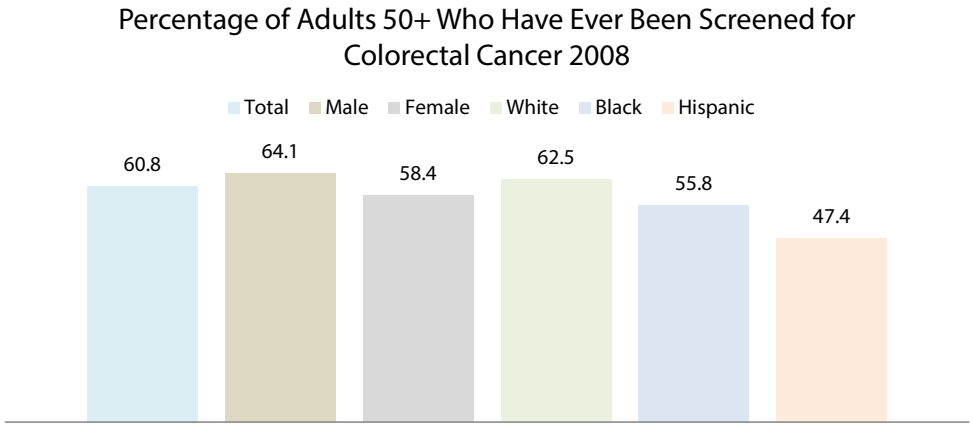
60.8% of adults 50+ have had a colorectal cancer screening as of 2008

State

59.5% of adults 50+ have had a colorectal cancer screening as of 2008

National

62.2% of adults 50+ have had a colorectal cancer screening as of 2008



1 HealthyNashville.org. (2014). Colon cancer screenings. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11201809

W9

Preventable Hospitalizations

Hospitalization for diagnoses that are treatable in outpatient services may indicate that either the patient's quality of outpatient care was insufficient, or that patients are overusing hospitals as a primary source of care.[1]

Data Description

This indicator reports the number of preventable hospital stays per 1,000 Medicare enrollees. It is measured as the hospital discharge rate for ambulatory care-sensitive conditions, which includes convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary Infection, and dehydration.

Data Source

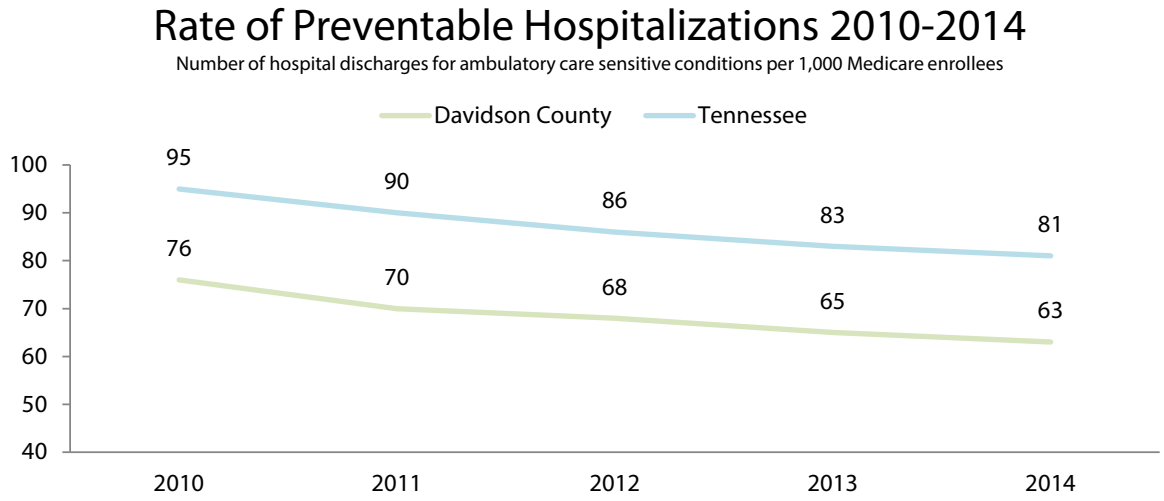
County Health Rankings and Roadmaps. (2014). Preventable hospital stays, calculated by the Dartmouth Atlas of Health Care. Retrieved from: http://www.countyhealthrankings.org/app/tennessee/2014/measure/factors/5/data

County

63/1,000 preventable hospitalization rate for Medicare enrollees in 2014

State

81/1,000 preventable hospitalization rate for Medicare enrollees in 2014



1 County Health Rankings and Roadmaps. (2014). Preventable hospital stays. Retrieved from: http://www.countyhealthrankings.org/app/tennessee/2014/measure/factors/5/description

W10

Dental Visits

Oral health impacts an individual's overall health and well-being. In order to maintain good oral health, both adults and children should visit a dentist on a regular basis. Dental care helps to maintain the overall health of the teeth and mouth, and can detect pre-cancerous or cancerous lesions.[1]

Data Description

This indicator shows the percentage of residents who have visited a dentist or dental clinic for any reason in the past year.

Data Source

Metro Nashville Public Health Department. (2008). Prevalence of Behavior Risk Factor Survey Data. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/BRFSS_RISK_CI_2008.pdf

County

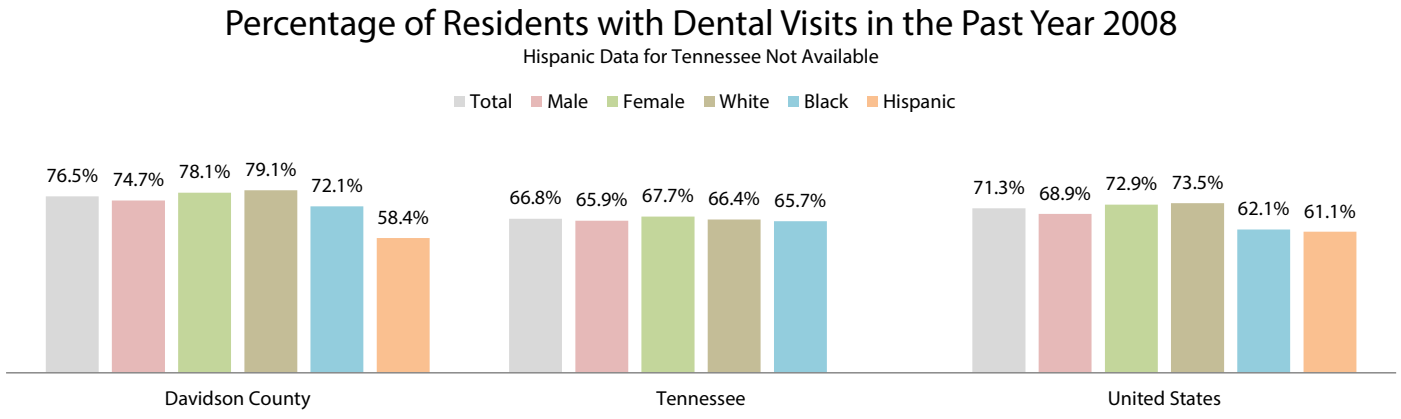
76.5% of residents visited a dentist in 2008

State

66.8% of residents visited a dentist in 2008

National

71.3% of residents visited a dentist in 2008



1 HealthyNashville.org. (2014). Adults who visited a dentist. Retrieved from: http://www.healthynashville.org/modules.php?op=-modload&name=NS-Indicator&file=indicator&iid=11201810

W11

Tooth Extraction

Oral health impacts an individual's overall health and well-being, and having missing teeth can affect overall health and nutrition. Periodontal disease and tooth decay are the most frequent causes of tooth loss.[1]

Data Description

This indicator shows the percentage of adult residents who have had any permanent teech extracted.

Data Source

Metro Nashville Public Health Department. (2008). Prevalence of Behavior Risk Factor Survey Data. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/BRFSS_RISK_CI_2008.pdf

County

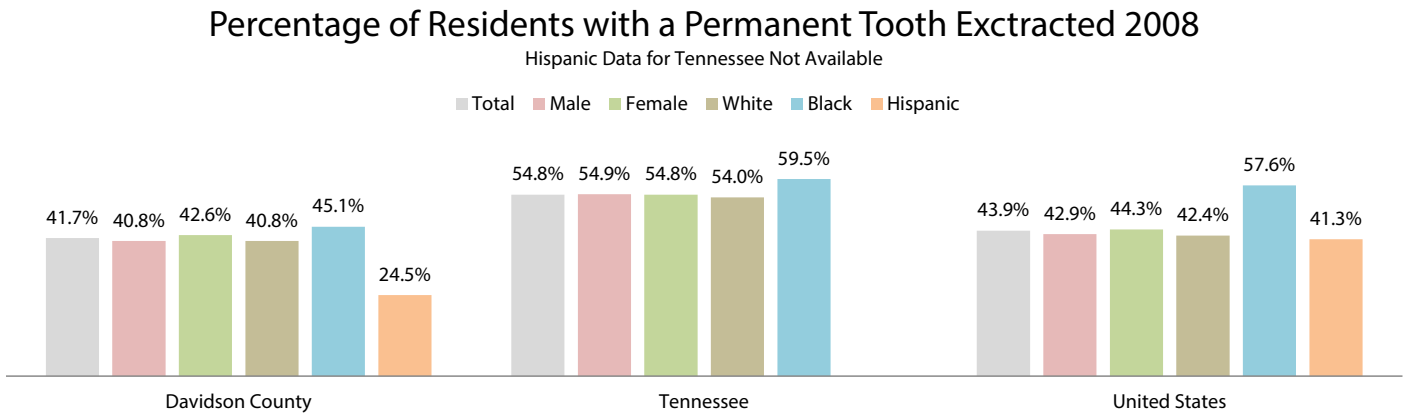
41.7% of residents have had a permanent tooth extracted as of 2008

State

54.8% of residents have had a permanent tooth extracted as of 2008

National

43.9% of residents have had a permanent tooth extracted as of 2008



1 HealthyNashville.org. (2014). Adults with no tooth extractions. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11201811

W12

Smokers

Tobacco is the cause of premature death for over 500,000 people in the U.S. annually, Areas with a high smoking prevalence also have greater exposure to secondhand smoke for non-smokers, which can result in numerous negative health effects, including cancer, respiratory infections, and asthma.[1]

Data Description

This indicator shows the percentage of adult residents who currently smoke cigarettes.

Data Source

Metro Nashville Public Health Department. (2008). Prevalence of Behavior Risk Factor Survey Data. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/BRFSS_RISK_CI_2008.pdf

County

16.2% of residents were smokers in 2010

State

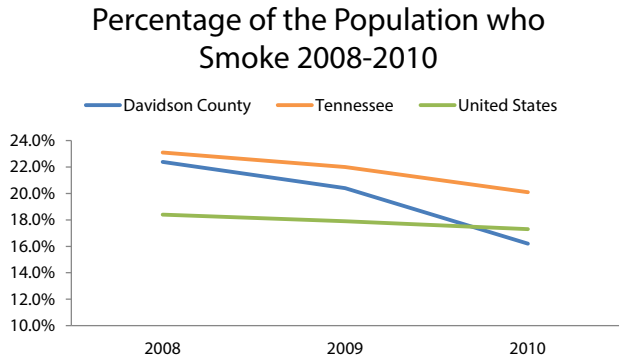
20.1% of residents were smokers in 2010

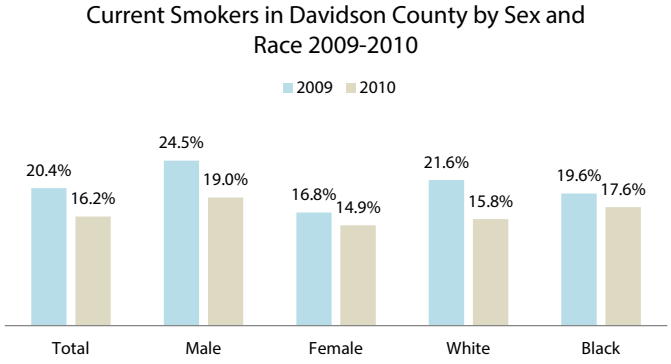
National

17.3% of residents were smokers in 2010

Benchmark

12.0% Healthy People 2020 Target





1 HealthyNashville.org. (2014). Adults who smoke. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11667443

W13

Smokers Who Have Tried to Quit

Quitting smoking can be difficult and may require multiple attempts. People who quit smoking at an early age greatly reduce their risk for disease and premature death. Quitting smoking lowers risk for lung and other types of cancer, as well as reduces risk for coronary heart disease, stroke, and infertility. Treatment strategies for quitting include counseling, clinical interventions, behavioral cessation therapies, nicotine replacement products, and other nonnicotine medications.[1]

Data Description

This indicator shows the percentage of adult smokers who stopped smoking one day or longer in the past year because they were trying to quit smoking.

Data Source

Tennessee Department of Health. (2012). Behavioral Risk Factor Surveillance System (BRFSS), Tennessee State and Regional Data. Retrieved from: http://health.state.tn.us/statistics/brfss.htm

County

57.0% of smokers in 2012 tried to quit in the past year

State

62.1% of smokers in 2012 tried to quit in the past year

Benchmark

80.0% Healthy People 2020 Target

1 HealthyNashville.org. (2014). Adult smoking cessation attempts. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11667429

W14

Teen Smokers

Those who begin smoking at a young age are more likely to have a long-term addiction to nicotine than people who start smoking later in life. This puts them at greater risk for smoking-related illness and death. Tobacco use results in over 400,000 deaths annually in the U.S.[1]

Data Description

This indicator shows the percentage of teens who are current smokers (smoked at least one cigarette in the past 30 days). County data are for 2010, while state and national data are for 2009.

Data Source

Rogers, B. & Thomas, S.D. (2011). Communities Putting Prevention to Work Youth Risk BehaviorSurvey Davidson County, TN 2010. Metro Nashville Public Health Department, Nashville, TN. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/YRBS2010FinalTables.pdf

County

12.8% of teens were smokers in 2010

State

20.9% of teens were smokers in 2009

National

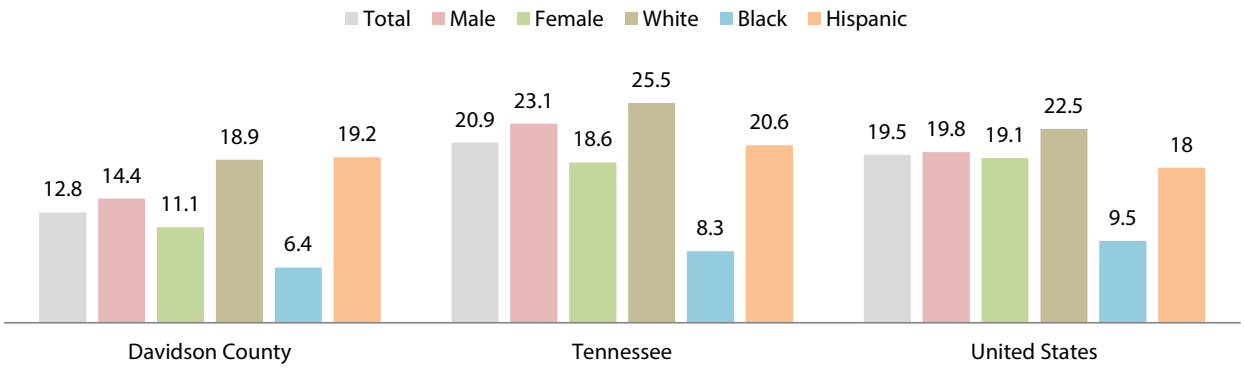
19.5% of teens were smokers in 2009

Benchmark

16.0% Healthy People 2020 Target

Current Teen Smokers by Sex and Race/Ethnicity

County data are for 2010, State and National data are for 2009



1 HealthyNashville.org. (2014). Teens who smoke. http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=665579

W15

Smoking During Pregnancy

Smoking during pregnancy puts both the mother and fetus at risk. It can impede the baby's lung development, and result in a lower birth weight or premature birth. Smoking during pregnancy causes an estimated ten percent of all infant deaths.[1]

Data Description

This indicator reports the percentage of pregnant mothers in Davidson County who smoked while pregnant.

Data Source

Holley, A. Thomas-Trudo, S. & Rogers, B. (2014). Davidson County Natality Report Data for 2011. Metro Nashville Public Health Department, Nashville, TN. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/Natality2011.pdf

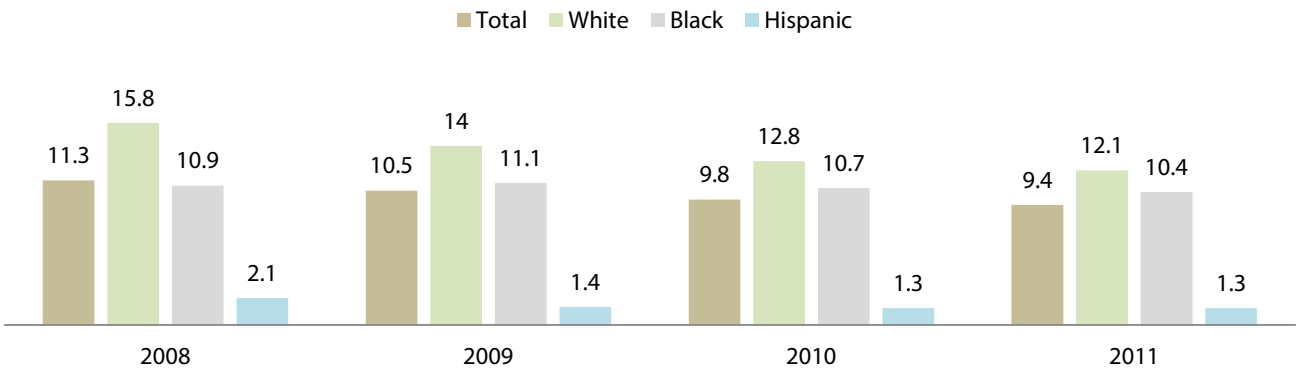
County

9.4% of pregnant mothers smoked during pregnancy in 2011

Benchmark

1.4% Healthy People 2020 Target

Smoked During Pregnancy in Davidson County by Race
2008-2011



1 HealthyNashville.org. (2014). Mothers who smoked during pregnancy. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11204638

W16

Overweight and Obesity

Overweight and obesity in adults is an indicator of the overall health and lifestyle of a community. Overweight and obesity impact quality of life and put individuals at risk for heart disease, stroke, diabetes, and cancer. Overweight and obesity also have negative economic costs due to increased healthcare spending and lost earnings.[1]

Data Description

This indicator shows the percentage of adults who are either overweight or obese. Overweight and obesity are determined by measuring Body Mass Index (BMI). which is calculated using a person's weight and height. A BMI between 25 and 29.9 is considered overweight, while a BMI of 30 or greater is considered obese.

Data Source

Rogers B. & Thomas, S.D. (2012). Communities Putting Prevention to Work Behavioral Risk Factor Surveillance Survey Davidson County, TN 2011. Metro Nashville Public Health Department, Nashville, TN. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/2010–2011_BRFSS_Final_Report.pdf

County

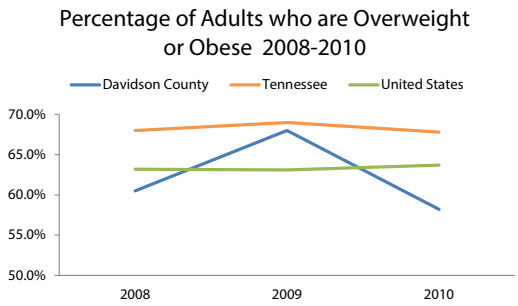
58.2% of adults were either overweight or obese in 2010

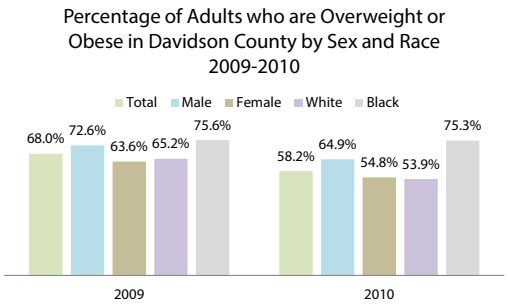
State

67.8% of adults were either overweight or obese in 2010

National

63.7% of adults were either overweight or obese in 2010





1 HealthyNashville.org. (2014). Adults who are overweight or obese. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11667645

W17

Obesity

Obesity is often the result of poor diet and limited physical activity. Obesity increases the risk for health conditions such as heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis.[1]

Data Description

This indicator shows the percentage of adults who are obese. Obesity is determined by measuring Body Mass Index (BMI). which is calculated using a person's weight and height. A BMI of 30 or greater is considered obese.

Data Source

Rogers B. & Thomas, S.D. (2012). Communities Putting Prevention to Work Behavioral Risk Factor Surveillance Survey Davidson County, TN 2011. Metro Nashville Public Health Department, Nashville, TN. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/2010–2011_BRFSS_Final_Report.pdf

County

26.2% of adults were obese in 2010

State

31.7% of adults were obese in 2010

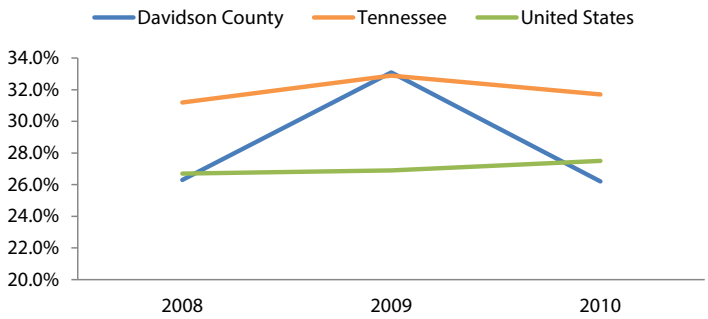
National

27.5% of adults were obese in 2010

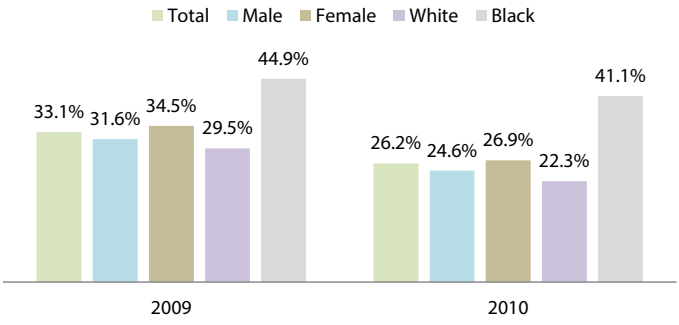
Benchmark

30.5% Healthy People 2020 Target

Percentage of Adults who are Obese 2008-2010



Percentage of Adults who are Obese in Davidson County by Sex and Race 2009-2010



1 County Health Rankings and Roadmaps. (2014). Adult obesity. Retrieved from: http://www.countyhealthrankings.org/app/tennessee/2014/measure/factors/11/description

W18

Eating Fruits and Vegetables

A healthy and balanced diet including fresh fruits and vegetables is essential in order to optimize weight and prevent chronic disease. Studies have found a clear relationship between the amount and variety of fruits and vegetables consumed and rates of chronic diseases, particularly cancer.[1]

Data Description

This indicator shows the percentage of adults who consumed fruits or vegetables 5 times on average each day in 2010. State and national comparison data are for 2009.

Data Source

Rogers B. & Thomas, S.D. (2012). Communities Putting Prevention to Work Behavioral Risk Factor Surveillance Survey Davidson County, TN 2011. Metro Nashville Public Health Department, Nashville, TN. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/2010–2011_BRFSS_Final_Report.pdf

County

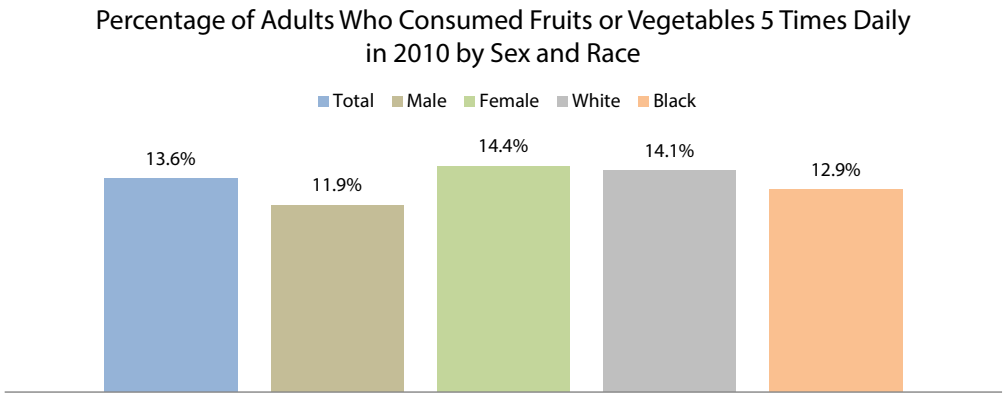
13.6% of adults consumed fruits or vegetables 5 times each day in 2010

State

23.3% of adults consumed fruits or vegetables 5 times each day in 2009

National

23.4% of adults consumed fruits or vegetables 5 times each day in 2009



1 HealthyNashville.org. (2014). Teen fruit consumption. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=664565

W19

Physical Activity

A lack of physical activity is related to poor health conditions, including type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease,, and premature mortality.[1]

Data Description

This indicator shows the percentage of adults who participated in any physical activitity or exercise in the past month, other than what they would do as part of their job.

Data Source

Rogers B. & Thomas, S.D. (2012). Communities Putting Prevention to Work Behavioral Risk Factor Surveillance Survey Davidson County, TN 2011. Metro Nashville Public Health Department, Nashville, TN. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/2010–2011_BRFSS_Final_Report.pdf

County

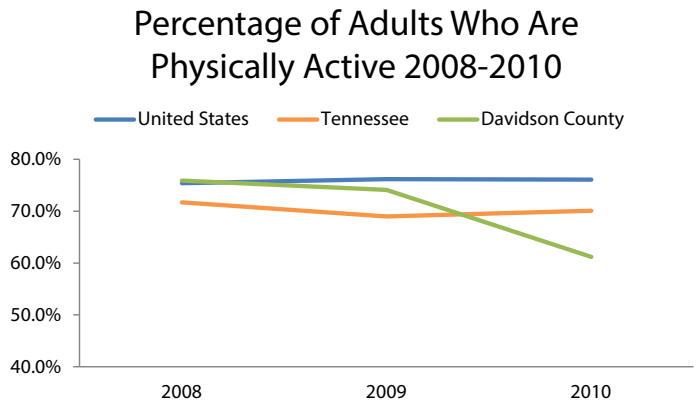
61.2% of adults were physically active in 2010

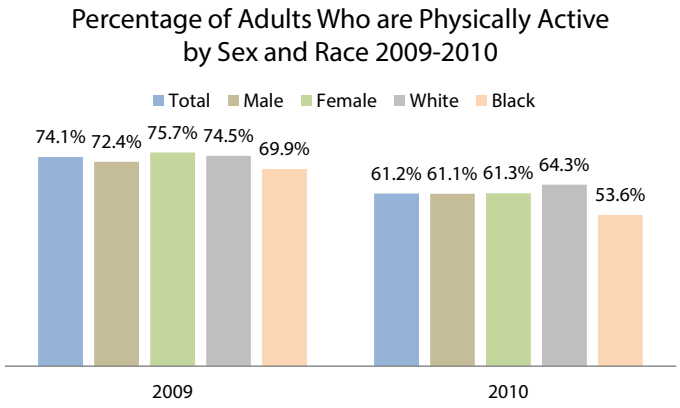
State

70.1% of adults were physically active in 2010

National

76.1% of adults were physically active in 2010





1 County Health Rankings and Roadmaps. (2014). Physical inactivity. Retrieved from: http://www.countyhealthrankings.org/app/tennessee/2014/measure/factors/70/description

W20

65+ Pneumonia Immunizations

Pneumococcal pneumonia is a serious and contagious illness with symptoms that include high fever, cough, shortness of breath, and meningitis. It is the leading cause of vaccine-preventable death and illness in the U.S. Pneumococcal pneumonia kills about 1 out of every 20 people who come down with the disease. The pneumococcal vaccine is effective at preventing severe disease, hospitalization, and death.[1]

Data Description

This indicator shows the percentage of adults aged 65 years and older who have ever received a pneumococcal (pneumonia) vaccine.

Data Source

Metro Nashville Public Health Department. (2009). Behavior Risk Factors Tables, 2009. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/2009BRFSSTables.pdf

County

69.3% of adults 65+ had a pneumonia vaccine as of 2009

State

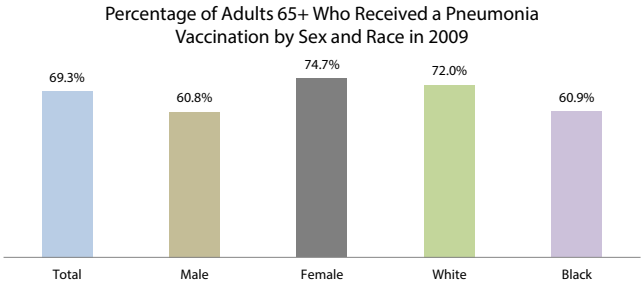
63.9% of adults 65+ had a pneumonia vaccine as of 2009

National

68.5% of adults 65+ had a pneumonia vaccine as of 2009

Benchmark

90.0% Healthy People 2020 Target



1 HealthyNashville.org. (2014). Adults 65+ with pneumonia vaccination. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11667567

W21

65+ Influenza Immunizations

Influenza, also known as the flu, is a contagious disease that can lead to pneumonia, and is particularly dangerous for people with heart or breathing problems, children, and the elderly. Influenza can cause high fever, diarrhea, and seizures in children. Over 200,000 people are hospitalized each year due to influenza and 36,000 die. A seasonal flu vaccine can prevent serious illness and death.[1]

Data Description

This indicator shows the percentage of adults who received an influenza (flu) vaccination in the past 12 months.

Data Source

Metro Nashville Public Health Department. (2009). Behavior Risk Factors Tables, 2009. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/2009BRFSSTables.pdf

County

78.5% of adults 65+ had a flu vaccine in 2009

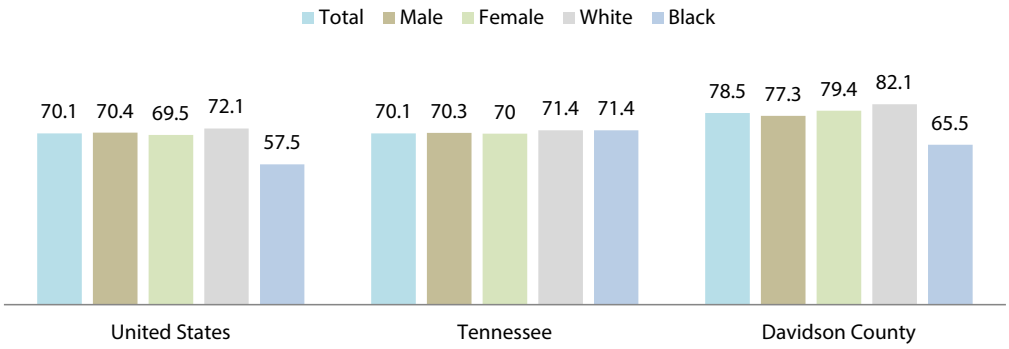
State

70.1% of adults 65+ had a flu vaccine in 2009

National

70.1% of adults 65+ had a flu vaccine in 2009

Percentage of Adults 65+ Who Received a Flu Vaccine in the Past Year by Sex and Race 2009



1 HealthyNashville.org. (2014). Adults 65+ with influenza vaccination. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11667593

W22

Infant Mortality

The infant mortality rate is one of the most widely used indicators of overall community health. In the U.S., the leading causes of death among infants include birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.[1]

Data Description

This indicator shows the number of infant deaths per 1,000 live births each year. National comparison data only available through 2011.

Data Sources

Tennessee Department of Health. (2012). Vital Statistics, Infant Deaths with Rates per 1,000 Live Births. Retrieved from: http://health.tn.gov/statistics/PdfFiles/VS_Rate_Sheets_2012/Infant2012.pdf

Centers for Disease Control and Prevention. (2011). National Vital Statistics Report, Deaths: Final Data for 2011. Retrieved from: http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf

County

7.1 infant deaths per 1,000 births in 2012

State

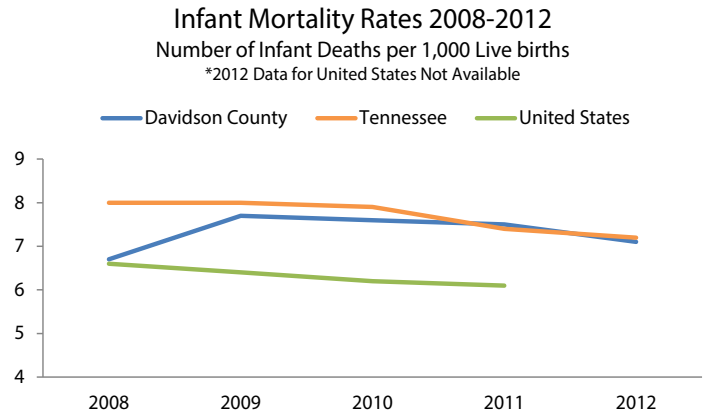
7.2 infant deaths per 1,000 births in 2012

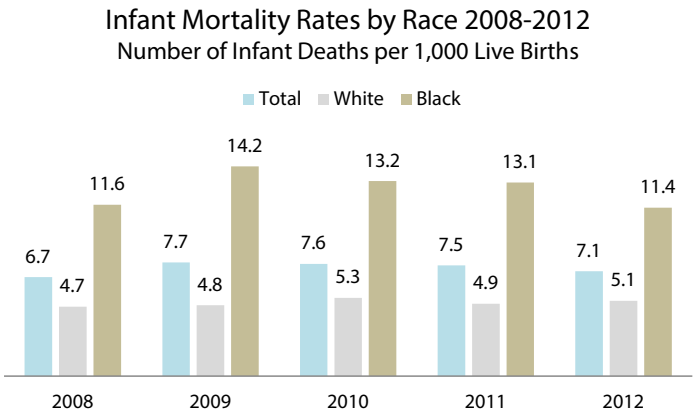
National

6.1 infant deaths per 1,000 births in 2011

Benchmark

6.0 Healthy People 2020 Target





1 HealthyNashville.org. (2014). Infant mortality. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=12333403

W23

Low Birthweight

Birthweight is a predictor of infant mortality and highly correlates with gestational age. Low birthweight is defined as less than 2,500 grams (5 ½ pounds). Typically, as birth weight increases, the risk of perinatal mortality decreases. Research shows that low birthweight infants are 21 times more likely to die before their first birthday than normal weight babies; very low birth weight infants are 87 times more likely to die. Low birthweight babies that survive are at increased risk for developing lung disorders, heart disease, hyperactivity disorders, and delayed cognitive functioning.[1]

Data Description

This indicator shows the percentage of births to women aged 15–44 who gave birth to a child less than 2,500 grams (5 ½ lbs). National comparison data only available through 2012.

Data Source

Tennessee Department of Health. (2013). Vital Statistics, Live Births With Number and Percent Low Birth Weight. Retrieved from: http://health.state.tn.us/statistics/PdfFiles/VS_Rate_Sheets_2013/LowWeight2013.pdf

National Kids Count Data Center. (2012). Low-Birthweight Babies. Retrieved from: http://datacenter.kidscount.org/data#USA/1/0

County

8.8% of births low birthweight in 2013

State

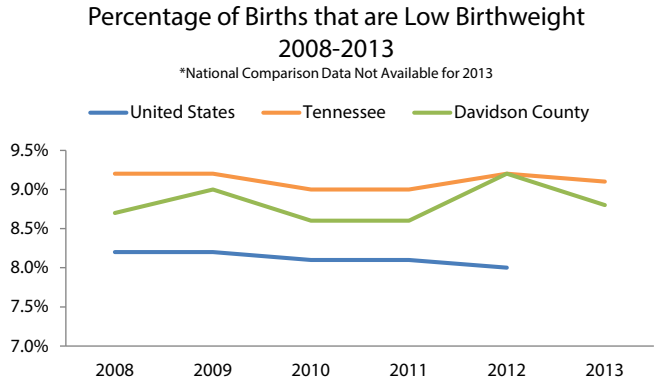
9.1% of births low birthweight in 2013

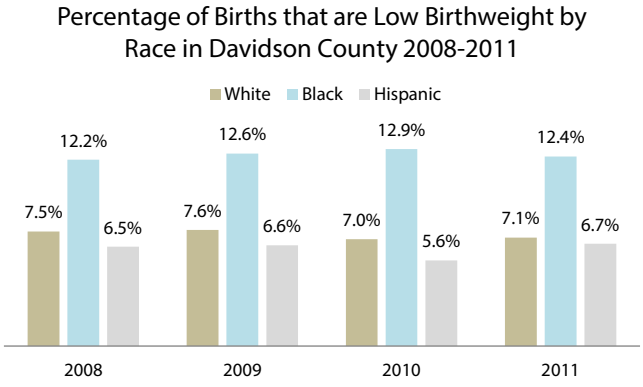
National

8.0% of births low birthweight in 2012

Benchmark

7.8% Healthy People 2020 Target





1 Holley, A. Thomas-Trudo, S. & Rogers, B. (2014). Davidson County natality report data for 2011. Metro Nashville Public Health Department, Nashville, TN.

W24

Preterm Births

Preterm birth is defined as the birth of an infant prior to 37 weeks of pregnancy. Preterm birth-related causes of death resulted in more infant deaths than any other cause in 2009, accounting for 35% of all infant deaths. Preterm birth has also been linked to long-term neurological disabilities in children.[1]

Data Description

This indicator shows the percentage of births to women aged 15–44 who gave birth to a child before 37 weeks of gestation.

Data Source

National Kids Count Data Center. (2012). Preterm births. Retrieved from: http://datacenter.kidscount.org/data#TN/3/0

County

12% of births preterm in 2012

State

13% of births preterm in 2012

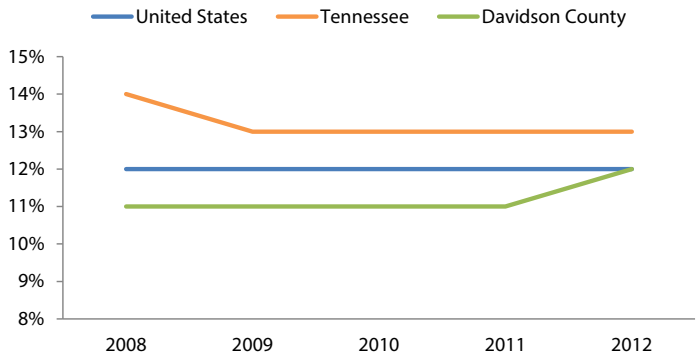
National

12% of births preterm in 2012

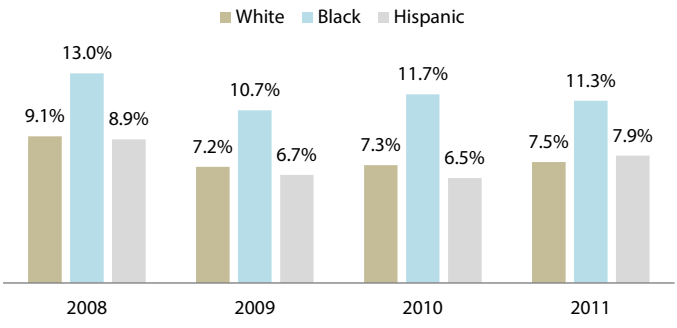
Benchmark

11.4% Healthy People 2020 Target

Percentage of Births that are Preterm 2008-2012



Percentage of Births that are Preterm by Race in Davidson County 2008-2011



1 Centers for Disease Control and Prevention. (2014). Reproductive health, preterm birth. Retrieved from: http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PretermBirth.htm

W25

Adult Binge Drinking

Binge drinking is excessive consumption of alcohol, which can be dangerous and lead to a loss of sensory perception and blackouts. Binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. In general, alcohol abuse is associated with a variety of negative health and safety outcomes. Additionally, men are twice as likely to binge drink as women.[1]

Data Description

This indicator shows the percentage of adults who reported binge drinking at least once during the 30 days prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion.

Data Source

Metro Nashville Public Health Department. (2008). Prevalence of Behavior Risk Factor Survey Data. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/BRFSS_RISK_CI_2008.pdf

County

8.5% of adults were binge drinkers in 2008

State

10.5% of adults were binge drinkers in 2008

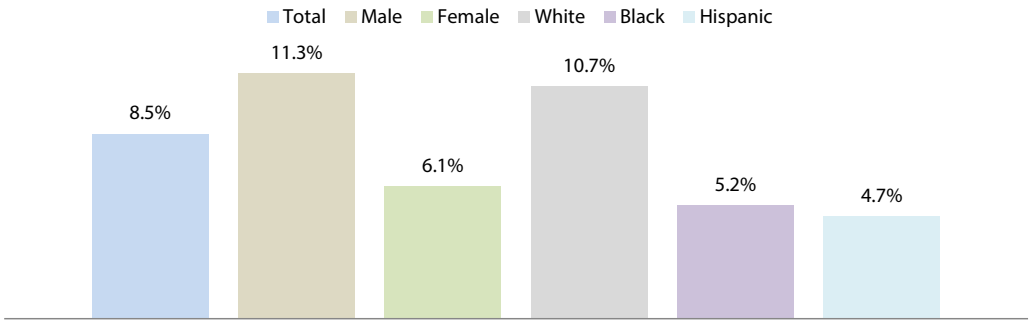
National

15.6% of adults were binge drinkers in 2008

Benchmark

24.4% Healthy People 2020 Target

Percentage of Adults Who Binge Drink in Davidson County by Sex and Race 2008



1 HealthyNashville.org. (2014). Adults who binge drink. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11667566

W26

Teen Alcohol Use

Teens who begin drinking before the age of 21 are more likely to develop alcohol dependence than those who begin drinking at or after age 21. Alcohol use impairs judgment and can lead to behaviors that put health and safety at risk, such as drunk driving.[1]

Data Description

This indicator shows the percentage of high school students who reported drinking alcohol (at least one drink) in the 30 days prior to the survey.

Data Source

Metro Nashville Public Health Department. (2007). 2007 Youth Risk Behavior Survey Responses by Demographic Characteristics. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/Health-Data/2007YRBSWebtables.pdf

County

38.0% of teens used alcohol in 2007

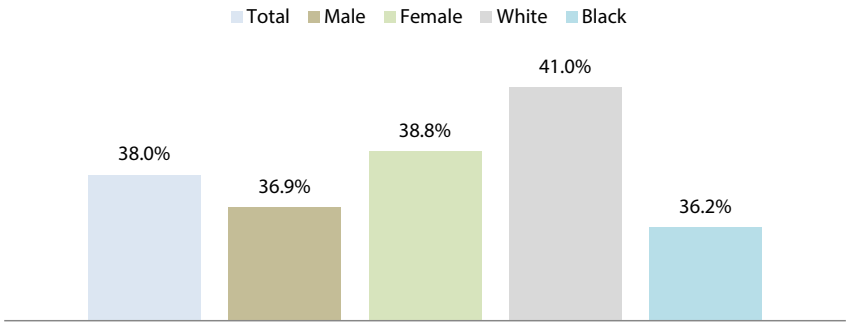
State

36.7% of teens used alcohol in 2007

National

44.7% of teens used alcohol in 2007

Percentage of Teens Who Use Alcohol in Davidson County by Sex and Race 2007



1 HealthyNashville.org. (2014). Teens who use alcohol. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=665680

W27

Teen Binge Drinking

Teens who begin drinking before the age of 21 are more likely to develop alcohol dependence than those who begin drinking at or after age 21. Alcohol use impairs judgment and can lead to behaviors that put health and safety at risk, such as drunk driving. In particular, binge drinking can lead to increased risk of health problems such as liver disease or unintentional injuries. [1]

Data Description

This indicator shows the percentage of teens who reported binge drinking at least once during the 30 days prior to the survey. Teen binge drinking is defined as five or more drinks on one occasion.

Data Source

Metro Nashville Public Health Department. (2007). 2007 Youth Risk Behavior Survey Responses by Demographic Characteristics. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/2007YRBSWebtables.pdf

County

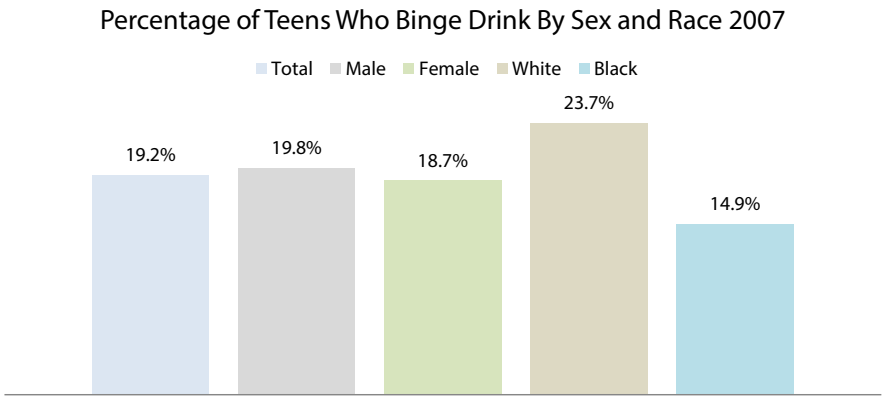
19.2% of teens were binge drinkers in 2007

State

21.7% of teens were binge drinkers in 2007

National

26.0% of teens were binge drinkers in 2007



1 HealthyNashville.org. (2014). Teens who use alcohol. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=665680

W28

Teen Marijuana Use

Marijuana is the most commonly used illicit drug by teens. Teen drug use is associated with the use of tobacco and alcohol, as well as delinquency and violence. Marijuana can impair cognitive functions, including perception, thinking, problem solving, learning, and memory. Marijuana is addictive, and addiction can harmful social effects on family, school, and work.[1]

Data Description

This indicator shows the percentage of high school students who reported using marijuana at least once in the 30 days prior to the survey.

Data Source

Metro Nashville Public Health Department. (2007). 2007 Youth Risk Behavior Survey Responses by Demographic Characteristics. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/2007YRBSWebtables.pdf

County

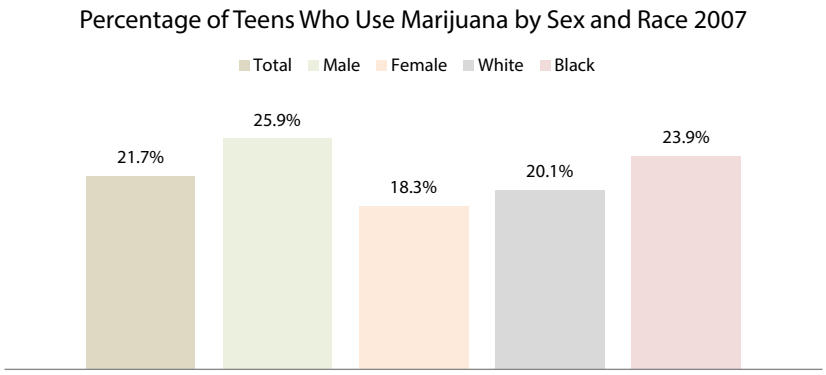
21.7% of teens used marijuana in 2007

State

19.4% of teens used marijuana in 2007

National

19.7% of teens used marijuana in 2007



1 HealthyNashville.org. (2014). Teens who use marijuana. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=665762

W29

Teen Methamphetamine Use

Methamphetamine is a highly addictive drug that stimulates the central nervous system. Teen drug use is associated with the use of tobacco and alcohol, as well as delinquency and violence. Methamphetamine can induce violent behavior, anxiety, confusion, insomnia, extreme weight loss, and severe dental problems. Users may also experience paranoia, auditory hallucinations, mood disturbances, delusions, and violent and suicidal thoughts.[1]

Data Description

This indicator shows the percentage of high school students who have used methamphetamines at least once in their life. Methamphetamines are also known as speed, crystal, crank, or ice.

Data Source

Metro Nashville Public Health Department. (2007). 2007 Youth Risk Behavior Survey Responses by Demographic Characteristics. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/Health-Data/2007YRBSWebtables.pdf

County

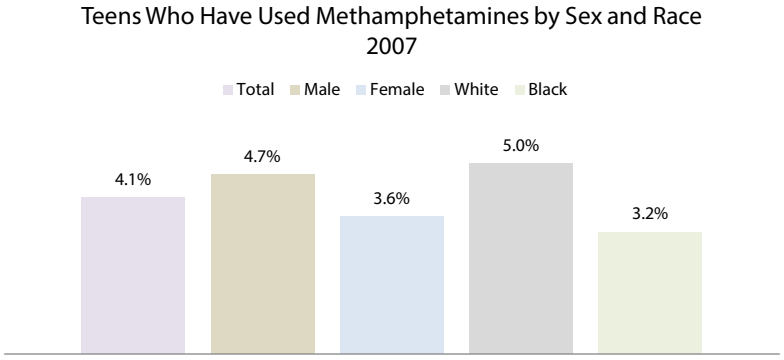
4.1% of teens have used methamphetamines as of 2007

State

3.8% of teens have used methamphetamines as of 2007

National

4.4% of teens have used methamphetamines as of 2007



1 HealthyNashville.org. (2014). Teens who use methamphetamines. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=665417

W30

Pap Smear Test History

A Pap smear is a test for early signs of cervical cancer. Cervical cancer is a common type of cancer which has a high cure rate if caught early. The American College of Obstetricians and Gynecologists recommends that women under 30 should have a Pap smear every 2 years, and for those over 30, the frequency of testing depends on age and health history.[1]

Data Description

This indicator shows the percentage of women aged 18 and over who have had a Pap smear in the past three years as of 2009. State and national comparison data are for 2008.

Data Source

Metro Nashville Public Health Department. (2009). Behavior Risk Factors Tables, 2009. Retrieved from: http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/2009BRFSSTables.pdf

County

84.1% of women with Pap smears in the past 3 years as of 2009

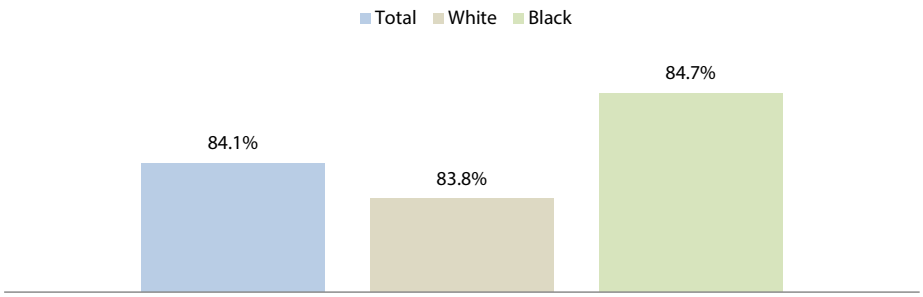
State

83.9% of women with Pap smears in the past 3 years as of 2008

National

82.9% of women with Pap smears in the past 3 years as of 2008

Percentage of Women 18+ With a Pap Smear in the Past 3 Years by Race 2009



1 HealthyNashville.org. (2014). Pap test history. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11667408

W31

Chlamydia Incidence Rate

Chlamydia is the most frequently reported bacterial sexually transmitted disease (STD) in the U.S It generally has mild symptoms but can cause infertility if not treated. Most people with chlamydia are not aware they are infected and are often not screened.[1]

Data Description

This indicator shows the number of newly reported chlamydia cases per 100,000 population of those 10 years or older in 2013. National comparison data are for 2012.

Data Sources

Tennessee Department of Health. (2014). Patient Reporting Investigating Surveillance Manager (PRISM).

Centers for Disease Control and Prevention. (2013). Sexually transmitted disease surveillance 2012. Atlanta: U.S. Department of Health and Human Services. Retrieved from: http://www.cdc.gov/std/stats12/surv2012.pdf

County

715.5/100,000 chlamydia incidence rate in 2013

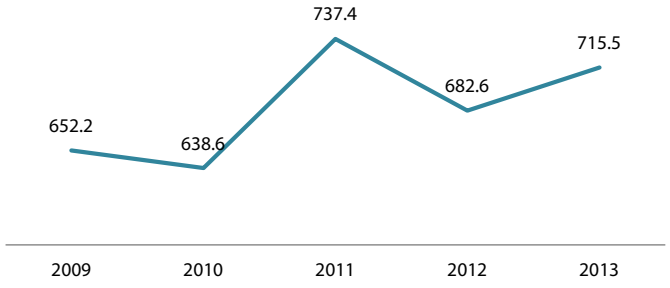
State

541.1/100,000 chlamydia incidence rate in 2013

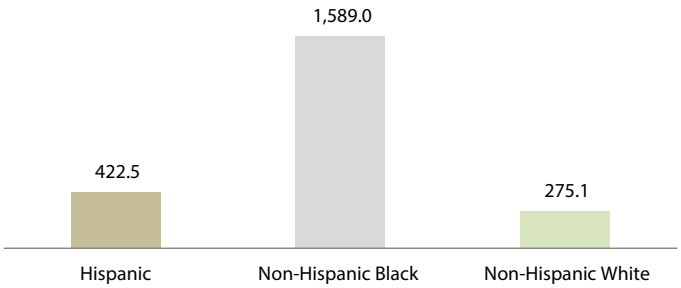
National

456.7/100,000 chlamydia incidence rate in 2012

Chlamydia Incidence Rate Per 100,000
Population Aged 10+ Years in Davidson County
2009-2013



Chlamydia Incidence Rate Per 100,000
Population 10+ Years Old in Davidson County by
Race/Ethnicity 2013



1 HealthyNashville.org. (2014). Chlamydia incidence rate. Retrieved from: http://www.healthynashville.org/modules.php?op=mod-load&name=NS-Indicator&file=indicator&iid=10934198

W32

Gonorrhea Incidence Rate

Gonorrhea is a sexually transmitted disease (STD) that can cause serious and permanent health problems. It is a common cause of pelvic inflammatory disease in women. The highest rates of infection are among teenagers, young adults, and African Americans.[1]

Data Description

This indicator shows number of newly reported gonorrhea cases per 100,000 population of those 10 years or older in 2013. National comparison data are for 2012.

Data Sources

Tennessee Department of Health. (2014). Patient Reporting Investigating Surveillance Manager (PRISM).

Centers for Disease Control and Prevention. (2013). Sexually transmitted disease surveillance 2012. Atlanta: U.S. Department of Health and Human Services. Retrieved from: http://www.cdc.gov/std/stats12/surv2012.pdf

County

231.9/100,000 gonorrhea incidence rate in 2013

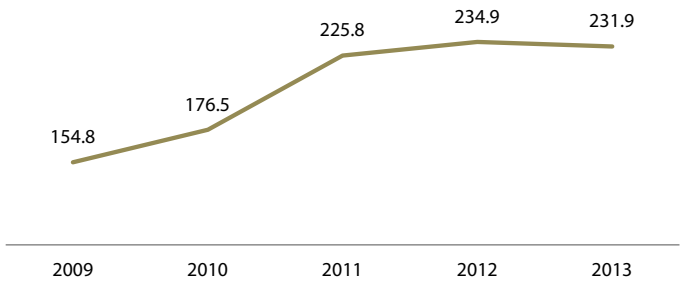
State

131.3/100,000 gonorrhea incidence rate in 2013

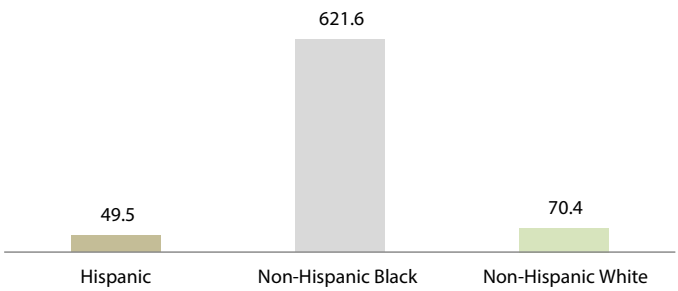
National

107.5/100,000 gonorrhea incidence rate in 2012

Gonorrhea Incidence Rate Per 100,000 Population Aged 10+ Years in Davidson County 2009-2013



Gonorrhea Incidence Rate Per 100,000 Population 10+ Years Old in Davidson County by Race/Ethnicity 2013



1 HealthyNashville.org. (2014). Gonorrhea incidence rate. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=10934368

W33

Syphilis Incidence Rate

Syphilis is a sexually transmitted disease (STD) that can cause long-term complications if not adequately treated. Syphilis rates were highest in the 1990s among heterosexual men, but in the 2000s have increased among men who have sex with men. In the U.S., black, Hispanic, and other racial/ethnic minorities are disproportionately affected by syphilis.[1]

Data Description

This indicator shows number of newly reported primary and secondary syphilis cases per 100,000 population of those 10 years or older in 2013. National comparison data are for 2012.

Data Sources

Tennessee Department of Health. (2014). Patient Reporting Investigating Surveillance Manager (PRISM).

Centers for Disease Control and Prevention. (2013). Sexually transmitted disease surveillance 2012. Atlanta: U.S. Department of Health and Human Services. Retrieved from: http://www.cdc.gov/std/stats12/surv2012.pdf

County

7.5/100,000 primary and secondary syphilis incidence rate in 2013

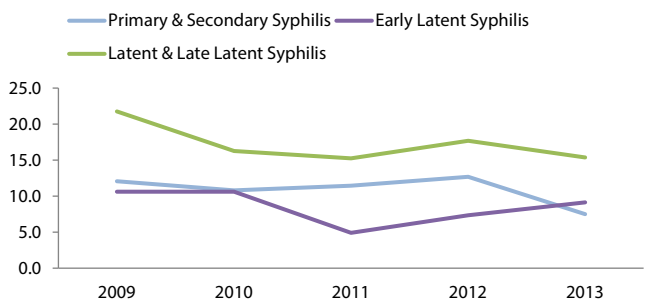
State

3.7/100,000 primary and secondary syphilis incidence rate in 2013

National

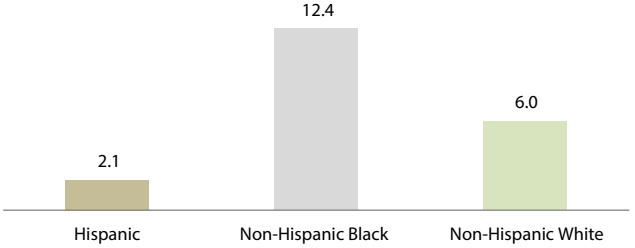
5.0/100,000 primary and secondary syphilis incidence rate in 2012

Syphilis Incidence Rate Per 100,000 Population Aged 10+ Years in Davidson County 2009-2013



Syphilis* Incidence Rate Per 100,000 Population 10+ Years Old in Davidson County by Race/Ethnicity 2013

*includes primary and secondary stages of syphilis only



1 Centers for Disease Control and Prevention. (2014). Syphilis-CDC fact sheet. Retrieved from: http://www.cdc.gov/std/syphilis/std-fact-syphilis-detailed.htm

W34

HIV Prevalence

HIV stands for *human immunodeficiency virus*, and can lead to *acquired immunodeficiency syndrome* (AIDS). The human body cannot get rid of HIV. HIV disease prevalence includes all people currently diagnosed with HIV disease at a given point in time. One in six people with HIV are unaware of their infection.[1]

Data Description

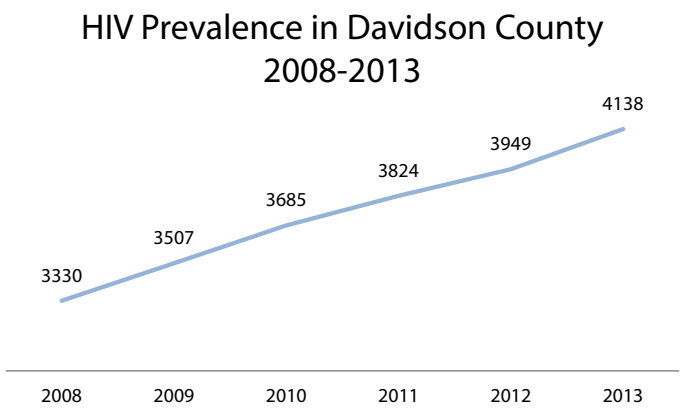
This indicator shows the total number of HIV cases (prevalence) in Davidson County.

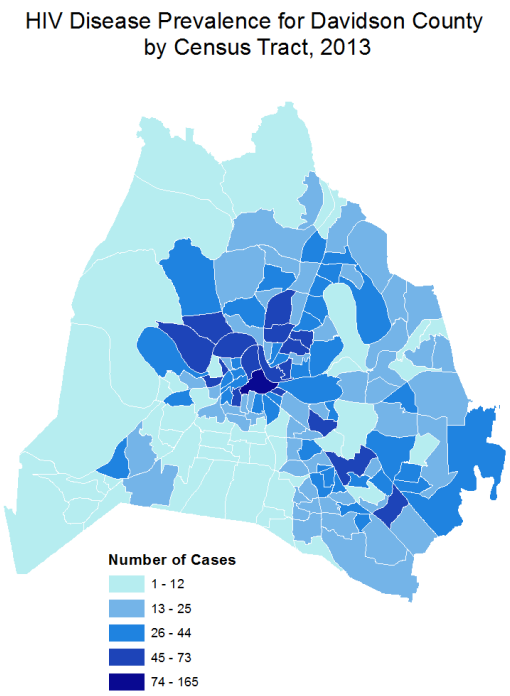
Data Source

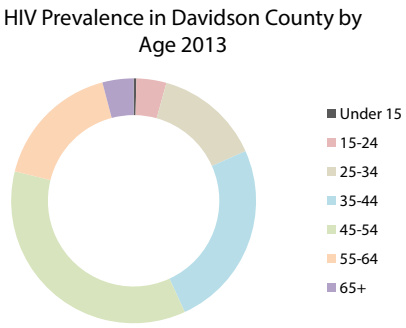
Tennessee Department of Health. (2014). Enhanced HIV/AIDS Reporting System (eHARS).

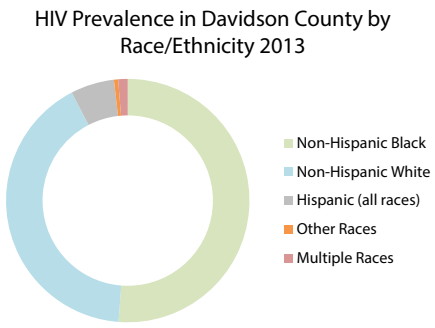
County

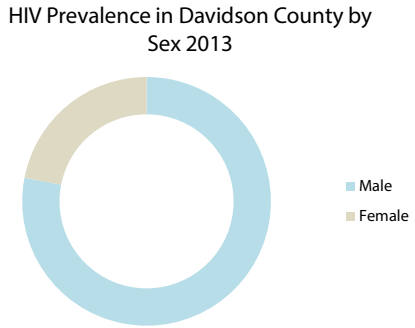
4,138 HIV cases in Davidson County in 2013











1 Centers for Disease Control and Prevention. (2014). HIV/AIDS, HIV basics. Retrieved from: http://www.cdc.gov/hiv/basics/index.html

W35

HIV Incidence

HIV stands for *human immunodeficiency virus*, and can lead to *acquired immunodeficiency syndrome* (AIDS). The human body cannot get rid of HIV. HIV disease incidence includes people who were newly diagnosed with HIV disease in the past year, regardless of the stage of the disease (HIV or AIDS). One in six people with HIV are unaware of their infection.[1]

Data Description

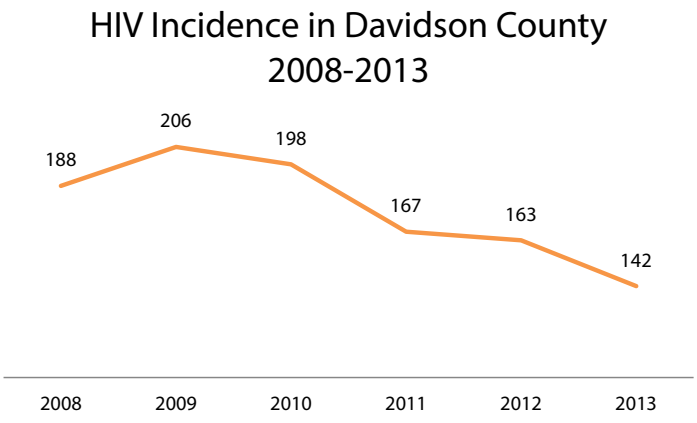
This indicator shows the number of newly diagnosed HIV cases in the past 12 months (incidence) in Davidson County.

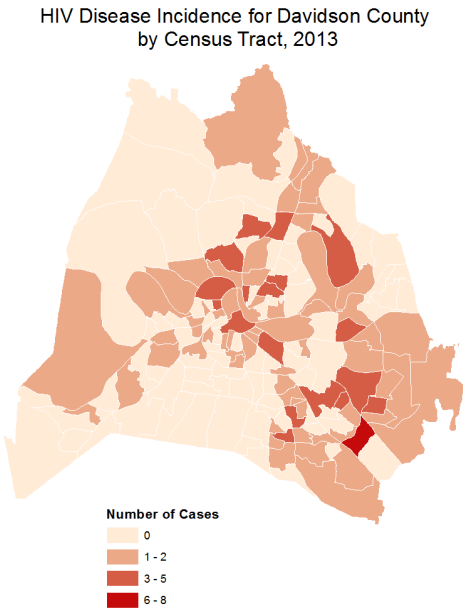
Data Source

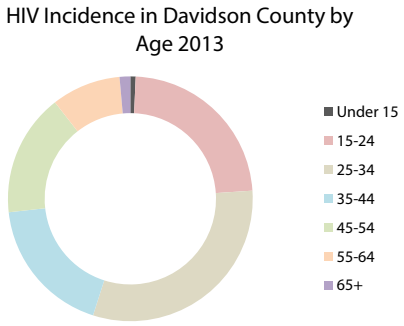
Tennessee Department of Health. (2014). Enhanced HIV/AIDS Reporting System (eHARS).

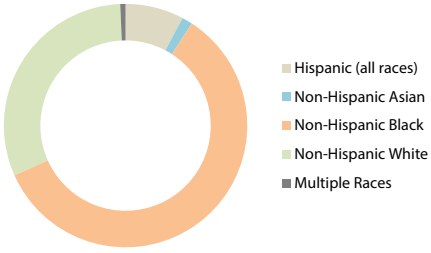
County

142 new HIV cases diagnosed in Davidson County in 2013









1 Centers for Disease Control and Prevention. (2014). HIV/AIDS, HIV basics. Retrieved from: http://www.cdc.gov/hiv/basics/index.html

W36

Persons Living Alone

Familiy structure and living arrangements in the U.S. have changed over time. The number, type, and size of households are influenced by patterns of population growth, decisions individuals make about their living arrangements, and changes in social norms, health, and the economy. The growth in one-person households (persons living alone) is responsible for much of an increase in non-family households over time, and a corresponding decrease in the number of family households.

Data Description

This indicator shows the percentage of persons living alone in occupied housing units in 2013.

Data Source

U.S. Census Bureau. (2008–2013). American Community Survey, 1–year estimates. Occupancy Characteristics, Table S2501.

County

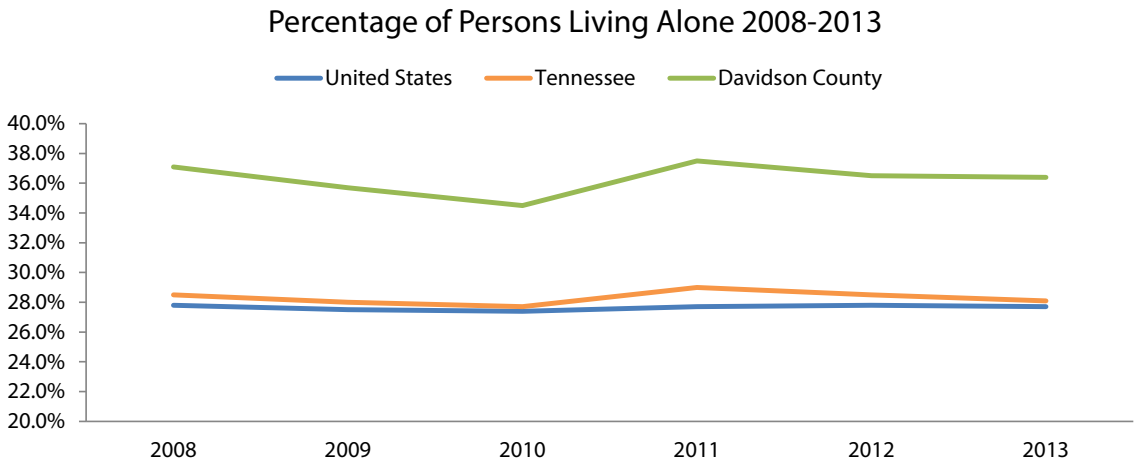
36.4% of residents lived alone in 2013

State

28.1% of residents lived alone in 2013

National

27.7% of residents lived alone in 2013



W37

Persons Living in Group Quarters

Group quarters are places where people live or stay, in a group living arrangement, which is owned or managed by an entity or organization providing housing and/or services for the residents. These services may include custodial or medical care as well as other types of assistance, and residency is commonly restricted to those receiving these services.

Data Description

This indicator shows the percentage of the population living in institutions and noninstitutional facilities. Institutional group quarters Include correctional facilities, nursing facilities, in-patient hospice facilities, mental hospitals, group homes for juveniles, and residential treatment centers for juveniles. Non-institutional group quarters include college/university housing, group homes intended for adults, residential treatment facilities for adults, workers' group living quarters and Job Corps centers, and religious group quarters.

Data Source

U.S. Census Bureau. (2008–2013). American Community Survey, 1–year estimates. Group Quarters Population, Table B26001.

County

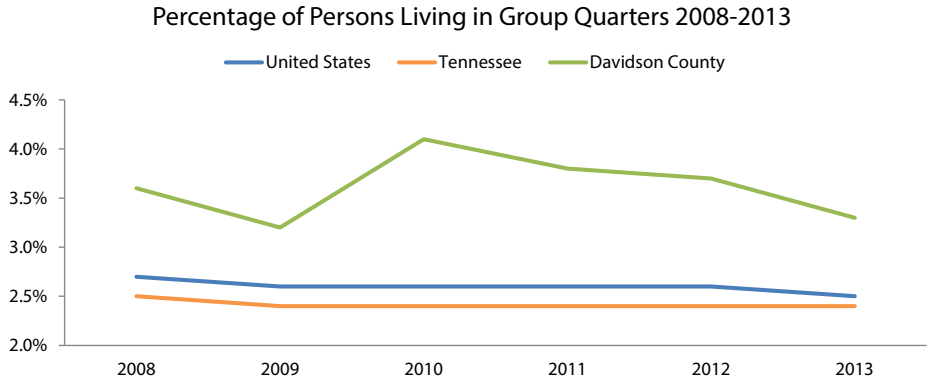
3.3% of residents lived in group quarters in 2013

State

2.4% of residents lived in group quarters in 2013

National

2.5% of residents lived in group quarters in 2013



W38

Inadequate Social Support

Relationships with family members, friends, and colleagues provide social support, which provide both physical and mental health benefits to individuals. Social isolation can increase poor health outcomes, particularly through the effects of stress which is linked to cardiovascular disease, smoking, and obesity. Individuals who feel socially isolated often suffer from depression and tend to reside in communities with limited social capital.[1]

Data Description

This indicator shows the percentage of residents 18 and older who report inadequate social support. Data are self-reported responses to the Behavioral Risk Factor Surveillance System (BRFSS).

Data Source

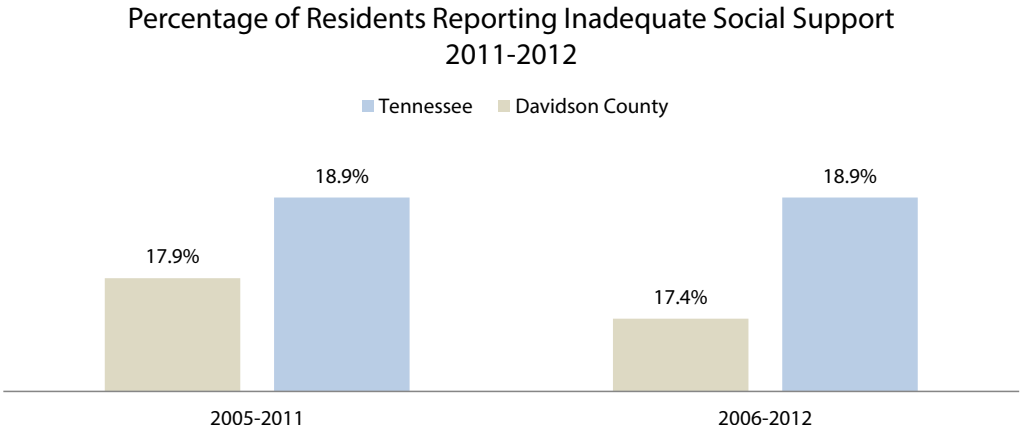
Centers for Disease Control and Prevention. (2012). Health Indicators Warehouse: Social-Emotional Support Lacking. Retrieved from: http://www.healthindicators.gov/Indicators/Social-emotional-support-lacking-Adults-percent_50028/Profile/ClassicData

County

18.9% of residents reported inadequate social support in 2012

State

17.4% of residents reported inadequate social support in 2012



1 County Health Rankings and Roadmaps. (2014). Family and social support. Retrieved from: http://www.countyhealthrankings.org/our-approach/health-factors/family-and-social-support

W39

Linguistically Isolated Households

Households that are linguistically isolated may have difficulty accessing services such as transportation, healthcare, and social services. In addition, it may limit educational or employment opportunities, which impact health, earnings, and overall quality of life. Further, members of linguistically isolated households may have difficulty receiving information or services in an emergency, putting their health or life at risk.[1]

Data Description

This indicator shows the percentage of households where no one age 14 and over speaks English only or speaks English "very well." All members of a linguistically isolated household are counted as linguistically isolated, including members under 14 years old who may speak only English.

Data Source

U.S. Census Bureau. (2008–2013). American Community Survey, 1–year estimates. Limited English Speaking Households, Table S1602.

County

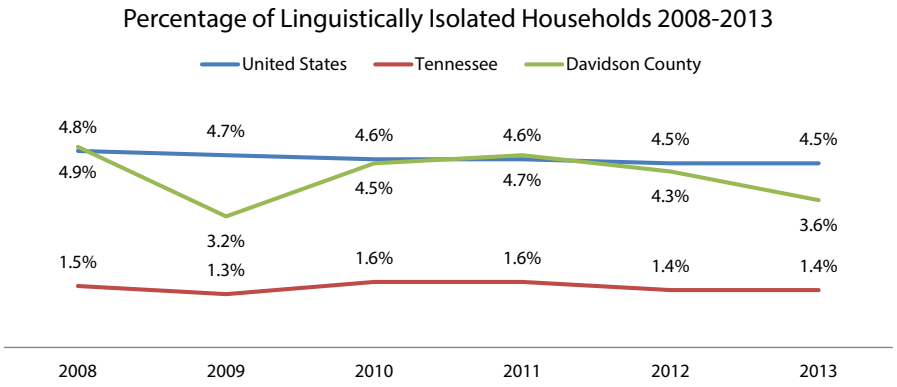
3.6% of households were linguistically isolated in 2013

State

1.4% of households were linguistically isolated in 2013

National

4.5% of households were linguistically isolated in 2013



1 HealthyPasadena.org. (2014). Linguistic isolation. Retrieved from: http://www.healthypasadena.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=8379607

W40

Children in Single-Parent Households

Children who grow up in single-parent households typically have fewer resources compared to those in two-parent households. In single-parent households, both adults and children are at a higher risk for adverse health effects than those from two-parent households, including emotional and behavioral problems. Children in these households are more likely to experience depression, smoke, and have substance abuse issues, leading to an increased risk of morbidity and mortality. Single parents have lower perceived health and a higher risk of mortality than married parents.[1]

Data Description

This indicator shows the percentage of children under 18 years living in single-parent households. Single-parent households include cohabitating couples, but do not include children living with married stepparents or living in group quarters.

Data Source

U.S. Census Bureau. (2008–2013). American Community Survey, 1–year estimates. Age of Own Children Under 18 Years in Families and Subfamilies by Living Arrangements by Employment Status of Parents, Table C23008.

County

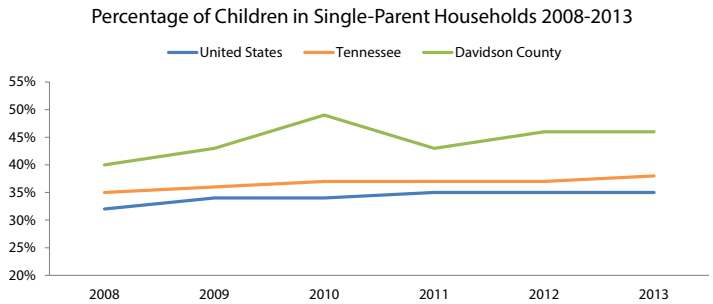
46% of children in single-parent households in 2013

State

38% of children in single-parent households in 2013

National

35% of children in single-parent households in 2013



1 HealthyNashville.org. (2014). Single-parent households. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=8413191

W41

Marital Status

Married people are generally healthier than unmarried people. Studies have found that marriage improves some mental health outcomes, reduces some high-cost health services (such as nursing home care), and increases the likelihood of having health insurance. Marriage has mixed effects on health behaviors, with healthier behaviors such as reduced heavy drinking, and less healthy behaviors such as weight gain.[1]

Data Description

This indicator shows the percentage of the population 15 and older who are currently married. These data do not include individuals who are currently separated.

Data Source

U.S. Census Bureau. (2013). American Community Survey, 1–year estimates. Marital Status, Table S1201.

County

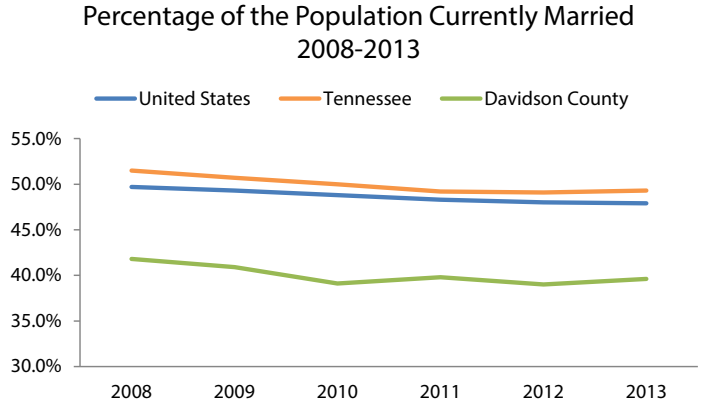
39.6% of the population was married in 2013

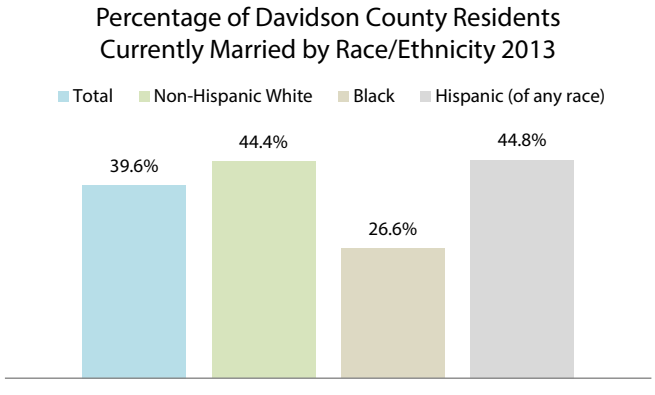
State

49.3% of the population was married in 2013

National

47.9% of the population was married in 2013





1 U.S. Department of Health and Human Services. (2007). The efffects of marriage on health: A synthesis of recent research evidence. ASPE research brief. Retrieved from: http://aspe.hhs.gov/hsp/07/marriageonhealth/index.htm

W42

Adult Depression

Depression is one of the leading causes of disability in the U.S., and results in more than two-thirds of all suicides each year. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) defines a Major Depressive Episode as a period of at least 2 weeks when a person experiences a depressed mood or loss of interest or pleasure in daily activities and has at least four other symptoms that interfere with functioning such as problems with sleep, eating, energy, concentration, and self-image. Major depression is most often treated through psychotherapy and medication.[1]

Data Description

This indicator shows the percentage of adults who reported having at least one major depressive episode in the past year. County and state data are an annual average based on 2008, 2009, and 2010 survey data. National comparison data are for 2011.

Data Sources

Substance Abuse and Mental Health Services Administration. (2008–2010). Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health. Retrieved from: http://www.samhsa.gov/data/NSDUH/substate2k10/NSDUHsubstate51StateTN2010.pdf.

U.S. Department of Health and Human Services. (2011). 2011 National Survey on Drug Use and Health: Mental Health Findings. Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality. Retrieved from: http://www.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm#Fig2-5.

County

7.0% of adults had a major depressive episode in 2008–2010

State

6.9% of adults had a major depressive episode in 2008–2010

National

6.6% of adults had a major depressive episode in 2011

1 HealthyNashville.org. (2014). Adults who had a major depressive episode. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=12242638

W43

Adult Mental Illness

According to the National Institute of Mental Health, mental health disorders are the leading cause of disability in the U.S., accounting for 25% of all years of life lost to disability and premature mortality.[1] In the 2012 Grassroots Community Survey conducted by Metro Social Services in Davidson County, mental health and substance abuse treatment was identified as the fourth greatest need in the health category.[2]

Data Description

This indicator shows the percentage of adults who reported having a serious mental illness in the past year. County and state data are an annual average based on 2008, 2009, and 2010 survey data. National comparison data are for 2011.

Data Sources

Substance Abuse and Mental Health Services Administration. (2008–2010). Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health. Retrieved from: http://www.samhsa.gov/data/NSDUH/substate2k10/NSDUHsubstate51StateTN2010.pdf.

U.S. Department of Health and Human Services. (2011). 2011 National Survey on Drug Use and Health: Mental Health Findings. Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality. Retrieved from: http://www.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm#Fig2-5.

County

3.4% of adults had a mental illness in 2008–2010

State

3.9% of adults had a mental illness in 2008–2010

National

5.0% of adults had a mental illness in 2011

1 National Institute of Mental Health. (2008) National Institute of Mental Health strategic plan. Bethesda, MD. Retrieved from: http://www.nimh.nih.gov/about/strategic-planning-reports/index.shtml

2 Metro Social Services. (2012). Community Needs Evaluation: 2012 Update. Nashville, TN. Retrieved from: http://howsnashville.org/wp-content/uploads/2013/02/mss_community_needs_2012.pdf

W44

Suicide Rate

Suicide is a preventable public health problem. Its causes are complex, and its prevention should be addressed at multiple levels of influence: individual, community, and societal. Effective suicide prevention strategies promote awareness, decrease exposure to risk factors, and promote resilience.[1]

Data Description

This indicator shows the age-adjusted death rate per 100,000 population due to suicide in 2012. National comparison data are for 2011.

Data Sources

Tennessee Suicide Prevention Network. (2012). Suicide Statistics. Retrieved from: http://tspn.org/wp-content/uploads/2003-12-NUMBERS-ALL.pdf

Centers for Disease Control and Prevention. (2014). Fatal Injury Reports, National and Regional, 1999–2011. Retrieved from: http://webappa.cdc.gov/sasweb/ncipc/mortrate10_us.html

County

11.1/100,000 suicide rate in 2012

State

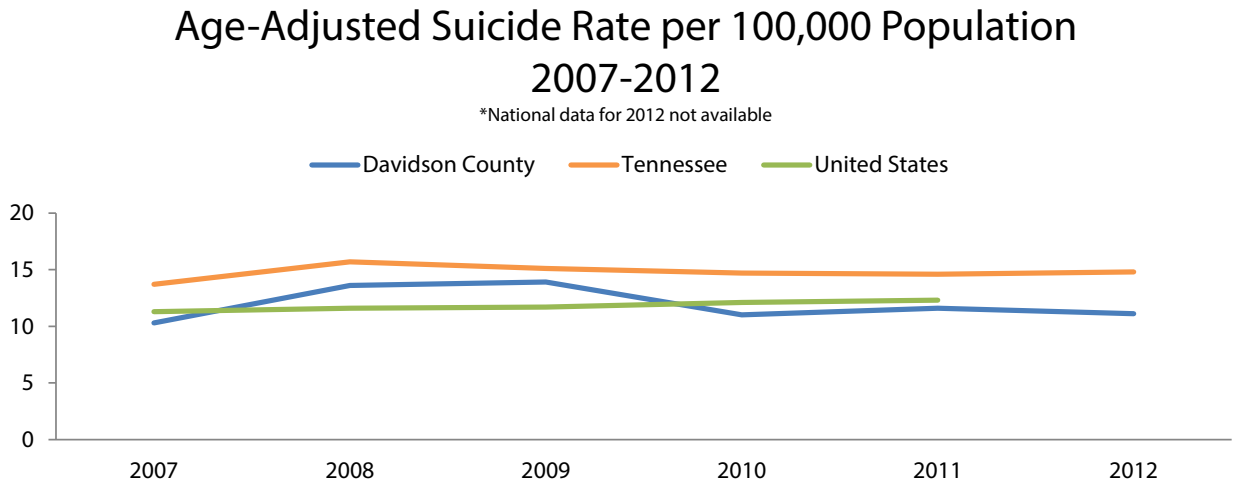
14.8/100,000 suicide rate in 2012

National

12.3/100,000 suicide rate in 2011

Benchmark

10.2/100,000 Healthy People 2020 Target



1 Centers for Disease Control and Prevention. (2014). Injury prevention and control, suicide prevention. Retrieved from: http://www.cdc.gov/violenceprevention/suicide/

W45

Emotional Health

People's subjective assessment of their emotional health is important. When people feel healthy and happy they are more likely to participate in their community. Communities with greater participation and a greater sense of well-being are more productive and vibrant places to live, and can lead to more positive social, emotional, physical, and economic outcomes.

Data Description

This indicator shows the ranking of the Nashville Metropolitan Statistical Area (MSA), which includes the surrounding counties, and Tennessee on a self-report survey measure of emotional health. The measure is a domain in the Gallup-Healthways Well-Being Index. The Emotional Health Index is primarily a composite of respondents' daily experiences, asking respondents to think about how they felt yesterday along nine dimensions.

Data Source

Gallup-Healthways Well-Being Index. (2014). State of Tennessee Well-Being: 2013 State, Community, and Congressional District Analysis. Retrieved from: http://cdn2.hubspot.net/hub/162029/file-628685787-pdf/WBI2013/Tennessee_2013_State_Report.pdf?t=1409149831087

County

84 ranking out of 189 total MSAs on emotional health in 2013

State

45 ranking out of 50 total states on emotional health in 2013

	2008	2009	2010	2011	2012/2013
Nashville MSA Emotional Health Ranking (out of 189 total MSAs)	131	39	119	80	84

	2008	2009	2010	2011	2012	2013
Tennessee Emotional Health Ranking (out of 50 total States)	44	48	45	48	47	45

W46

Life Evaluation

People's subjective assessment of their happiness and future outlook in life is important. When people feel healthy and happy they are more likely to participate in their community. Communities with greater participation and a greater sense of well-being are more productive and vibrant places to live, and can lead to more positive social, emotional, physical, and economic outcomes.

Data Description

This indicator shows the ranking of the Nashville Metropolitan Statistical Area (MSA), which includes the surrounding counties, and Tennessee on a self-report survey measure of emotional health. The measure is a domain in the Gallup-Healthways Well-Being Index. The Life Evaluation Index combines the evaluation of one's present life situation with one's anticipated life situation five years from now.

Data Sources

Gallup-Healthways Well-Being Index. (2014). State of Tennessee Well-Being: 2013 State, Community, and Congressional District Analysis. Retrieved from: http://cdn2.hubspot.net/hub/162029/file-628685787-pdf/WBI2013/Tennessee_2013_State_Report.pdf?t=1409149831087

County

40 ranking out of 189 total MSAs on life evaluation in 2013

State

44 ranking out of 50 total states on life evaluation in 2013

	2008	2009	2010	2011	2012/2013
Nashville MSA Life Evaluation Ranking (out of 189 total MSAs)	93	43	63	41	40

W47

Non-Marital Birth Fertility Rate

Children who grow up in single-parent households typically have fewer resources compared to those in two-parent households. In single-parent households, both adults and children are at a higher risk for adverse health effects than those from two-parent households, including emotional and behavioral problems.[1] Studies have found that marriage improves some mental health outcomes, reduces some high-cost health services (such as nursing home care), and increases the likelihood of having health insurance.[2]

Data Description

This indicator shows the percentage of births that were to unmarried women (widowed, divorced, and never married), and the number of births per 1,000 unmarried women.

Data Sources

U.S. Census Bureau. (2008–2013). American Community Survey, 1–year estimates. Selected Social Characteristics in the United States, Table DP02.

County

40.0% of births were to unmarried women in 2013

33/1,000 non-marital birth rate in 2013

State

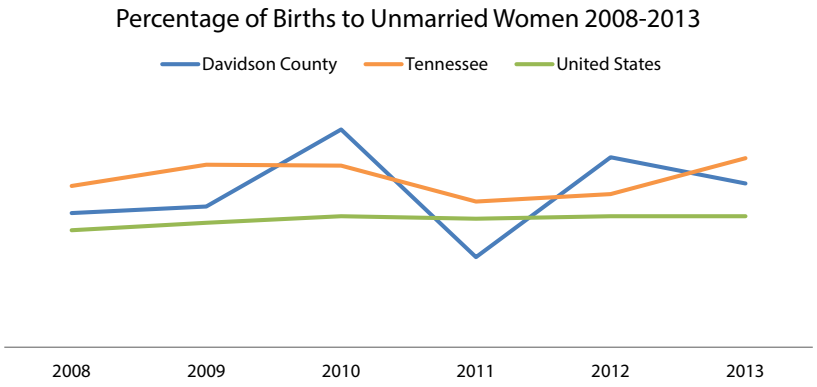
43.1% of births were to unmarried women in 2013

43/1,000 non-marital birth rate in 2013

National

36.0% of births were to unmarried women in 2013

33/1,000 non-marital birth rate in 2013



1 HealthyNashville.org. (2014). Single-parent households. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=8413191

2 U.S. Department of Health and Human Services. (2007). The efffects of marriage on health: A synthesis of recent research evidence. ASPE research brief. Retrieved from: http://aspe.hhs.gov/hsp/07/marriageonhealth/index.htm

W48

Abortion Rate

For the purpose of surveillance, an abortion is defined as a legal intervention that is intended to terminate an ongoing pregnancy, and is performed by a licensed clinician such as a physician, nurse-midwife, nurse practitioner, or physician assistant. The procedure can be medical (using medication) or surgical.[1]

Data Description

This indicator reports the total number of abortions, the number of abortions per 1,000 female population (ages 10–44), and the number of abortions per 1,000 live births (for females ages 10–44) in 2012. National comparison data are for 2009.

Data Sources

Tennessee Department of Health. (2013). Selected induced termination of pregnancy data. Retrieved from: http://health.tn.gov/statistics/PdfFiles/ITOP/ITOP2012.pdf

County

2,235 abortions in 2012

13.0/1,000 female population abortion rate in 2012

226.9/1,000 live births abortion ratio in 2012

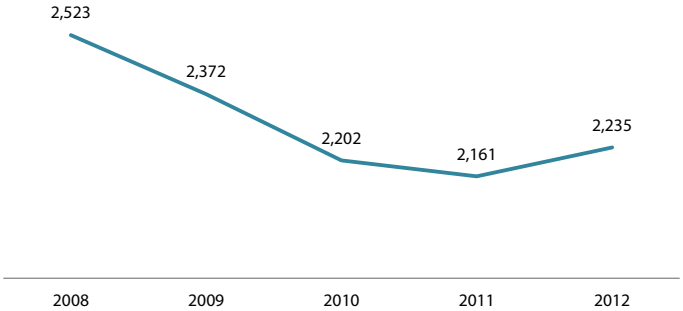
State

12,122 abortions in 2012

8.1/1,000 female population abortion rate in 2012

150/1,000 live births abortion ratio in 2012

Number of Abortions in Davidson County 2008-2012



1 Centers for Disease Control and Prevention. (2014). CDC's abortion surveillance system FAQs. Retrieved from: http://www.cdc.gov/reproductivehealth/Data_Stats/Abortion.htm

W49

Domestic Abuse

Domestic abuse, or intimate partner violence, is a preventable public health problem. It includes physical, sexual, or psychological harm inflicted by a current or former partner or spouse.[1] From 2003 to 2012, domestic violence accounted for 21 percent of all violent crime in the U.S. Most domestic violence victims are females (76 percent).[2]

Data Description

This indicator shows the number and rate (per 1,000 residents) of domestic violence incidents.

Data Source

Tennessee Bureau of Investigation. (2014). TIBRS Crime Statistics. Retrieved from: http://www.tennesseecrime-online.com/public/Browse/browsetables.aspx

County

10,789 domestic violence incidents in 2013

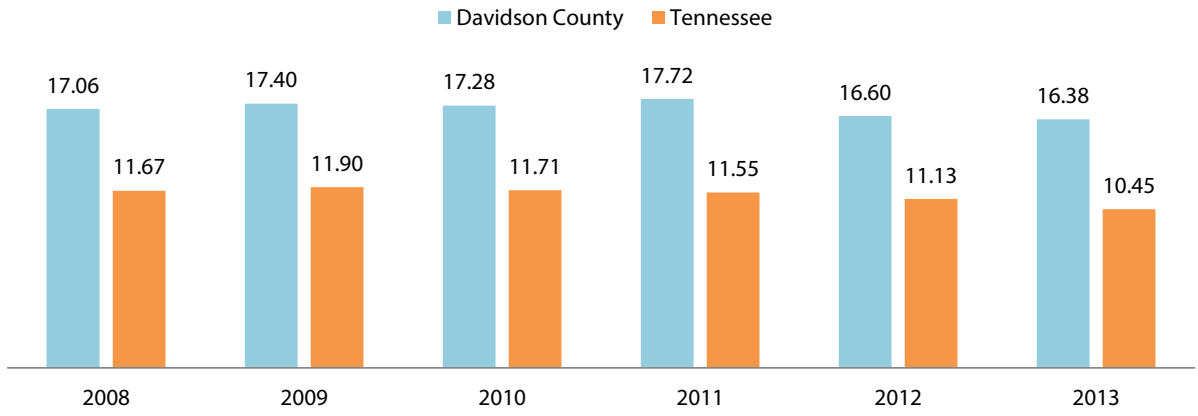
16.38/1,000 domestic violence rate in 2013

State

67,914 domestic violence incidents in 2013

10.45/1,000 domestic violence rate in 2013

Number of Domestic Violence Incidents per 1,000 Residents 2008-2013



1 Centers for Disease Control and Prevention. (2014). Intimate partner violence. Retrieved from: http://www.cdc.gov/violenceprevention/intimatepartnerviolence/

2 Morgan, R.E.. & Truman, J.L. (2014). Nonfatal domestic violence, 2003–2012. Bureau of Justice Statistics. Special Report, April 2014. Retrieved from: http://www.bjs.gov/content/pub/pdf/ndv0312.pdf

W50

Rape

Sexual violence is a serious public health concern, as well as a human rights issue. It has both short- and long-term consequences on the victim's physical, mental, and reproductive health.[1]

Data Description

This indicator shows the number and rate (per 1,000 residents) of forcible rapes.

Data Sources

Tennessee Bureau of Investigation. (2014). TIBRS Crime Statistics. Retrieved from: http://www.tennesseecrime-online.com/public/Browse/browsetables.aspx

Federal Bureau of Investigation. (2014). Violent Crime. Uniform Crime Reporting Program. Retrieved from: http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/tables/1tabledatadecoverviewpdf/table_1_crime_in_the_united_states_by_volume_and_rate_per_100000_inhabitants _1994-2013.xls

County

345 rapes in 2013

0.52/1,000 rape rate in 2013

State

1,863 rapes in 2013

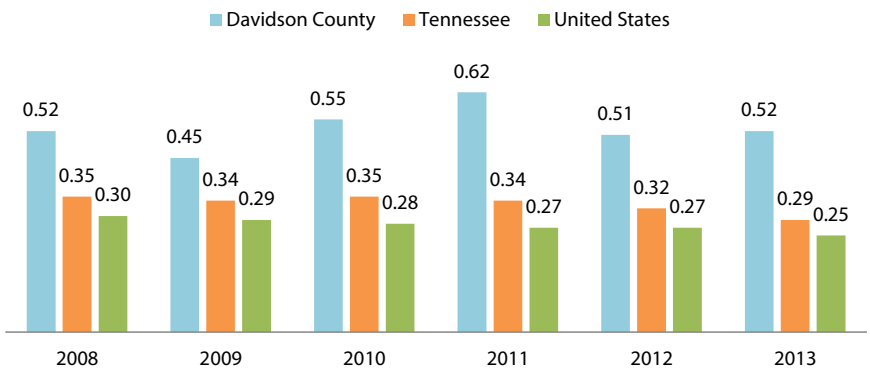
0.29/1,000 rape rate in 2013

National

79,770 rapes in 2013

0.25/1,000 rape rate in 2013

Number of Forcible Rapes per 1,000 Residents 2008-2013



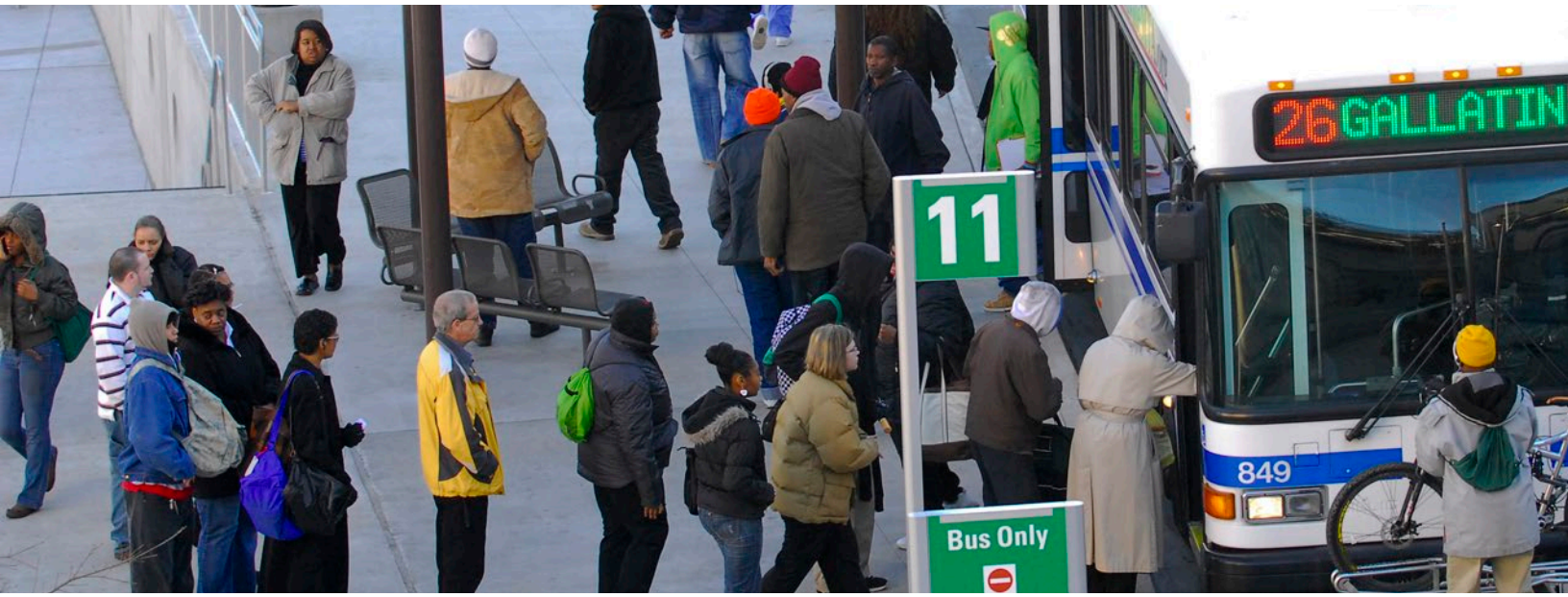
1 World Health Organization. (2014). Sexual and reproductive health. Retrieved from: http://www.who.int/reproductivehealth/topics/violence/sexual_violence/en/

environment

Environment

The environment plays a pivotal role in the health of communities. The term "environment" refers to the *social*, *physical*, and *economic* contexts in which we live, work, and play. The ways in which we interact with our environments can either promote or inhibit our health and safety. Our environments should encourage us to make healthy lifestyle choices, including opportunities for exercise and physical activity; pesonal safety; healthy eating; clean air, water, and soil; safe and affordable housing; and access to medical care. These benefits must be equally available and accessible to all members of the community, regardless of income, race, gender, or geographic location.

- The percentage of food insecure Davidson County residents decreased in 2012 to 17.5% from 18.1% in 2011, mirroring food insecurity decreases in both Tennessee and the U.S. (indicator E13)
- The county's violent crime rate has decreased over the past 6 years, from 41.6/1,000 residents in 2008 to 37.7/1,000 in 2013. (indicator E32)
- In 2013, 1.9% of workers in Davidson County walked to work, 0.3% biked to work, and 2.1% took public transportation to work. (indicators E17–E19)



Section Highlights

- 107,295 Davidson County residents did not have health insurance in 2013. (indicator E3)
- The ratio of sidewalks to Metro-maintained road length is 0.45:1. The ratio of bikeways to total Metro-maintained road length is 0.075:1. (indicators E10 and E11)
- Male workers biked to work at twice the rate of female workers in 2013 (0.4% vs. 0.2%, respectively). (indicator E18)
- 40% of residents in Davidson County lived within 1/4 mile of a park in 2013. (indicator E16)
- From 2004 to 2009, the motor vehicle collision death rate decreased from 18.9/100,000 residents to 10.8/100,000 residents. (indicator E27)
- Davidson County rates of violent crime, homicide, firearm homicide, and property crime, and number of youth homicides all declined from 2008 to 2013. (indicators E32–E36)

E1

Drinking Water Safety

Public drinking water systems can transmit microorganisms, chemicals, and other contaminants which can increase residents' risk of exposure to waterborne diseases, cancer, birth defects, and other serious health concerns. Research suggests that 1.1 million people each year become sick due to contaminated drinking water in the U.S. [1] The Safe Drinking Water Information System (SDWIS) provides information about violations of the Environmental Protection Agency's drinking water regulations. These regulations establish maximum contaminant levels for approximately 90 contaminants and indicators; a violation occurs when a maximum contaminant level is exceeded or when drinking water is not treated properly. [2]

Data Description

This indicator shows the percentage of the population who get water from public water systems that have received at least one health-based violation in FY 2012–2013 (October 1, 2011 to September 30, 2013).

Data Source

U.S. Environmental Protection Agency (2012). EPA Safe Drinking Water Information System. Retrieved from http://www.epa.gov/enviro/facts/sdwis/search.html

County

41.3% of residents get their water from a system that had received a health-based violation

State

10.4% of residents get their water from a system that had received a health-based violation

1 County Health Rankings and Roadmaps. (2014). Drinking water safety. Retrieved from: http://www.countyhealthrankings.org/app/tennessee/2013/measure/factors/124/description

2 HealthyNashville.org. (2014). Drinking water violations. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11136274

E2

Type of Health Insurance

The Affordable Care Act is now reshaping the way Americans access health insurance. This indicator provides a baseline for measuring changes in types of insurance coverage and by what means insurance coverage is accessed by Davidson County residents.

Data Description

This indicator shows the percentage of Davidson County residents who had health insurance in 2012 by type of insurance.

Data Source

U.S Census Bureau. (2012). American Community Survey 1–yr estimates. Types of Health Insurance Coverage by Age; Table B27010.

County

Health Insurance Coverage Type	Percent
With one type of health insurance coverage:	85%
With employer-based health insurance only	56%
With direct-purchase health insurance only	8%
With Medicare coverage only	4%
With Medicaid/means-tested public coverage only	16%
With TRICARE/military health coverage only	<1%
With VA Health Care only	<1%
With two or more types of health insurance coverage:	15%
With employer-based and direct-purchase coverage	2%
With employer-based and Medicare coverage	3%
With direct-purchase and Medicare coverage	2%
With Medicare and Medicaid/means-tested public coverage	2%
Other private only combinations	<1%
Other public only combinations	<1%
Other coverage combinations	6%
Total	*100%*

E3

People without Health Insurance

When adults and children do not have health insurance they are less likely to receive clinical preventive healthcare services. Without insurance to cover expensive healthcare costs, adults often delay or forgo visits with healthcare providers which increases their risk of death from trauma and acute conditions such as heart attacks and strokes. Further, it restricts their ability to access needed medications and cancer screenings. While uninsured, adults are more likely to experience poorer health outcomes, a reduction in quality of life, and premature death from a number of serious health conditions, including cancer, cardiovascular disease, stroke, asthma, seizures, respiratory failure, and serious injury. Once adults acquire health insurance these negative health impacts of being uninsured are often mitigated. Children benefit greatly from health insurance, as well. They have greater access to care, including monitoring of the child's development and early detection of serious health conditions, immunizations that prevent future illness, prescription medications, dental care, asthma care, and access to specialists. Further, they experience fewer avoidable hospitalizations and miss fewer days of school.[1]

Data Description

This indicator shows the number of adults and children who did not have any type of health insurance coverage in the past year.

Data Source

U.S Census Bureau. (2008–2013). American Community Survey 1–yr estimates. Health Insurance Coverage Status; Table S2701.

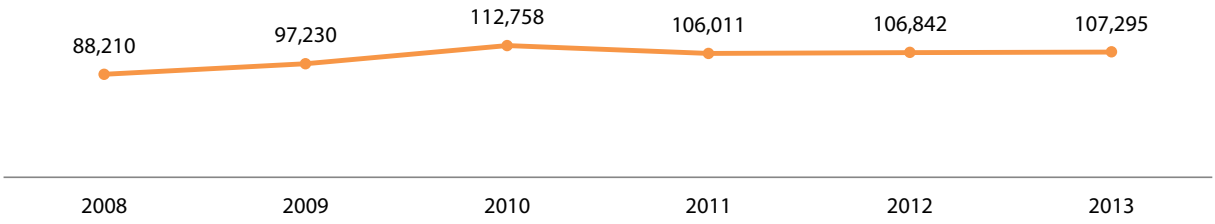
County

107,295 residents did not have health insurance in 2013

Benchmark

0 Healthy People 2020 Target

Number of People without Health Insurance in Davidson County 2008-2013



1 Institute of Medicine (U.S.). (2009). America's uninsured crisis: Consequences for health and health care. Washington, DC: National Academies Press.

E4

Adults with Health Insurance

When adults and children do not have health insurance they are less likely to receive clinical preventive healthcare services. Without insurance to cover expensive healthcare costs, adults often delay or forgo visits with healthcare providers which increases their risk of death from trauma and acute conditions such as heart attacks and strokes. Further, it restricts their ability to access needed medications and cancer screenings. While uninsured, adults are more likely to experience poorer health outcomes, a reduction in quality of life, and premature death from a number of serious health conditions, including cancer, cardiovascular disease, stroke, asthma, seizures, respiratory failure, and serious injury. Once adults acquire health insurance these negative health impacts of being uninsured are often mitigated.[1]

Data Description

This indicator shows the percentage of adults aged 18–64 years that had any type of health insurance coverage in the past year.

Data Source

U.S Census Bureau. (2008–2013). American Community Survey 1–yr estimates. Selected Economic Characteristics; Table DP03.

County

77.9% of adults had insurance in 2013

State

80.0% of adults had insurance in 2013

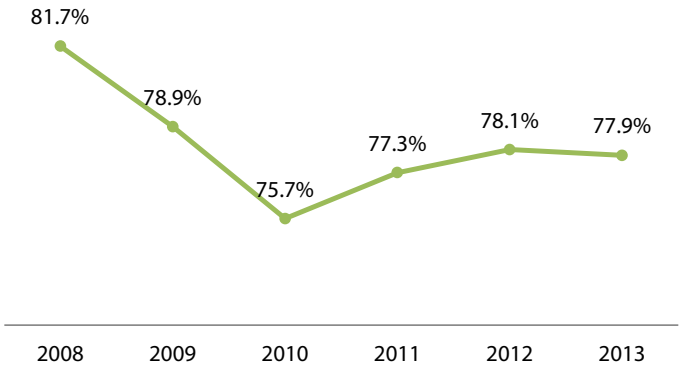
National

79.7% of adults had insurance in 2013

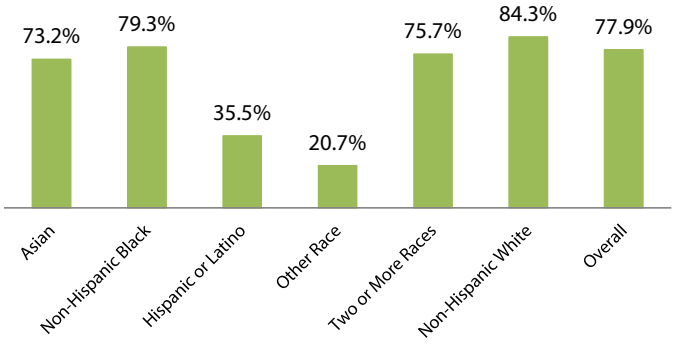
Benchmark

100% Healthy People 2020 Target

Percentage of Adults 18-64 With Health Insurance in Davidson County 2008-2013



Percentage of Adults Ages 18-64 with Health Insurance in Davidson County by Race/Ethnicity 2013



1 HealthyNashville.org. (2014). Adults with health insurance. http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=12317295

E5

Children with Health Insurance

Children benefit greatly from health insurance, as well. They have greater access to care, including monitoring of the child's development and early detection of serious health conditions, immunizations that prevent future illness, prescription medications, dental care, asthma care, and access to specialists. Further, they experience fewer avoidable hospitalizations and miss fewer days of school.

Data Description

This indicator shows the percentage of children aged 0–17 years that have any type of health insurance coverage.

Data Source

U.S Census Bureau. (2008–2013). American Community Survey 1–yr estimates. Selected Economic Characteristics; Table DP03.

County

93.5% of children had insurance in 2013

State

94.3% of children had insurance in 2013

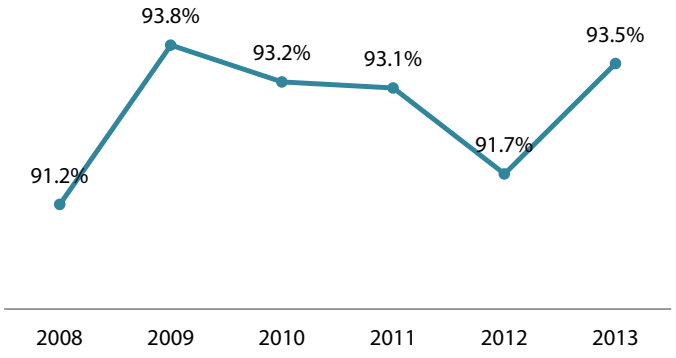
National

92.9% of children had insurance in 2013

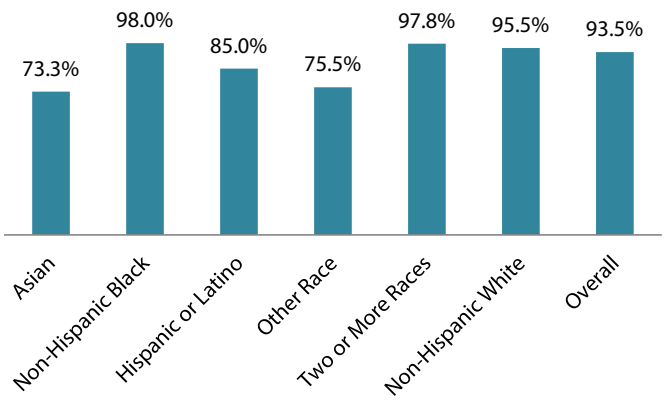
Benchmark

100% Healthy People 2020 Target

Percentage of Children Ages 0-17 with Health Insurance in Davidson County 2008-2013



Percentage of Children Ages 0-17 with Health Insurance by Race/Ethnicity 2008-2013



E6

Availability of Medical Care

Access to medical care requires both financial access (through health insurance or otherwise) and availability of medical providers. Availability of medical primary care providers is important for both preventive and primary care, and for referrals to specialists when necessary.

Data Description

This indicator shows the number of residents per primary care physician in 2012–2013. Primary care physicians include practicing physicians (M.D. and D.O.) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics.

Data Source

U.S. Department of Health and Human Services. (2012). Health Resources and Services Administration Area Resource File. Retrieved from: http://www.arf.hrsa.gov/download.htm

County

1,073:1 ratio of physicians to residents in 2012–2013

State

1,387:1 ratio of physicians to residents in 2012–2013

Benchmark

1,051:1 National Benchmark: 90th percentile

E7

Availability of Dental Care

Maintaining good oral health is important, particularly since it impacts overall health and well-being. Regular dentist visits are important for treating tooth decay, periodontal disease, and pre-cancerous or cancerous lesions.[1]

Data Description

This indicator shows the number of residents per dentist in 2012-2013.

Data Source

U.S. Department of Health and Human Services. (2013). Health Resources and Services Administration Area Resource File. Retrieved from: http://www.arf.hrsa.gov/download.htm

County

1,441:1 ratio of residents to dentists in 2013

State

2,084:1 ratio of residents to dentists in 2013

Benchmark

1,439:1 National Benchmark: 90th percentile

1 HealthyNashville..org (2014). Dentist rate. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11118410

E8

Availability of Mental Health Care

Mental health is an essential part of the overall health of individuals and is associated with improved health outcomes. Access to mental health care is important to protect and promote mental well-being in general, but also to provide vital care for those with mental illness and disorders.[1]

Data Description

This indicator shows the number of residents per mental health professional 2012–2013. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses specializing in mental health care.

Data Source

U.S. Department of Health and Human Services. (2013). Health Resources and Services Administration Area Resource File. Retrieved from: http://www.arf.hrsa.gov/download.htm

County

510:1 ratio of residents to mental health providers in 2013

State

997:1 ratio of residents to mental health providers in 2013

1 World Health Organization. (2014). Mental health: Strengthening our response. Fact Sheet No 220. Retrieved from: http://www.who.int/mediacentre/factsheets/fs220/en/

E9

Connecting the Uninsured to Medical Care

Programs that connect the uninsured to primary care help to both prevent illness and reduce expensive emergency room visits where uninsured residents often seek care when sick. When adults and children do not have health insurance they are less likely to receive clinical preventive healthcare services. Without insurance to cover expensive healthcare costs, adults often delay or forgo visits with healthcare providers which increases their risk of death from trauma and acute conditions such as heart attacks and strokes. Further, it restricts their ability to access needed medications and cancer screenings. While uninsured, adults are more likely to experience poorer health outcomes, a reduction in quality of life, and premature death from a number of serious health conditions, including cancer, cardiovascular disease, stroke, asthma, seizures, respiratory failure, and serious injury. Benefits to children include monitoring of the child's development and early detection of serious health conditions, immunizations that prevent future illness, prescription medications, dental care, asthma care, and access to specialists. Further, they experience fewer avoidable hospitalizations and miss fewer days of school. [1]

Data Description

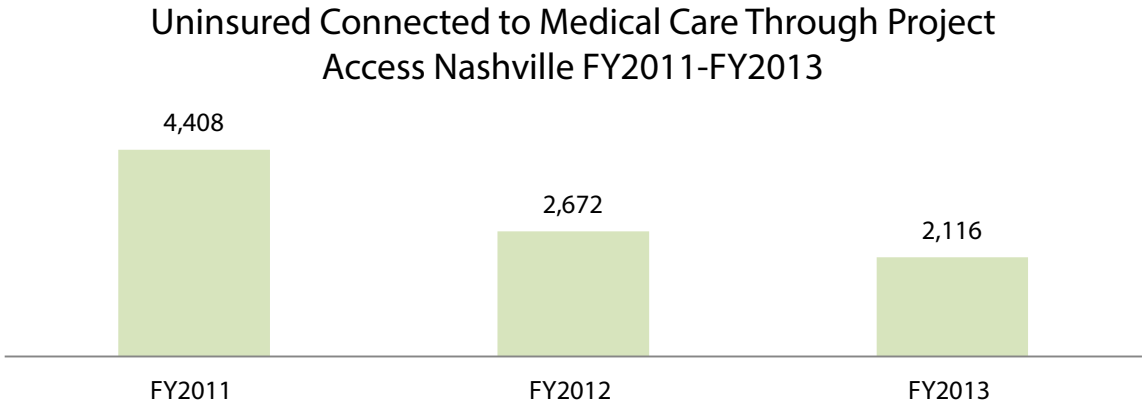
This indicator shows the number of Davidson County residents without health insurance connected to primary care health services through Project Access Nashville in FY2013, which connects the uninsured to primary care safety net clinics that serve patients based on their ability to pay.

Data Source

Project Access Nashville. (2013). Personal Communication. Metro Public Health Department.

County

2,116 people connected to medical care in 2013



1 Institute of Medicine (U.S.). (2009). America's uninsured crisis: Consequences for health and health care. Washington, DC: National Academies Press.

E10

Bikeways Availability and Access

Bikeways facilitate bicycling for both recreation and commuting and allow for active travel over long distances. The health benefits of cycling include reduced body weight and reduced air pollution through reduction of greenhouse gas emissions.

Data Description

This indicator shows the total miles of existing bikeways in the county, the ratio of total length of existing bikeways to total length of Metro-maintained roadways, and the distribution of bikeways across the county (map) in 2014. Note: Metro-maintained roadways do not include roads maintained by the Tennessee Department of Transportation such as major highways and interstates.

Data Source

Metro Nashville Department of Public Works. (2014). Bikeways miles and ratio. Personal communication.
Metro Nashville Planning Department. (2014). Bikeways and Streets Geographic Information System layers.
Map Population Data from 2010 Census. Retrieved from: http://factfinder2.census.gov/

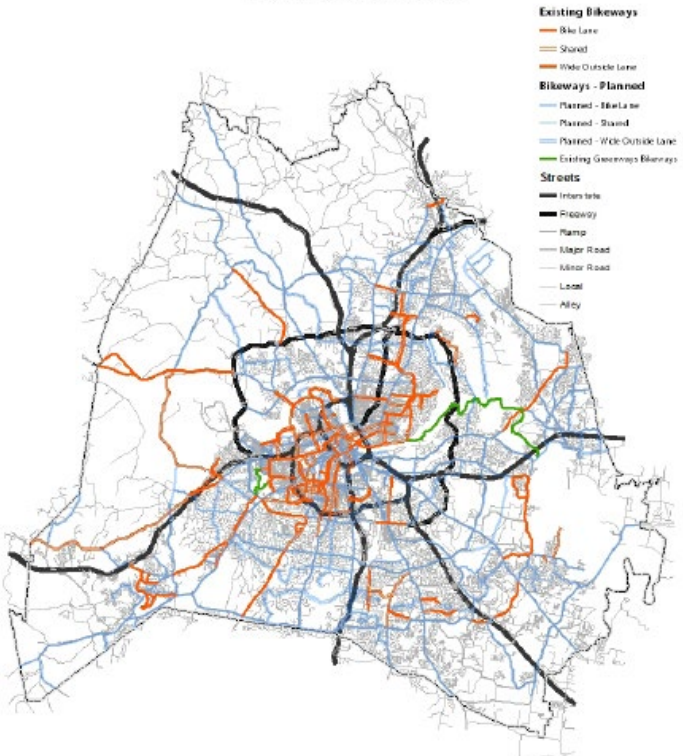
County

180 total miles of bikeways

.075:1 ratio of bikeways to total road length

Bikeways and Population by 2010 Census Block Group

Bikeways and Streets



E11

Sidewalks Availability and Access

Sidewalks facilitate walking and active lifestyles for both recreation and commuting. The health benefits of walking include reduced body weight and reduced air pollution through reduction of greenhouse gas emissions.

Data Description

This indicator shows the total miles of existing sidewalks in the county, the ratio of total length of existing sidewalks to Metro-maintained centerline miles, and the distribution of sidewalks across the county (map). Note: Metro-maintained roadways do not include roads maintained by the Tennessee Department of Transportation such as major highways and interstates.

Data Source

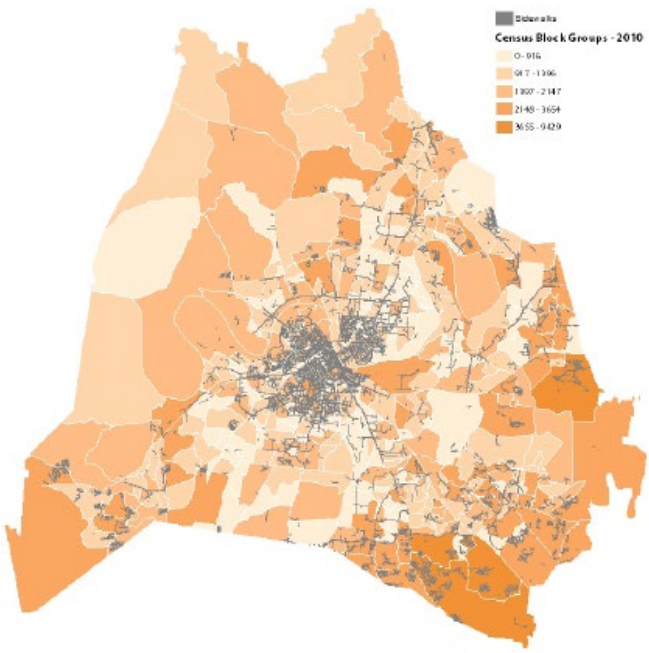
Metro Nashville Department of Public Works. (2014). Sidewalk miles and ratio. Personal communication.
Metro Nashville Planning Department. (2014). Sidewalks Geographic Information System layer.
Map Population Data from 2010 Census. Retrieved from: http://factfinder2.census.gov/

County

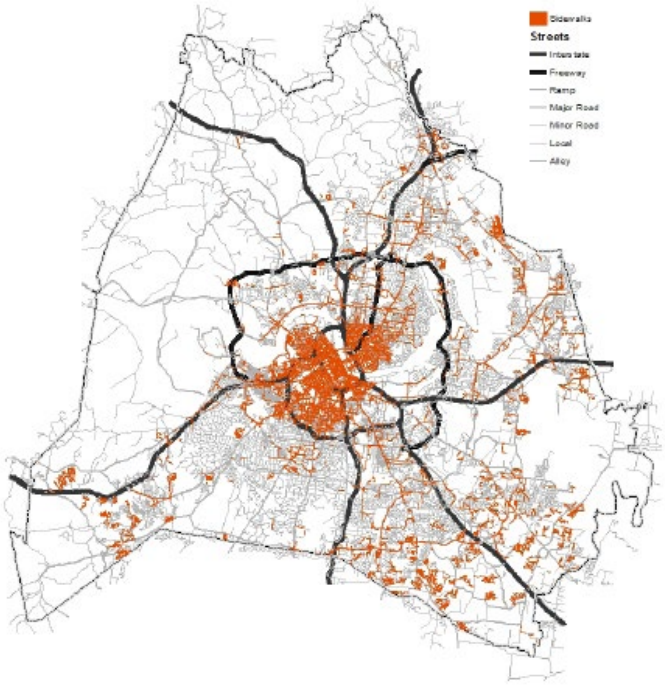
1,070 total miles of sidewalks

.45:1 ratio of sidewalks to road miles

Sidewalks and Population by 2010 Census Block Group



Sidewalks and Streets



E12

Vacant Housing

Vacant homes are a health and safety concern. They attract crime and pests, and may have hazardous substances on site, such as lead paint or asbestos. When concentrated, they can create a disincentive for nearby property owners to maintain their properties, destabilize neighborhoods, and exacerbate negative conditions associated with vacant properties. [1]

Data Description

This indicator shows the total number, rate, and distribution (map) of vacant homes by census block group. The vacant homes category includes homes that are for rent, rented but not occupied, for sale, sold but not occupied, for seasonal/recreational/occasional use, for migrant workers, and "other" vacancies.

Data Source

U.S. Census Bureau (2012). American Community Survey 1–yr estimates. Selected Housing Characteristics; Table DP04.

County

9.5% housing vacancy rate in 2013

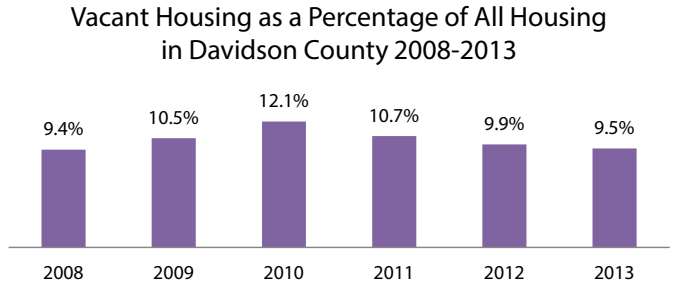
27,307 vacant housing units in 2013

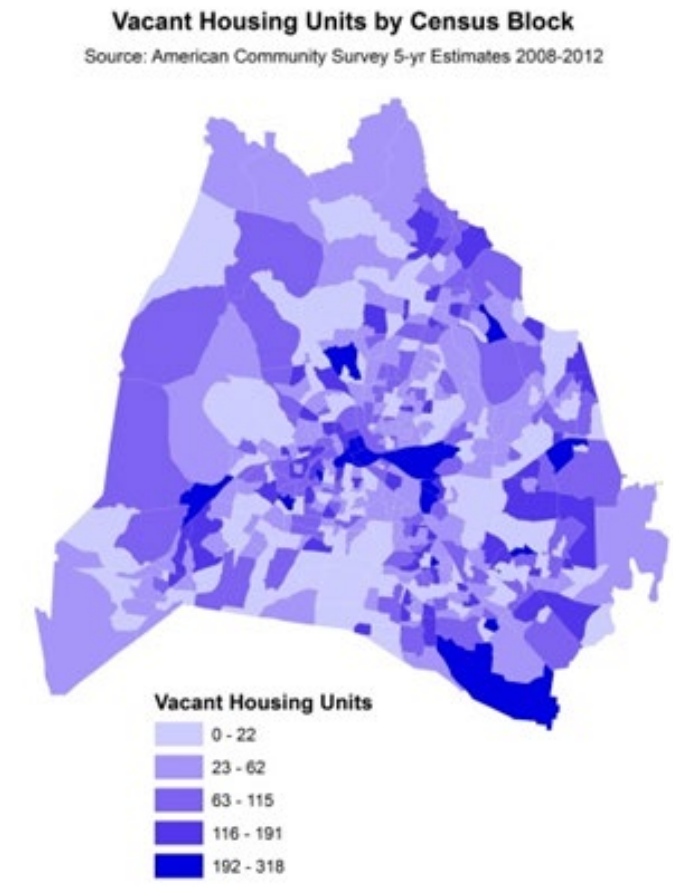
State

12.3% housing vacancy rate in 2013

National

12.4% housing vacancy rate in 2013





1 National Vacant Properties Campaign. (2005). Vacant properties: The true cost to communities. Center for Community Progress.

E13

Food Insecurity

Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways. In the U.S., food insecurity is predicted in part by poverty and unemployment, and is associated with chronic health problems including diabetes, heart disease, obesity, and mental health issues.

Data Description

This indicator shows the percentage of residents that experienced food insecurity at some point during the year. The food insecurity rates reported here use data from the 2001–2012 Current Population Survey on individuals in food insecure households; data from the 2012 American Community Survey on median household incomes, poverty rates, homeownership, and race and ethnic demographics; and 2012 data from the Bureau of Labor Statistics on unemployment rates.

Data Sources

Feeding America (2014). Map the Meal Gap 2014: Overall Food Insecurity in Tennessee by County in 2012. Retrieved from: http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/media/Files/a-map-2012/overall%20reports/TN_AllCountiesMMG_2012.ashx

Feeding America (2014). Map The Meal Gap: A Report on County and Congressional District Level Food Insecurity and County Food Cost in the United States in 2012. Retrieved from: http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/media/Files/research/map-meal-gap/2014-MMG-web-2014.ashx

Feeding America (2013). Map The Meal Gap: A Report on County and Congressional District Level Food Insecurity and County Food Cost in the United States in 2011. Retrieved from: http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/media/Files/a-map-2011/2011-mmg-exec-summary.ashx

County

17.5% of residents were food insecure in 2012

18.1% of residents were food insecure in 2011

State

17.1% of residents were food insecure in 2012

17.6% of residents were food insecure in 2011

National

15.9% of residents were food insecure in 2012

16.4% of residents were food insecure in 2011

E14

Availability of Grocery Stores

The absence of grocery stores in a neighborhood can have negative impacts on the health of its residents.[1] In addition to availability, there are a number grocery store characteristics that impact health, including price, quality, and diversity of food options within neighborhoods.

Data Description

This indicator shows the number of supermarkets and grocery stores per 1,000 population in Davidson County. Convenience stores and large general merchandise stores such as supercenters and warehouse club stores are not included in this count.

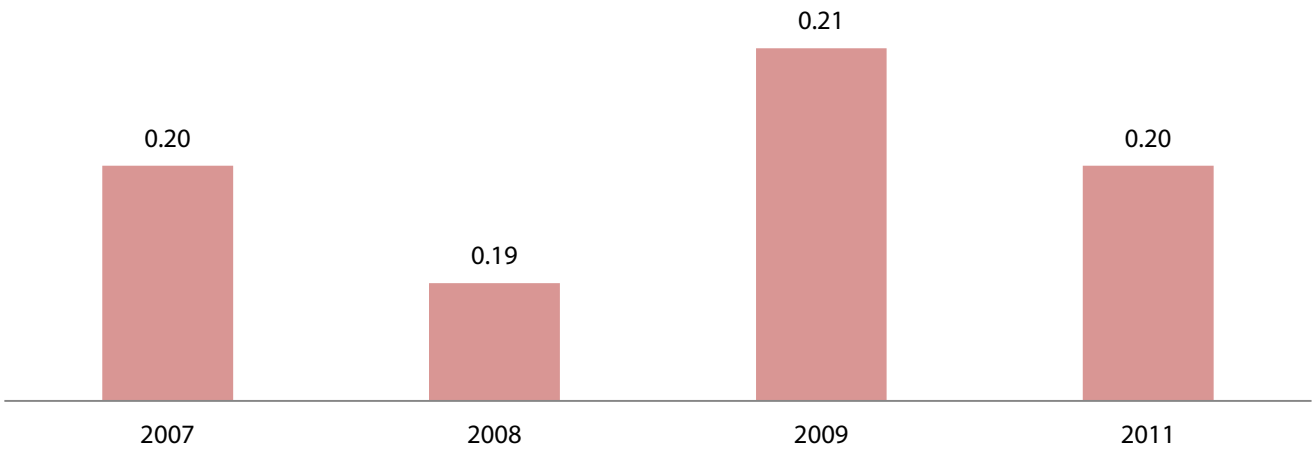
Data Source

Economic Research Service, U.S. Department of Agriculture. (2011). Food Environment Atlas. Retrieved from: http://www.ers.usda.gov/data-products/food-environment-atlas.aspx

County

.20:1,000 ratio of grocery stores to residents in 2011

Ratio of Grocery Stores to Residents in Davidson County 2007-2011



1 Morland, K., Wing, S., & Diez Roux, A. (2002). The contextual effect of the local food environment on residents' diets: The atherosclerosis risk in communities study. *American Journal of Public Health, 92*, 1761–1767.

E15

Availability of Farmers Markets

Research shows that the presence of farmers markets is related to residents' consumption of healthy foods. Farmers markets can serve as an alternative means to provide healthy foods to areas without access to full-service grocery stores. Farmers markets are also social spaces, offering opportunities for building community and providing education and discussions around food-related issues.[1]

Data Description

This indicator shows the number of farmers markets per 1,000 population in Davidson County. A farmers market is defined here as a retail outlet in which vendors sell agricultural products directly to customers.

Data Source

Economic Research Service, U.S. Department of Agriculture (2013). Food Environment Atlas. Retrieved from: http://www.ers.usda.gov/data-products/food-environment-atlas.aspx

County

.02:1,000 ratio of farmers markets to residents in 2013

.01:1,000 ratio of farmers markets to residents in 2009

47% change from 2009 to 2013

1 McCormack, L.A., Laska, M.N., Larson, N.I., & Story, M. (2010). Review of the nutritional implications of farmers' markets and community gardens: A call for evaluation and research efforts, *Journal of the American Dietetic Association, 110*(3), 399–408.

E16

Access to Parks

Parks provide opportunities for outdoor recreation and physical activity, walking, social interaction, and community gatherings. Physical activity, social interaction, and exposure to nature have a positive impact on both the physical and mental health of residents.

Data Description

This indicator shows the percent of residents who live within ½ mile of the boundary of a park. The number of people within a ½ mile radius of a park was determined at the census block level, aggregated to the county level, then divided by the total number of county residents.

Data Source

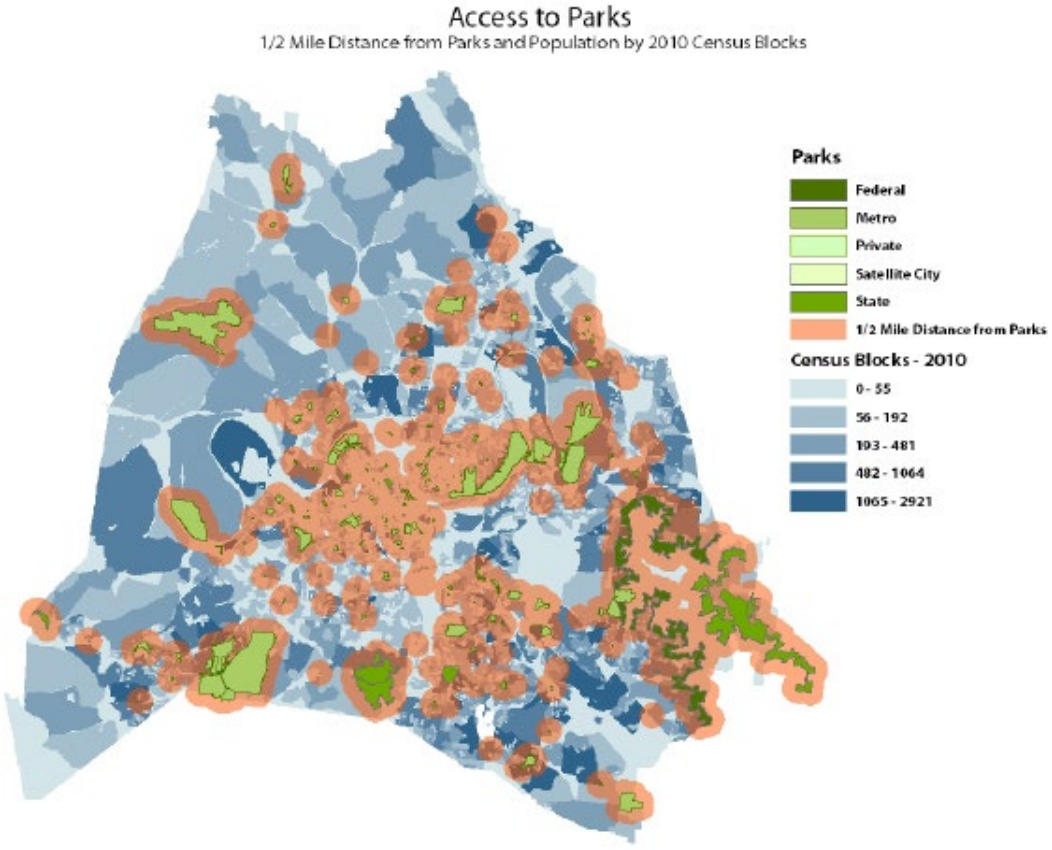
Centers for Disease Control and Prevention. (2010). National Environmental Public Health Tracking Network. Retrieved from: http://ephtracking.cdc.gov/QueryPanel/EPHTNQuery/EPHTQuery.html?c=CD&i=-1&m=-1#
Map Population Data from 2010 Census. Retrieved from: http://factfinder2.census.gov/

County

40% of residents within 1/2 mile of a park in 2013

State

18% of residents within 1/2 mile of a park in 2013



E17

Walking to Work

Walking to work allows residents to incorporate exercise into their daily routine. Walking increases physical activity, provides opportunities for social interaction, reduces stress, and reduces air pollution caused by car trips.

Data Description

This indicator shows the percentage of workers aged 16 years and over who get to work by walking.

Data Source

U.S Census Bureau. (2009–2012). American Community Survey 5–yr estimates. Selected Economic Characteristics; Table DP03.

County

1.9% of workers walked to work in 2012

State

1.3% of workers walked to work in 2012

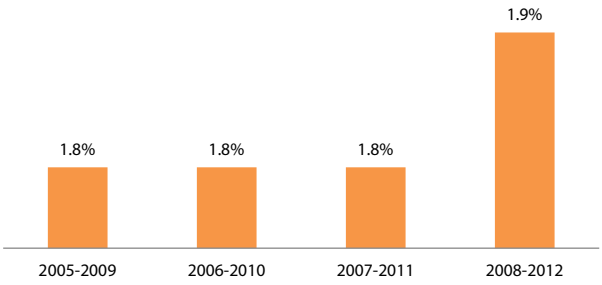
National

2.8% of workers walked to work in 2012

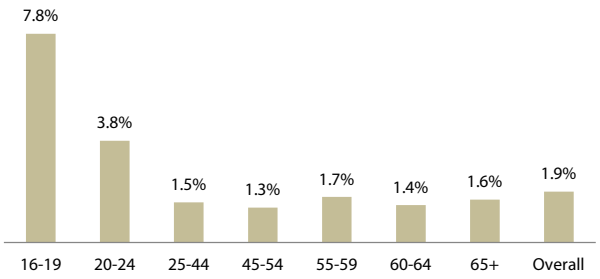
Benchmark

3.1% Healthy People 2020 Target

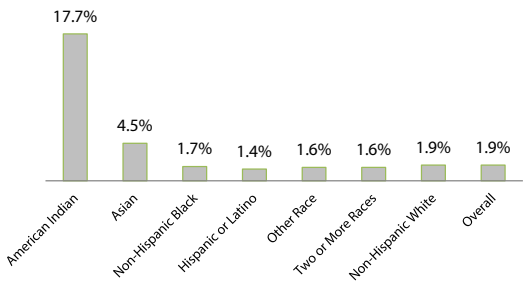
Percentage of Workers Who Walk to Work in Davidson County 2009-2012



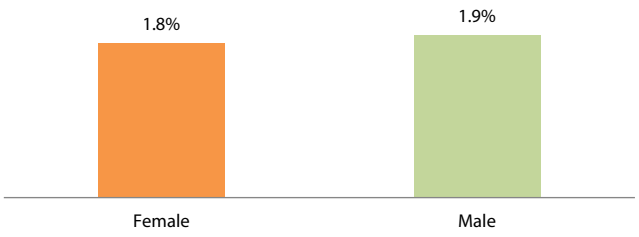
Percentage of Workers Who Walk to Work in Davidson County by Age 2012



Percentage of Workers Who Walk to Work in Davidson County by Race/Ethnicity 2013



Percentage of Workers Who Walk to Work in Davidson County by Sex 2009-2012



E18

Biking to Work

Biking to work allows residents to incorporate exercise into their daily routine. Biking increases physical activity, provides opportunities for social interaction, reduces stress, and reduces air pollution caused by car trips.

Data Description

This indicator shows the percentage of workers aged 16 years and over who get to work by biking.

Data Source

U.S. Census Bureau (2005–2012). American Community Survey 5–yr estimates. Commuting characteristics by sex; Table S0801.

County

0.3% of workers biked to work in 2012

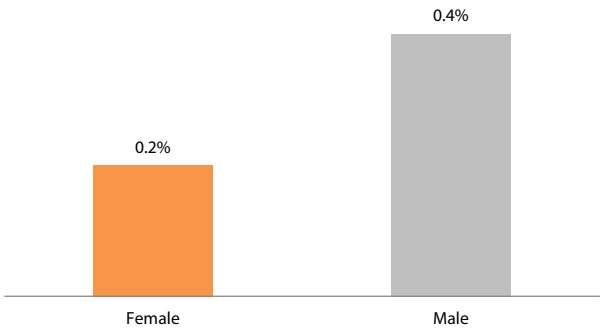
State

0.1% of workers biked to work in 2012

National

0.5% of workers biked to work in 2012

Percentage of Workers Who Bike to Work in Davidson County by Sex 2012



Percentage of Workers Who Bike to Work in Davidson County 2009-2012

E19

Taking Public Transportation to Work

Public transportation provides an alternative to driving to work, particularly for people without access to a car. Public transportation benefits the environment by reducing gas consumption, air pollution, and traffic congestion. It also provides opportunities for social interaction, and walking or biking to and from transit stops.

Data Description

This indicator shows the percentage of workers aged 16 years and over who commute to work by public transportation.

Data Source

U.S Census Bureau. (2009–2012). American Community Survey 5–yr estimates. Selected Economic Characteristics; Table DP03.

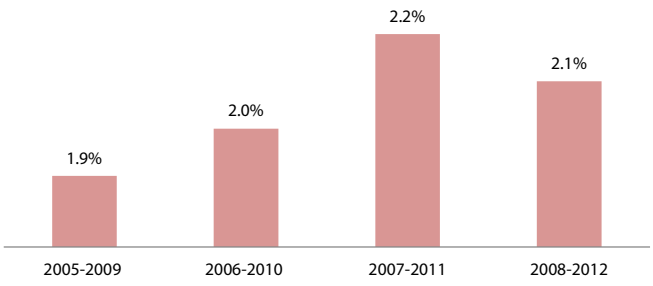
County

2.1% of workers took public transportation to work in 2012

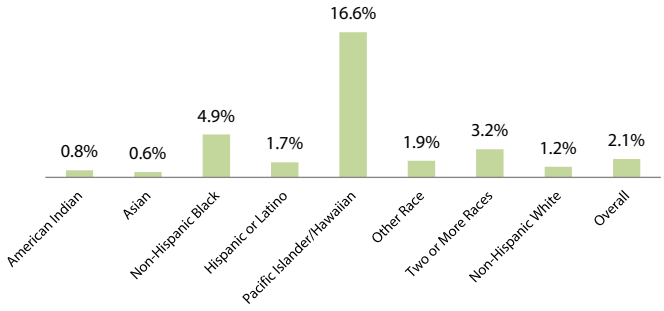
Benchmark

5.5% Healthy People 2020 Target

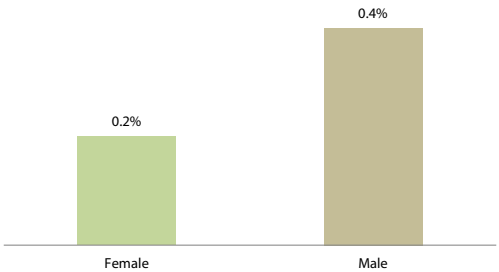
Percentage of Workers Who Take Public Transit to Work in Davidson County 2008-2012



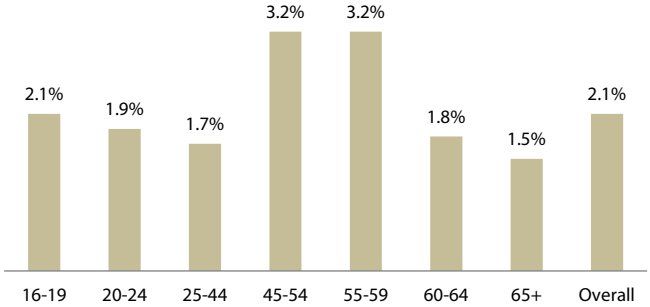
Percentage of Workers Who Take Public Transit to Work in Davidson County by Race/Ethnicity 2012



Percentage of Workers Who Take Public Transit to Work in Davidson County by Sex 2012



Percentage of Workers Who Take Public Transit to Work in Davidson County by Age 2012



E20

Access to Public Transit

Public transportation provides an alternative to driving, particularly for people without access to a car. Public transportation benefits the environment by reducing gas consumption, air pollution, and traffic congestion. It also provides opportunities for social interaction, and walking or biking to and from transit stops.

Data Description

This indicator shows the percentage of people living within ¼ mile of a transit stop. Note: this indicator represents only geographic distance to transit stops, and does not reflect the quality and condition of those stops, nor the frequency of buses at those stops, which are also important aspects of transit access.

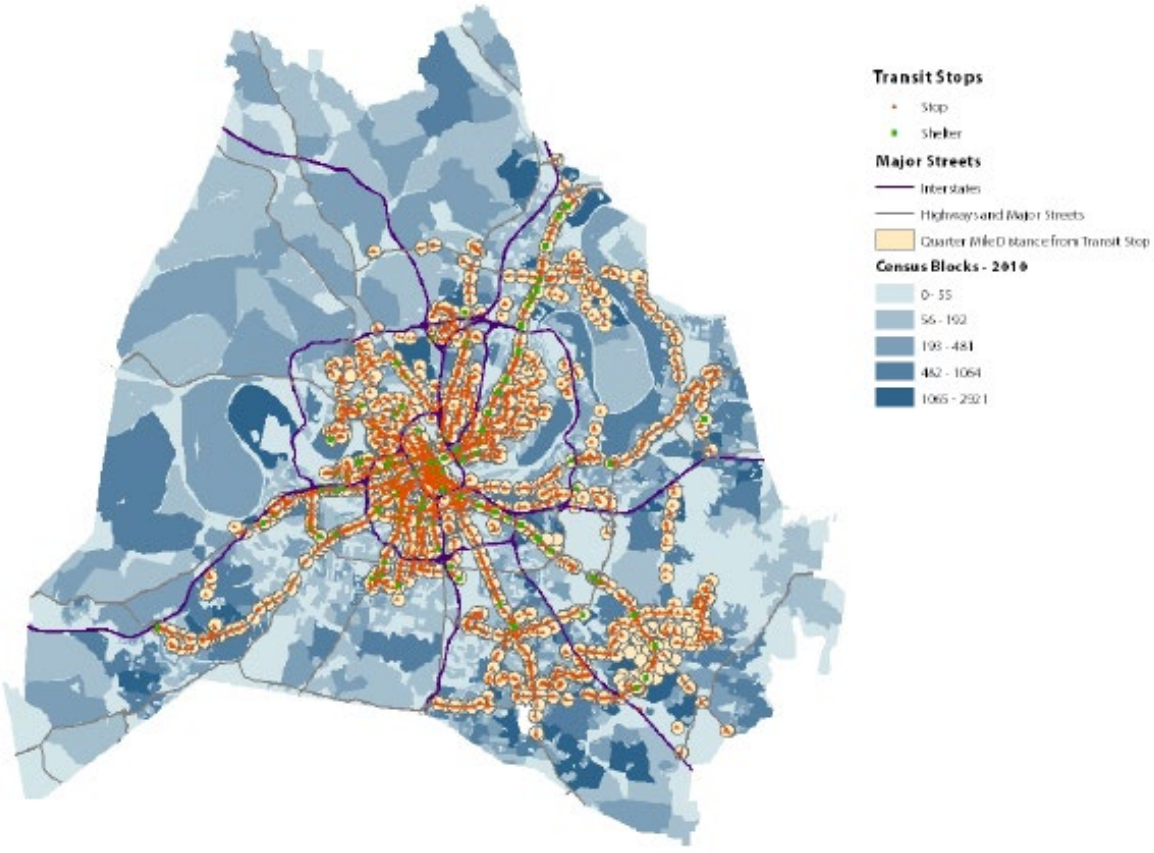
Data Source

Percentage calculated in ArcGIS using 2013 Property with LIS and MTA Stops Geographic Information System layers, Metro Nashville Planning Department.

County

56% of residents live within ¼ mile of a transit stop.

Quarter-Mile Distance from Transit Stops and Population by Census Block



E21

Ozone Levels

Ozone is an extremely reactive gas that is the primary ingredient of smog air pollution and very harmful to breathe. Ozone reacts chemically with lung tissue, and damages crops, trees, and other matter.

Data Description

This indicator shows the annual fourth-highest daily maximum 8-hour concentration of ozone, averaged over the past 3 years.

Data Source

U.S. Environmental Protection Agency. (2013). Air Quality System. Retrieved from: http://www.epa.gov/ttn/airs/airsaqs/detaildata/downloadaqsdata.htm

County

0.070 ppm average over the past 3 years

State

0.078 ppm average over the past 3 years

Middle Tennessee Region

0.076 ppm average over the past 3 years

Benchmark

0.075 ppm National Ambient Air Quality Standard

E22

Particulate Matter: PM2.5 (Annual)

Particle pollution refers to the amount of particulate matter in the atmosphere, and includes a mixture of solid and liquid droplets. The smaller the particles are, the more hazardous to human health. Particles less than 2.5 micrometers (PM2.5) are of concern because they can enter the lungs and adversely affect health by causing asthma or cardiovascular problems.

Data Description

This indicator shows the annual PM2.5 mean concentration, averaged over the past 3 years.

Data Source

U.S. Environmental Protection Agency. (2013). Air Quality System. Retrieved from: http://www.epa.gov/ttn/airs/airsaqs/detaildata/downloadaqsdata.htm

County

10.4 ug/m3 annual average over the past 3 years

State

11.3 ug/m3 annual average over the past 3 years

Middle Tennessee Region

10.4 ug/m3 annual average over the past 3 years

Benchmark

12 ug/m3 National Ambient Air Quality Standard

E23

Particulate Matter: PM2.5 (24-hour)

Particle pollution refers to the amount of particulate matter in the atmosphere, and includes a mixture of solid and liquid droplets. The smaller the particles are, the more hazardous to human health. Particles less than 2.5 micrometers (PM2.5) are of concern because they can enter the lungs and adversely affect health by causing asthma, lung cancer, or cardiovascular problems.

Data Description

This indicator shows the 24-hour PM2.5 98th percentile concentration, averaged over the past 3 years.

Data Source

U.S. Environmental Protection Agency. (2013). Air Quality System. Retrieved from: http://www.epa.gov/ttn/airs/airsaqs/detaildata/downloadaqsdata.htm

County

20 ug/m3 daily average over the past 3 years

State

23 ug/m3 daily average over the past 3 years

Middle Tennessee Region

20 ug/m3 daily average over the past 3 years

Benchmark

35 ug/m3 National Ambient Air Quality Standard

E24

Particulate Matter: PM10 (Annual)

Particle pollution refers to the amount of particulate matter in the atmosphere, and includes a mixture of solid and liquid droplets. The smaller the particles are, the more hazardous to human health. PM10 refers to particles that are 2.5 to 10 micrometers in diameter, and are somewhat larger than the more harmful PM2.5 particles (2.5 micrometers in diameter). PM10 may adversely affect health by contributing to asthma, lung cancer, or cardiovascular problems.

Data Description

This indicator shows the number of times the PM10 threshold was exceeded in the past 3 years. The threshold is not to be exceeded more than once per year on average over 3 years.

Data Source

U.S. Environmental Protection Agency. (2013). Air Quality System. Retrieved from: http://www.epa.gov/ttn/airs/airsaqs/detaildata/downloadaqsdata.htm

County

0 exceedances

State

0 exceedances

Middle Tennessee Region

0 exceedances

Benchmark

150 ug/m3 concentration not to be exceeded, National Ambient Air Quality Standard

E25

Particulate Matter: PM10 (24-hour)

Particle pollution refers to the amount of particulate matter in the atmosphere, and includes a mixture of solid and liquid droplets. The smaller the particles are, the more hazardous to human health. PM10 refers to particles that are 2.5 to 10 micrometers in diameter, and are somewhat larger than the more harmful PM2.5 particles (2.5 micrometers in diameter). PM10 may adversely affect health by contributing to asthma, lung cancer, or cardiovascular problems.

Data Description

This indicator shows the highest PM10 concentration in a 24-hour period, averaged over the past 3 years.

Data Source

U.S. Environmental Protection Agency. (2013). Air Quality System. Retrieved from: http://www.epa.gov/ttn/airs/airsaqs/detaildata/downloadaqsdata.htm

County

30 ug/m3 daily average over the past 3 years

State

93 ug/m3 daily average over the past 3 years

Middle TN

30 ug/m3 daily average over the past 3 years

E26

Release of Volatile Organic Compounds (VOCs)

Volatile Organic Compounds (VOCs) include a variety of chemicals that are emitted as gases from certain solids or liquids. They are released into the air mostly during the manufacture or use of everyday products and materials. They are regulated by the EPA mainly due to their ability to create photochemical smog under certain conditions. VOCs can have both short- and long-term adverse health effects, and can produce symptoms such as eye and respiratory tract irritation, headaches, dizziness, visual disorders, and memory impairment. Some VOCs may cause cancer in humans.[1]

Data Description

This indicator shows the amount of Volatile Organic Compounds (VOCs) released into the air in 2012.

Data Source

U.S. Environmental Protection Agency. (2013). Air Quality System. Retrieved from: http://www.epa.gov/ttn/airs/airsaqs/detaildata/downloadaqsdata.htm

County

17,026.3 tons released in 2012

1 U.S. Environmental Protection Agency. (2014). An introduction to indoor air quality (IAQ): Volatile organic compounds (VOCs). Retrieved from http://www.epa.gov/iaq/voc.html and http://www.epa.gov/iaq/voc2.html

E27

Motor Vehicle Collision Fatality Rate

Motor vehicle-related injuries are the leading cause of death for children and young adults in the U.S. Collision injuries result in roughly 500,000 hospitalizations and four million emergency department visits each year. Motor vehicle injuries and deaths can be prevented through increased use of seatbelts and reductions in impaired driving.[1]

Data Description

This indicator shows the age-adjusted death rate per 100,000 population due to motor vehicle collisions.

Data Source

Tennessee Department of Health. (2009). Tennessee Age-adjusted Mortality Rate Data. Retrieved from: http://hit.state.tn.us/HIT_OIT/DeathRateQuery.aspx

County

10.8/100,000 motor vehicle collision fatality rate in 2009

State

19.6/100,000 motor vehicle collision fatality rate in 2009

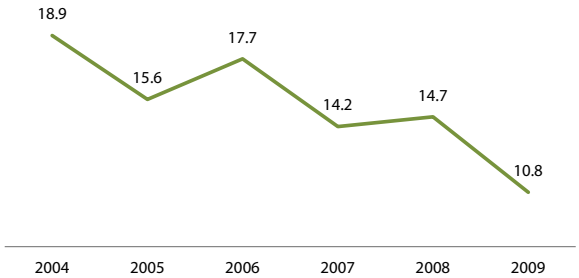
National

11.1/100,000 motor vehicle collision fatality rate in 2009

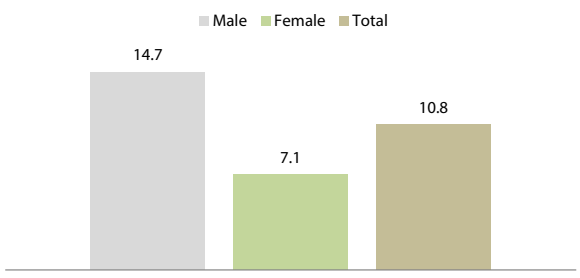
Benchmark

12.4/100,000 Healthy People 2020 Target

Motor Vehicle Collision Fatality Rate per 100,000 Population 2004-2009



Motor Vehicle Collision Fatality Rate per 100,000 Population by Sex in 2009



1 HealthyNashville.org. (2014). Age-adjusted death rate due to motor vehicle collisions. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=241570

E28

Motor Vehicle Crash Fatalities Involving Alcohol

In 2012, nearly one-third of all traffic-related deaths in the United States were caused by alcohol-impaired crashes.[1] Alcohol-related fatalities in the U.S. cost over $59 billion annually.[2]

Data Description

This indicator shows the rate per 100,000 population of all motor vehicle crash deaths where a driver was alcohol-impaired. Alcohol impaired is defined as having a Blood Alcohol Content (BAC) of 0.08 or higher.

Data Source

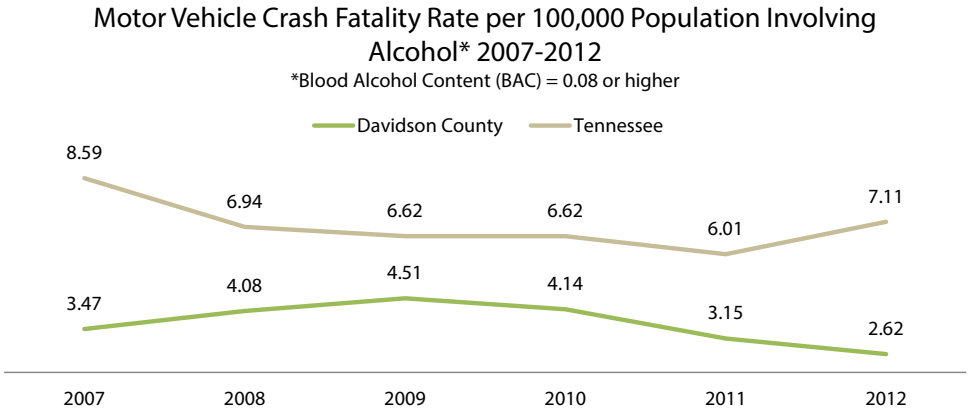
Tennessee Department of Safety and Homeland Security. (2014). Tennessee Traffic Crash Data: County Rankings and Statistics by Emphasis Area 2008–2013. Retrieved from: http://www.tn.gov/safety/stats/CrashData/TrafficFatality/Rankings/CountyRankings.pdf

County

2.62/100,000 motor vehicle crash fatality rate involving alcohol in 2012

State

7.11/100,000 motor vehicle crash fatality rate involving alcohol in 2012



1 National Highway Traffic Safety Administration. (2014). Traffic safety facts 2012: Alcohol-impaired driving. U.S. Department of Transportation, Washington D.C. Retrieved from: http://www-nrd.nhtsa.dot.gov/Pubs/811870.pdf

2 Blincoe, L., Miller, T.A., Zaloshnja, E., & Lawrence, B.A. (2014). The economic impact of motor vehicle crashes. National Highway Traffic Safety Administration, U.S. Department of Transportation. Washington D.C.

E29

Pedestrian Fatality Rate

In 2012, 73 percent of pedestrian fatalities occured in urban settings, 70 percent occured at non-intersections, and 70 percent occured at night. Alcohol use was reported in 48 percent of pedestrian fatality crashes.[1] Pedestrian safety can be addressed by improving pedestrian infrastructure on roadways, including sidewalks, crosswalks, crossing signals, and visibility, as well as reducing traffic speeds.

Data Description

This indicator shows the number of pedestrians killed in traffic collisions per 100,000 resident population.

Data Source

National Highway Traffic Safety Administration. (2014). Fatality Analysis Reporting System Encyclopedia. Retrieved from: http://www-fars.nhtsa.dot.gov/Main/index.aspx

County

2.6/100,000 pedestrian fatality rate in 2012

State

1.0/100,000 pedestrian fatality rate in 2012

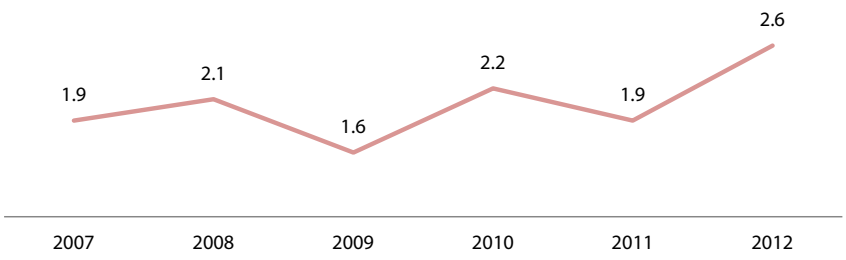
National

1.5/100,000 pedestrian fatality rate in 2012

Benchmark

1.4/100,000 Healthy People 2020 Target

Pedestrian Fatality Rate per 100,000 Population in Davidson County
2007-2012



1 U.S. Department of Transportation. (2014). Traffic safety facts: 2012 data. Retrieved from: http://www-nrd.nhtsa.dot.gov/Pubs/811888.pdf

E30

Pedestrian and Cyclist Crashes

In 2012, 4,743 pedestrians and 726 bicyclists were killed in crashes in the U.S.[1] Streets should be designed to provide safe places to walk, cross, board public transit, and bicycle to reduce the risk of crashes. Pedestrian crashes are more than twice as likely to occur in places without sidewalks as on streets with sidewalks on both sides.[2]

Data Description

This indicator reports the number of crashes involving a vehicle and either a pedestrian or bicyclist in Davidson County.

Data Source

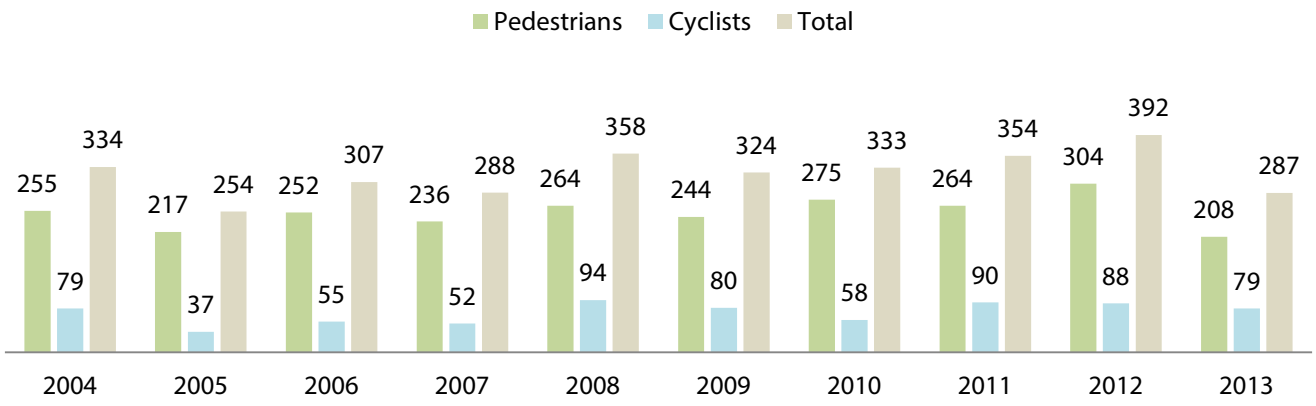
Tennessee Department of Safety and Homeland Security. (2013). Crash data. Retrieved from: http://www.tn.gov/safety/stats/CrashData/default.shtml

County

208 pedestrian crashes in 2013

79 cyclist crashes in 2013

Number of Crashes Involving Pedestrians and Cyclists in Davidson County 2004-2014



1 U.S. Department of Transportation. (2014). Traffic safety facts: 2012 data. Retrieved from: http://www-nrd.nhtsa.dot.gov/Pubs/811888.pdf

2 Smarth Growth America. (2014). National Complete Streets Coalition. Retrieved from: http://www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals/factsheets/safety

E31

Accidental Death Rate

Unintentional injuries are a leading cause of death in the U.S., regardless of age, gender, race, or income. The most common types of unintentional injuries include motor-vehicle collisions, poisonings, and falls.[1]

Data Description

This indicator shows the age-adjusted death rate per 100,000 population due to unintentional injuries.

Data Sources

Tennessee Department of Health. (2009). Tennessee Deaths. Retrieved from: http://health.state.tn.us/statistics/PdfFiles/TnDeaths09.pdf

Centers for Disease Control and Prevention. (2009). National Vital Statistics Report, Deaths: Final Data for 2009. Retrieved from: http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_03.pdf

County

50.3/100,000 accidental death rate in 2009

State

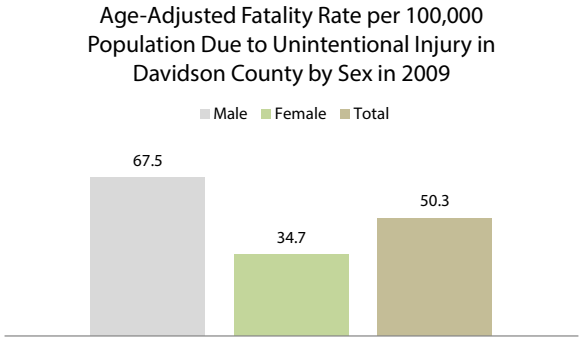
49.5/100,000 accidental death rate in 2009

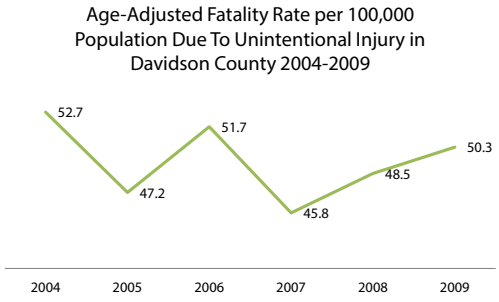
National

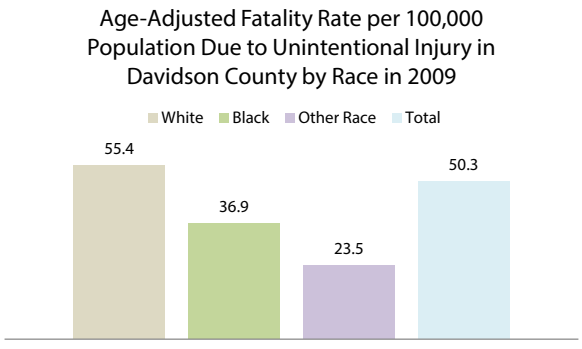
37.3/100,000 accidental death rate in 2009

Benchmark

36.4/100,000 Healthy People 2020 Target







1 HealthyNashville.org. (2014). Age-adjusted death rate due to unintentional injuries. Retrieved from: http://www.healthynashville.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=243197

E32

Violent Crime Rate

A violent crime is a crime in which the offender threatens or uses violent force upon a victim. In addition to physical harm, violence has negative impacts on communities that include reducing productivity, decreasing property values, and disrupting social services.[1]

Data Description

This indicator shows the total violent crime rate per 1,000 population. Violent crimes include homicide, forcible rape, kidnapping, incest, stalking, intimidation, involuntary servitude, robbery, and assault.

Data Sources

Tennessee Bureau of Investigation. (2014). TIBRS Crime Statistics. Retrieved from: http://www.tennesseecrime-online.com/public/Browse/browsetables.aspx

U.S. Department of Justice. (2014). *Criminal Victimization, 2013*. Bureau of Justice Statistics Bulletin. Retrieved from: http://www.bjs.gov/content/pub/pdf/cv13.pdf

County

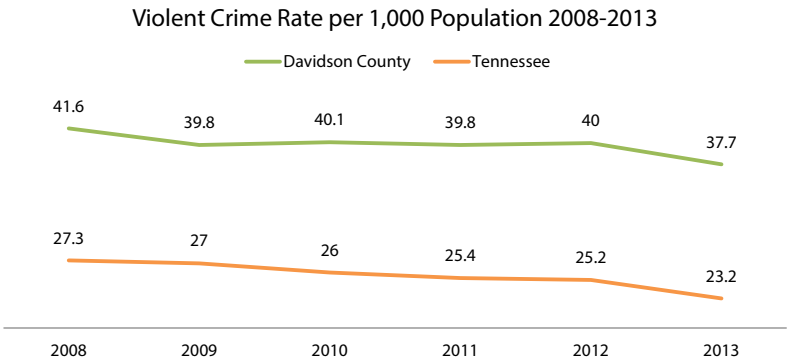
37.7/1,000 violent crime rate in 2013

State

23.2/1,000 violent crime rate in 2013

National

23.2/1,000 violent crime rate in 2013



1 HealthyNashville.org. (2014). Violent crime rate. Retrieved from: http://www.healthynashville.org/modules.php?op=mod-load&name=NS-Indicator&file=indicator&iid=11133161

E33

Homicide Rate

Homicide has been in the top 15 leading causes of death in the U.S. since 1965. Violence, and the threat of violence, negatively impact the safety and well-being of communities, and contribute to an overall environment that can negatively impact health outcomes.[1]

Data Description

This indicator reports the number of murders per 1,000 population. National comparison data is for 2012.

Data Sources

Tennessee Bureau of Investigation. (2014). TIBRS Crime Statistics. Retrieved from: http://www.tennesseecrime-online.com/public/Browse/browsetables.aspx

Federal Bureau of Investigation. (2014). Violent Crime. Uniform Crime Reporting Program. Retrieved from: http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2012/violent-crime/violent-crime

County

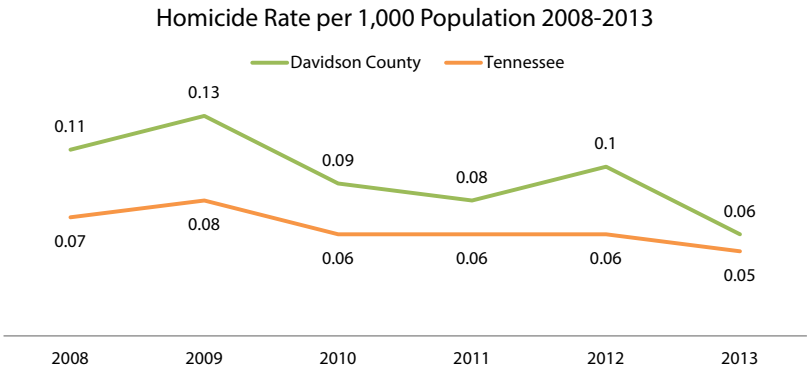
0.06/1,000 homicide rate in 2013

State

0.05/1,000 homicide rate in 2013

National

0.05/1,000 homicide rate in 2012



1 Centers for Disease Control and Prevention. (2009). The history of violence as a public health issue. Retrieved from: http://www.cdc.gov/violenceprevention/pdf/history_violence-a.pdf

E34

Youth Homicides

Homicide has been in the top 15 leading causes of death in the U.S. since 1965.[1] Youth homicide rates in the U.S. are currently at 30-year lows, although the declines from 2000 to 2010 have been slower for high-risk groups including males and non-Hispanic black youth. These findings suggest the importance of increased use of youth violence prevention strategies for high-risk youth.[2]

Data Description

This indicator reports the number of murders for individuals ages 15–24.

Data Source

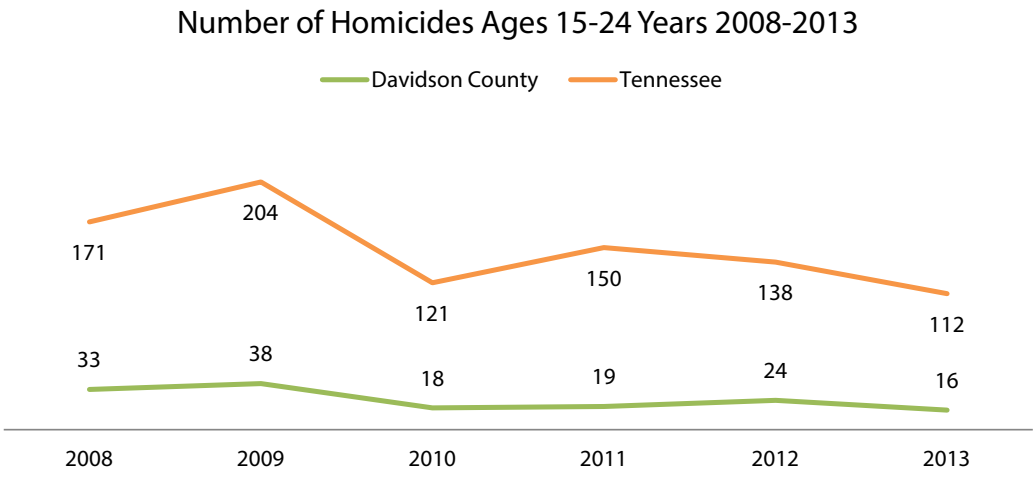
Tennessee Bureau of Investigation. (2014). TIBRS Crime Statistics. Retrieved from: http://www.tennesseecrime-online.com/public/Browse/browsetables.aspx

County

16 youth homicides in 2013

State

112 youth homicides in 2013



1 Centers for Disease Control and Prevention. (2009). The history of violence as a public health issue. Retrieved from: http://www.cdc.gov/violenceprevention/pdf/history_violence-a.pdf

2 Centers for Disease Control and Prevention. (2014). Press release: CDC releases report on 30-year low in youth homicide rates. Retrieved from: http://www.cdc.gov/media/releases/2013/p0711-homicide-rates.html

E35

Firearm Homicide Rate

Nationally, the firearm homicide rate dropped 49 percent from 1993 to 2010, with a sharp decrease in the 1990's and a levelling off in the 2000's. In 2010, firearm homicide victims in the U.S. were predominantly male (84 percent), between the ages of 18 and 40 (69 percent), and black (55 percent).[1]

Data Description

This indicator reports the number of murders per 1,000 population where a firearm was used. National comparison data are for 2012.

Data Source

Tennessee Bureau of Investigation. (2014). TIBRS Crime Statistics. Retrieved from: http://www.tennesseecrime-online.com/public/Browse/browsetables.aspx

Federal Bureau of Investigation. (2014). Violent Crime. Uniform Crime Reporting Program. Retrieved from: http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/violent-crime/violent-crime

County

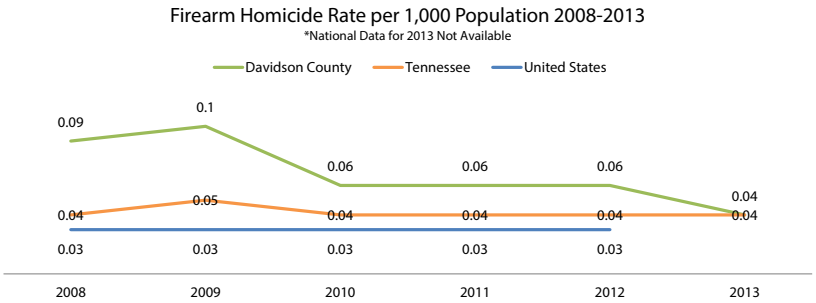
.04/1,000 firearm homicide rate in 2013

State

.04/1,000 firearm homicide rate in 2013

National

.03/1,000 firearm homicide rate in 2012



1 Pew Research. (2014). Gun homicide rate down 49% since 1993 peak; Public unaware. Social and Demographic Trends. Retrieved from: http://www.pewsocialtrends.org/2013/05/07/gun-homicide-rate-down-49-since-1993-peak-public-unaware/

E36

Property Crime Rate

Crime victims may potentially suffer from both physical and mental health issues. Physical symptoms may include insomnia, appetite disturbance, lethargy, headaches, muscle tension, nausea, or decreased libido. Mental health issues that may occur include post-traumatic stress disorder, grief, depression, substance abuse, panic, and social withdrawal.[1]

Data Description

This indicator reports the number of property crimes per 1,000 population. Property crimes include arson, bribery, burglary, forgery, vandalism, embezzlement, fraud, extortion, robbery, and theft.

Data Source

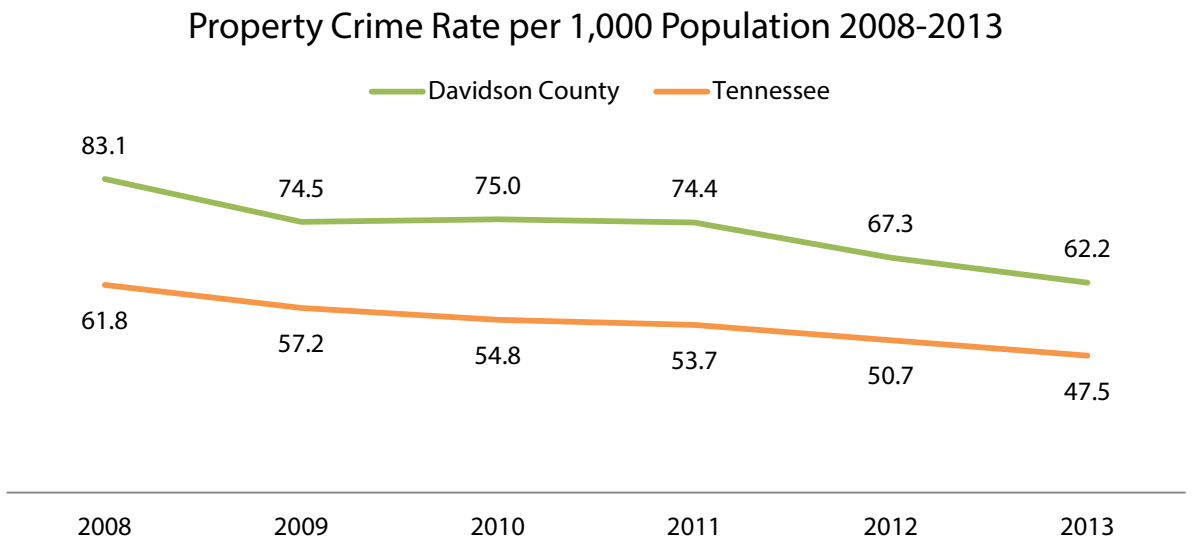
Tennessee Bureau of Investigation. (2014). TIBRS Crime Statistics. Retrieved from: http://www.tennesseecrime-online.com/public/Browse/browsetables.aspx

County

62.2/1,000 property crime rate in 2013

State

47.5/1,000 property crime rate in 2013



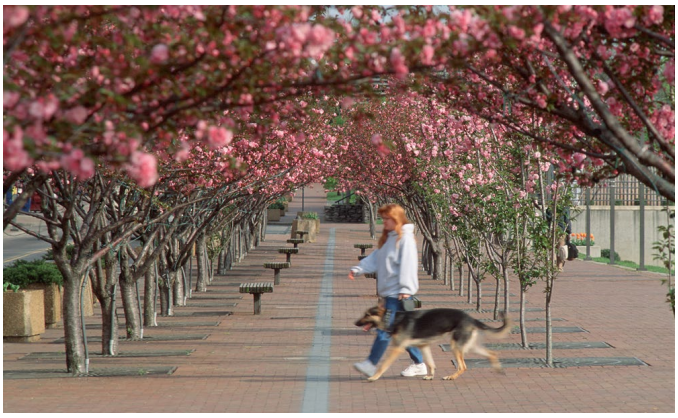
1 National Institute of Justice. (2014). Victims and victimization: Health and mental health. Retrieved from: https://www.crimesolutions.gov/TopicDetails.aspx?ID=98

Conclusion

The purpose of this report is to provide an overview of Metro Nashville-Davidson County's health. The report brings together empirical data from multiple sources, most of which are available to the public and can be further explored by readers. The data in this report are intended to begin or continue discussions about how to target and prevent poor health outcomes, and provide some insight into which issues should be prioritized for action. The report's intent is not to "drill down" into the data to provide an in-depth analysis, nor to provide recommendations or strategies for action. A separate report produced by the Metro Nashville Public Health Department, the *Community Health Improvement Plan (CHIP),* provides guidance for action and the implementation of strategies for improving the county's health.

By reporting indicators that include not only health outcomes, but also factors and conditions that impact health, this report attempts to define health as broader than healthcare and the absence of disease, and rather as a condition that is impacted by numerous aspects of our behavior and environment. While each indicator in this report contributes to the overall health of the community, there are many others that impact health which are not included here. This set of indicators is by no means a comprehensive list of health-related factors that should be considered and addressed. The Community Health Profile report will be updated every 2–3 years in conjunction with the Community Health Status Assessment process, which will determine whether additional indicators should be added or existing ones removed.

As Nashville continues to change and grow, analyzing and using data is essential for determining how those changes impact our community, and should drive decisions about future strategies for promoting health, addressing health disparities, and ensuring we grow in ways that benefit all members of our community.



community health profile 2014

metro nashville-davidson county