2021-2022 Nashville Community Health Assessment

Healthy Nashville

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

2021 Nashville Community Health Needs Assessment

Davidson County, TN

This report aims to offer a meaningful understanding of the most significant health needs across Davidson County, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the Nashville community.

The 2021 Community Health Assessment results were approved by the Healthy Nashville Leadership Council on April 5, 2022, and applies to the following three-year cycle: 1/1/2022 to 12/30/2024. This report, as well as previous reports, can be found at on our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website Community Health Planning | Nashville.gov**.**

For questions or comments about this assessment, please contact the Healthy Nashville Leadership Council Chair by email at hnlc@nashville.gov

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Acknowledgements

The 2021 Community Health Assessment (CHA) represents a collaborative effort to gain a meaningful understanding of the most pressing health needs across Davidson County. Metro Public Health Department (MPHD) and the Healthy Nashville Leadership Council (HNLC) are thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills. A complete description of community partner contributions is included in this report.

We would also like to thank you for reading this report and for your interest and commitment to improving the health of Nashville/Davidson County.

Executive Summary

2021-2022 Nashville Community Health Assessment

The community health assessment, or CHA, serves to understand the health needs and priorities of those who live and/or work in the communities served by the local health department to address those needs through developing a community health improvement plan.

The 2021-2022 Nashville Community Health Assessment (CHA), also referred to as 2021-2022 CHA, offers a meaningful understanding of the most significant health needs of the Nashville-Davidson County area, making this community the target population for the 2021- 2022 CHA. All the CHA efforts were equity-centered and specifically focused on the populations that have been marginalized and left vulnerable. Findings from this report can be used to identify, develop, and focus public health systems, hospital systems, and community programming and initiatives toward meeting the health and wellness needs of the community.

Collaborations

In Davidson County, MPHD partnered with the non-profit hospital systems as they met the standard set by the Patient Protection and Affordable Care Act of 2010, which requires all not-for-profit hospitals to conduct a community health needs assessment (CHNA) and adopt an implementation strategy every three years. Community organizations and individuals who shared their views, knowledge, expertise, and skills in this effort include Healthy Nashville Leadership Council (HNLC), Vanderbilt University Medical Center's Office of Health Equity, Ascension Saint Thomas, Dr. Kathryn Mathes, the Tennessee Immigrant and Refugee Rights Coalition, and the Elmahaba Center. A complete description of community partner contributions is included in the full CHA report.

Data Analysis Methodology

The 2021-2022 CHA was conducted from January 2021 to March 2022. The process utilized a derivation of the Mobilizing for Action through Planning and Partnership (MAPP) process, which incorporated both primary and secondary data sources. Primary data sources included information provided by groups/individuals, e.g., community residents, healthcare consumers, healthcare professionals, community stakeholders, and multi-sector representatives. Using an equity lens offered special attention to the needs of individuals and communities who are more vulnerable and to unmet health needs or gaps in services.

- 26 local reports were read and analyzed as a part of an environmental scan in Davidson County.
- 37 community stakeholders were interviewed individually for their insights on community health issues in Davidson County.
- 366 people completed an online survey distributed through stakeholders and the Healthy Nashville Leadership Council in Davidson County.
- Secondary data was compiled and reviewed to understand the health status of the community. Measures examined include chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

Community Needs

Through the established process, the five community needs were identified, reviewed, and prioritized as the strategic issues.

- Housing/Transportation
- Whole Health
- Economic Opportunity and Job Skill Development
- Food Access/Food Insecurity
- Awareness and Navigation of Community Resources

Next Step: Community Health Improvement Plan (CHIP) Development

A community health improvement plan (CHIP) is the organized effort to address the public health problems identified through the CHA and can be used to justify how and where resources should be allocated to best meet community needs. The CHIP is typically updated every three to five years. The 2021-2022 CHA will generate the 2023-2025 CHIP which will begin implementation in 2023.

About the Community Health Assessment

A community health assessment, or CHA, "paints a comprehensive picture of a community's current health status, factors contributing to higher health risks or poorer health outcomes, and community resources available to improve health."[1] The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing community partners to work together. This community-driven approach aligns with the public health commitment to actively promote policies, systems, and community conditions that enable optimal health for all persons.

Description of Core Partners

Metro Public Health Department

The Metro Public Health Department (MPHD) serves the city-county jurisdiction of Nashville and Davidson County, including urban, suburban, and rural areas, and is home to approximately 700,000 persons. The mission of MPHD is to protect, improve, and sustain the health and well-being of all people in Nashville and Davidson County. MPHD contributes to the health and safety of the city by working to:

- Identify, analyze, and track public health conditions to help guide public health action.
- Provide leadership in efforts to make the city a healthier place.
- Efficiently deliver high-quality public health services.
- Advocate for and enforce policies and laws that promote health.
- Build partnerships that improve the reach and effectiveness of community action to improve health.
- Respond to public health emergencies, including communicable disease outbreaks, terrorism, and natural events.

The department's work is guided by the 10 Essential Public Health Services that describe the essential functions of public health and the actions that public health departments provide to ensure safe, healthy, and vibrant communities. In November 2021, MPHD achieved accreditation from the Public Health Accreditation Board. For more information about MPHD, visit the department website.

MPHD served the following roles during the 2021-2022 CHA process: meeting coordination and facilitation, identifying interviewees, survey development, survey link distribution, and significant data analysis from the Epidemiology division during the prioritization of the community health needs.

Healthy Nashville Leadership Council

The Healthy Nashville Leadership Council (HNLC), Nashville's mayoral-appointed health council, comprised of strategic thinkers, community leaders, and community members, is facilitated by the Metro Public Health Department (MPHD). The HNLC is responsible for drawing attention to important public health problems and encouraging ownership of their solutions. The HNLC is comprised of

[1] Standards & Measures for Reaccreditation, Version 2022, pg. 23, Public Health Accreditation Board

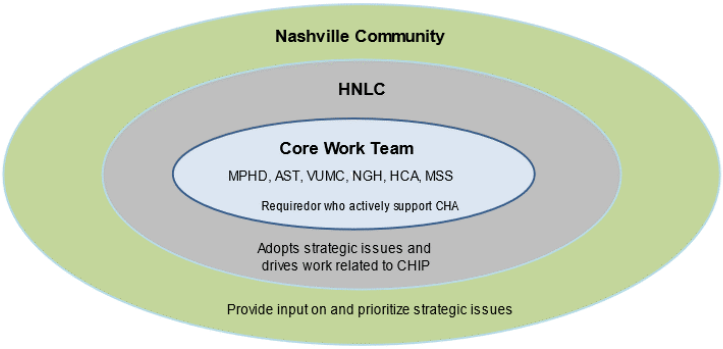
individuals representing multiple sectors, with 18 voting members and 5 ex-officio members representing various Metro departments. The community health assessment, which is a charge to the HNLC, provides the information to spur community-wide action by individuals, families, schools, employers and businesses, community groups, religious communities, and the government to improve health. This action is outlined in the community health improvement plan.

The Healthy Nashville Leadership Council collaborated by providing advisory support on many CHA decisions, developing the CHA subcommittee for prioritization, and utilizing a health equity lens during all phases.

HNLC Core Work Team

The HNLC Core Work Team was established to organize and plan the community health assessment (CHA) process, which included setting and monitoring the timeline, identifying needed resources, and recruitment for data collection. The team included Metro Public Health Department as the convener and process facilitator; the two non-profit hospitals in Davidson County-Ascension Saint Thomas and Vanderbilt University Medical Center; Nashville General Hospital at Meharry, the city's safety net hospital; HCA Foundation, a for-profit health system foundation; and Metro Social Services. The team members served on the Prioritization Subcommittee to determine the strategic issues that were recommended to the HNLC for approval (See Appendix A page 38).

Figure 1: 2021-2022 Nashville CHA Partner Structure



Vanderbilt University Medical Center (VUMC)

Vanderbilt University Medical Center (VUMC) is the largest comprehensive research, teaching, and patient care health system in the Mid-South region. The Community Health Improvement Team in VUMC's Office of Health Equity is responsible for conducting the hospital's Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) every three years as mandated by the 2010 Patient Protection and Affordable Care Act. VUMC Office of Health Equity has partnered on the previous three CHAs in Davidson County. Their partnership was vital in many of the activities that connected to community engagement, gathering community input, analyzing data, and prioritizing needs.

Ascension Saint Thomas (AST)

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. Ascension Saint Thomas (AST) also partnered on the previous three CHAs in Davidson County. Their role in the process was like VUMC in that they focused on community engagement, gathering community input, analyzing data, and prioritizing needs.

Nashville General Hospital at Meharry

For over 100 years, Nashville General Hospital (NGH) has been serving the Nashville community with a committed model of care and compassion — making outstanding, comprehensive health care accessible to everyone. NGH served on the HNLC Core Work Team engaged in the planning and prioritization efforts of the 2021-2022 CHA.

HCA Healthcare Foundation

HCA Healthcare Foundation serves to promote health and well-being and strives to make a positive impact in all the communities served by HCA Healthcare. HCA Healthcare Foundation served on the HNLC Core Work Team engaged in the planning and prioritization efforts of the 2021-2022 CHA.

Metro Social Services

It is the mission of Metropolitan Social Services (MSS) to empower Davidson County residents to achieve economic stability and social wellbeing. MSS provides a range of services to help Davidson County residents who are in need. These services promote positive change for individuals and families in times of crisis and economic hardship. The services include Information and Referral, Counseling, Case Management, Life Management Skills, Homeless Services, Nutrition, Burial Services, and Strategic Planning & Research. MSS served on the HNLC Core Team engaged in the planning and prioritization efforts of the 2021-2022 CHA.

Description of Vendors

While the partnering organizations collaborated with many community agencies and experts, the following hired consultants were used during the CHA process:

- Kathryn A. Mathes, PhD, Measurement Matters, LLC
- Tennessee Immigrant & Refugee Rights Coalition
- Elmahaba Center

Dr. Kathryn Mathes contracted with Ascension Saint Thomas and Vanderbilt University Medical Center's Office of Health Equity to provide analysis for the online community survey from November 2021 to January 2022. Dr. Mathes helped to categorize responses in alignment with the team's Social-Ecological model, quantify and code the responses, identify themes raised by the community, and provide analysis of responses by age, race, and zip code.

Ascension Saint Thomas Hospital Midtown and the Vanderbilt University Office of Health Equity contracted with the Tennessee Immigrant and Refugee Rights Coalition (TIRRC) and the Elmahaba Center to identify and conduct interviews with community members in both Spanish and Arabic. These interviews were designed to balance the English language-only community survey.

Timeline

In January 2021, MPHD began a Community Health Assessment for Davidson County and sought input from persons who represent the broad interests of the community using several methods:

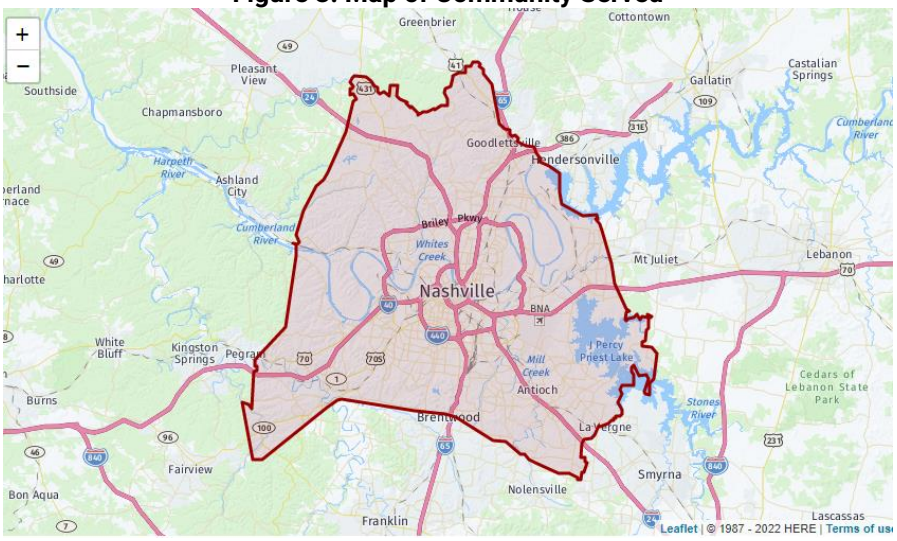
- Planning meetings with HNLC and community partners took place between January 2021-June 2021.
- The HNLC Core Team was established in August 2021.
- 26 local reports from community partners were read, analyzed, and cataloged as a part of an Environmental Scan for Davidson County between March - September 2021.
- Information gathering, using secondary public health sources, occurred between November 2021 - February 2022 with analysis led by MPHD Epidemiology Division.
- 37 community members representing many community sectors, including Arabic- and Spanish-speaking citizens, participated in stakeholder interviews in Davidson County.
- A community survey was distributed, and 366 responses were collected from November 1, 2021, through December 3, 2021, in Davidson County.
- Healthy Nashville Leadership Council CHA Prioritization Subcommittee:
    - February 8, 2022 - reviewed all CHA data, considered health equity questions and views from others in the subcommittee, voted on top needs
    - February 10, 2022 - reviewed voting results, prioritized the most significant health needs in the county and discussed solutions utilizing the health equity framework
- March 1, 2022, HNLC received the subcommittee report on the CHA process, the prioritization process, and the recommended health needs.
- HNLC approved the recommended health needs on April 5, 2022

Figure 2: 2021-2022 Nashville CHA Timeline

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics. MPHD defined the community as the geographical area of Davidson County, shown in Figure 3.

Figure 3: Map of Community Served



Davidson County, located in middle Tennessee, has experienced rapid and significant growth over the last decade. The 12-county Metropolitan Statistical Area (MSA) region that includes Davidson County is now home to more than 2 million residents and is the 35th largest metropolitan area in the United States.

Below are demographic data highlights for Davidson County:

- Davidson County is one of the fastest growing counties in Tennessee, with an estimated population of 715,884 in 2021.
- The total population increase for Davidson County from 2010 to 2020 was 14.2%.
- The uninsured rate for Davidson County is higher than the state (17% for Davidson County; 12% for Tennessee).

Table 1: Community Description

Demographic Highlights		
Indicator	**Davidson County**	**Description**
Population		
% Living in rural communities	3.4%	
% Below 18 years of age	20.6%	
% 65 and older	12.5%	
% Hispanic	10.4%	
% Asian	4.0%	
% Black	26.9%	
% White	56.3%	

Social and Community Context		
Percent Not proficient in English	5%	Proportion of community members that speak English "less than well"
Median Household Income	$63,800	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	18%	Percentage of people under age 18 in poverty.
Percent of Uninsured	17%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	2.5%	Percentage of population ages 16 and older unemployed but seeking work

To view Community Demographic Data in its entirety, see Appendix B *(page 42)*.

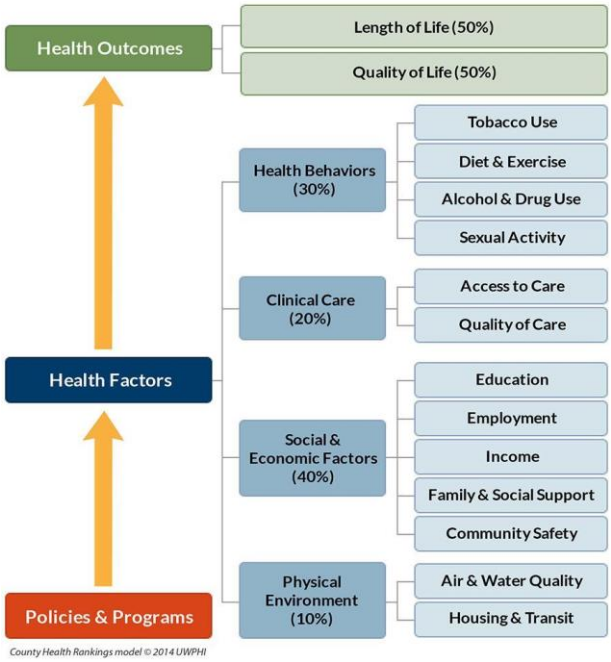
Methodology and Results

MPHD is committed to using national best practices in conducting the CHA. Health needs and assets for Davidson County were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

The 2021-2022 CHA process was a modified version of the Mobilizing for Action through Planning and Partnership (MAPP) and includes the model developed by the County Health Rankings and Roadmaps (CHRR) and the Robert Wood Johnson Foundation (RWJF). This approach utilizes the determinants of health as the model for community health improvement supplemented with additional data.

Figure 4: Modified MAPP model

Figure 5: CHHR and RWJF model



Summary of Impact from the 2020-2022 CHIP

An essential component of the three-year CHA cycle is revisiting the progress made on priority needs outlined in the preceding CHA. Reviewing the actions taken to address the significant needs and evaluating the impact increases the potential to target resources and efforts better during the next CHA cycle. An evaluation of our efforts to address the significant health needs identified in the 2020-2022 CHIP can be found in Appendix G (page 55).

Data Collection Methodology

In collaboration with various community partners, primary and secondary data were collected and analyzed for Davidson County. The methodology used was a modified Mobilizing for Action through Planning and Partnerships (MAPP), focused on the Community Health Status Assessment and Community Themes and Strengths Assessment. The modification excluded the Local Public Health System Assessment and the Forces of Change Assessment; these assessments will be reintroduced in the 2025 CHA process.

Community Health Needs and Assets

Recognizing its vital importance in understanding the health needs and assets of the community, MPHD consulted with a range of public health and social service providers that represent the broad interest of Davidson County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served; and 3) the broader community at large and those who represent the broad interests and needs of the community served. Multiple methods were used to gather community input, including an environmental scan, key stakeholder interviews and a community survey. These methods provided additional perspectives on how to select and address top health issues facing Davidson County.

Environmental Scan

The environmental scan summarizes health and health-related studies that provide information, data, and common themes presented in various reports published about Davidson County, TN. The review examined existing data relevant to community health and identified strengths, assets, relationships, and areas of improvement regarding the health and healthcare of the community. Twenty-six individual reports from diverse community partners in Davidson County were analyzed and themed. While themes and needs varied, the reports specifically mentioned several populations that experienced more significant barriers. These populations include Spanish and Arabic speakers, immigrant and refugee populations, senior citizens, youth, low-income, and minority populations. Reports were collected from March 2021 to August 2021 and analyzed in September 2021 on a rolling basis or until the analysis cutoff date of September 17, 2021. The reports received after this timeline were reviewed and cataloged. Below is a complete listing of the community partners who submitted reports for analysis in Davidson County:

- Second Harvest Food Bank of Middle Tennessee (2 reports)
- Morton Memorial United Methodist Church
- Medical Foundation of Nashville
- Tennessee Commission on Aging and Disability
- American Cancer Society
- End Slavery Tennessee
- Tennessee Charitable Care Network
- Tennessee Office for Refugees
- Siloam Health and Metro Nashville Public Health Department (joint report)
- The New Beginnings Center
- Siloam Health
- Sexual Assault Center
- Inspiritus
- Hispanic Family Foundation
- Metro Homeless Impact Division (2 reports)

- Interfaith Dental
- Room in the Inn
- Gideon's Army
- The Equity Alliance
- Nashville Healthcare Council
- Metro Social Services
- Metro Nashville Public Health Department (2 reports)
- Nashville Health and Well-Being Survey

Major Themes

The significant themes that emerged for Davidson County were insurance access, adapting health care infrastructure, food security and nutrition concerns, mental health and isolation, and COVID-19 as an accelerant to existing needs. They are described in more detail below:

Insurance access:

- Davidson County has a substantial healthcare environment, with hundreds of health and healthcare organizations headquartered in Nashville and more than 15 hospitals available for residents.
- However, "The Community Needs Evaluation - The State of Well Being" relayed that the benefit of this environment is unavailable for those that do not have access to health insurance. Navigating a diagnosis or chronic condition without health insurance can be costly and confusing to a community member, as the continuum of care for the patient can be stalled. Many providers and clinics will not accept patients without some form of insurance, and the clinics that do accept uninsured patients often have long wait times to be seen.
- Analyzed reports show that uninsured patients are often low-income and frequently don't speak English well, complicating their access, communication with providers, and navigation of complex health care settings. These complications not only add stress for the individual seeking care but stress the health care and public health ecosystems.
- Uninsured patients who eventually receive care often seek it in inappropriate settings (like the emergency department) where linkages to a healthcare provider or healthcare home are not often made.

  To summarize:
  - Language barriers persist,
  - Appropriate place for appropriate care continues to be a challenge; and
  - No insurance can often mean no services or very long wait times.

Adapting health care infrastructure:

- Many reports emphasized the need to meet vulnerable health populations where they are and respond with care models that work for that population group.
- Examples in the review included: community health worker models, various telehealth models, and mobile health units.
- There were concerns about being able to address specific health concerns and cultural competency needs of vulnerable populations that don't speak English well.
- Various telehealth models addressed the capabilities of broadband in reaching some (but not all) populations and keeping community members safe during the COVID-19 pandemic. Other infrastructure capacities such as mobile health units, with the ability to

deliver food, vaccines, and other community resources were also written about to connect with hard-to-reach populations.

Food security and nutrition concerns:

- Food security concerns were noted, especially for youth and senior citizens.
- One report showed that many children in Davidson County eat at least two (2) meals a day in a school setting; COVID-19 required vulnerable families to provide food for their families that was usually received in other settings.
- Additionally, already vulnerable senior citizens, often on limited incomes, were encouraged to stay at home during the COVID-19 pandemic. Several organizations noted that this meant seniors often had to ration food for themselves until someone could safely get food, medication, and other nutritional resources to them.

Mental health and isolation:

- Increased isolation, resulting in poor mental health outcomes, was another concern noted in the reports.
- Access to mental health services and limited involvement in community life were already existing needs in the community; very limited or no access to loved ones, teachers, care providers, and friends and increased use of technology during the COVID-19 pandemic heightened the need for connection and stress relief.

COVID-19 as an accelerant to existing needs:

- Challenges that accompanied the COVID-19 pandemic were mentioned in nearly every report, and often operated as an accelerant to the existing issues. Families already vulnerable to hunger, whose only access to fresh fruits and vegetables is a grocery mobile health unit drop-off that is understaffed, become much more vulnerable with COVID-19 interruptions.
- Substance use disorder also came up as an existing issue that often requires in-person support. Community members suffering from substance misuse were left in difficult positions due in part to limited access to in-person resources during the lockdowns and working with health systems that have been stretched thin. Additionally, many of the reports mentioned that the community members they served had intentionally put off routine care (dentist appointments, needed surgeries) due to fear of COVID-19.
- An additional need that one report mentioned was affordable childcare. There are 6,844 fewer licensed childcare spaces in Nashville in 2019 than in 2016, while the area encountered tremendous population growth during this time.

Due to the ever-changing dynamics of the COVID-19 pandemic and the diverse communities that make up middle Tennessee, there are many moving parts and issues to focus on in the county. However, Middle Tennessee boasts many community resources and benefits from many collaborative partners to help meet these pressing needs. By understanding these main points of concern in middle Tennessee, resources can be deployed to these communities to improve the health of all county residents.

Summary of Primary Data

Surveys

Measurement Matters conducted an online survey in collaboration with Ascension Saint Thomas, Vanderbilt University Medical Center, Metro Nashville Public Health Department, and Healthy Nashville Leadership Council. The survey, consisting of three questions, gathered community members' perceptions, thoughts, opinions, and concerns regarding health priorities for Davidson County, from a broad population segment. The survey was distributed through multiple networks between November 1, 2021, and December 3, 2021, to the members of the HNLC, key stakeholders interviewed, and community members. A total of three hundred sixty-six (366) individuals responded. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey was only available in English. A summary of the survey key points is found in Table 2.

Table 2: Survey Key Summary Points

Davidson County Survey

Key Summary Points

- **What prevents all people in Davidson County from being as healthy as possible?**
  - Access to financial resources
  - Poor personal choices
  - Social Determinants of Health
  - Access to health care
  - Affordable, culturally competent health care
  - Racial and income inequity
  - Behavioral health care
  - Behavioral health care in schools
  - Local healthy foods
  - Safe green space
  - Transportation
  - Improved community safety
  - Affordable housing

- **If you could make 1 or 2 changes to ensure all residents of Davidson County can be as healthy as possible, what would these changes be?**
  - Affordable healthy foods
  - Green space, trees, sidewalks, and bike paths
  - Affordable housing
  - Community resources
  - Improve public transportation
  - High quality, affordable health care
  - Cultural training for health care professionals
  - Healthy lifestyle mandates for employers
  - Human centered planning (health equity, more convenient clinic hours for working people)
  - Universal health care
  - Equitable health care
  - Expand Medicaid
  - Remove politicians from health decisions
  - Pay a living wage
  - Reallocate taxes
  - Equal representation of minorities in government

Populations/Sectors Represented	Common Themes
● Respondents most lived within the following geographic zip codes: 37211, 37013, 37205, 37221, 37209, 37206 and 37207. ● 66% of respondents were Caucasian/White, 21% were African American/Black, 4% were Latinx/Hispanic and 3% Asian. ● Respondent ages ranged from 20-81 years of age, with a median age of 48.	● Access to high quality, affordable health care ● More affordable housing ● More green space, trees, sidewalks, and bike paths ● Improve public transportation ● Access to healthy foods ● Inequities

Meaningful Quotes
● "Nashville's main focus seems to be on the tourists. It does not seem to care about the actual people that work and live in Davidson County. There is not affordable housing in Nashville for the average worker. We seem to cater to the incoming out of towner people." ● "The need for health navigation and education in many languages–in particular, indigenous languages from Latin America–in partnership with trusted community organizations." ● "Homeless youth, especially homeless LGBTQ+ youth, have no pathway to healthcare–and they need it." ● "Affordable group exercise programs and nutrition services. Bad food is cheap and good food is expensive. Maybe a free type of farmers market with fresh fruit and produce in poorer areas of the counties. Better utilization of the products that get wasted from restaurants and grocery stores." ● "Healthcare in the USA is very expensive. It should be affordable for citizens of any class status." ● "Health Disparities, access to care such as transportation, childcare, and time off work. Language barriers to share on the importance of regular health care. This would include mental health as well!"

Key stakeholder interviews

A series of 37 one-on-one interviews were conducted by staff from Ascension Saint Thomas and Vanderbilt University Medical Center's Office of Health Equity to gather feedback from key stakeholders on the health needs and assets of Davidson County. Representatives from 24 different organizations and agencies participated in the interviews between September 2021 and November 2021. Sectors represented by participants included:

- Local public health
- State public health
- Local mayor's office
- Local chamber of commerce
- Senior citizen-focused 501(c)3s
- Latinx and Hispanic citizen-focused 501(c)3s
- Healthcare
- Law enforcement
- Safety net clinics
- Maternal/child health organizations

Table 3: Key Stakeholder Interview Results

Key Stakeholder Interviews
Key Summary Points
● Healthcare infrastructure, non-profit partners, and strong education systems and institutions were named as the county's strongest assets. ● People of color, refugees, immigrants, LGBTQ+, and non-English speaking populations were named as being left out of the story of Davidson County the most often. ● The top three issues interviewees were most concerned about were: Housing inventory and costs, transportation, growth/economic concerns, and mental and behavioral health (broad.) ● The top three health issues interviewees were most concerned about were: mental and behavioral health, uninsured and underinsured populations' access to care including transportation, and mental health/substance misuse. ● COVID-19 exacerbated existing needs in the community, especially housing and the need for cultural competency in messaging about health and public health.

Populations/Sectors Represented	Common Themes
• K-12 public schools • Local government • University students • Business community • Healthcare community • Safety net populations • Underinsured/Uninsured • Faith-based community • Senior citizens • Spanish-speaking community members • Arabic-speaking community members	• Davidson County is a desirable place to live due to its growth, many health and business sectors; however, not everyone is feeling the benefits of Davidson County's success. • Marginalized populations (seniors, minorities, and LGBTQ+) were more impacted by the COVID-19 pandemic and were already experiencing health and economic disparities. • Transportation and housing need to be improved and expanded in tandem to support the workforce that needs access to transit and work opportunities near their homes. • COVID-19 may have acted as an accelerant to existing mental health issues being experienced in the community. • COVID-19 may have acted as an accelerant to substance misuse in the community. • Economic opportunities, specifically local business support and wage growth to match the increased cost of living. • Community infrastructure and safety is a necessity to achieve overall community health and accessibility.
Meaningful Quotes	
• "Sometimes I don't like certain treatments at my clinic, and I would rather go to a specialist. But no health insurance means excessive costs." • "As immigrants, there is a lack of information regarding health. A lot of us don't have health insurance [and] we don't know when to go to the doctor." • "There is discussion about moving [existing] public housing. This needs to be balanced with Nashville's growth."	

To view additional community input data, see Appendix C (page 44).

Summary of Secondary Data

Both governmental and non-governmental agencies routinely collect secondary data reflective of the population's health status at the state and county levels through surveys and surveillance systems. Secondary data, collected and published by reputable and reliable sources, including County Health Rankings, the Robert Wood Johnson Foundation, the U.S. Census Bureau, and the VUMC Community Health Data Dashboard, was used in the process.

Health indicators in the following categories were reviewed:

- Demographics
- Health Outcomes
- Social and Economic Factors that impact health
- Physical Environment
- Health Behaviors
- Clinical Care/Access
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined inTables 4-8. The information is based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website and Vanderbilt University's Office of Health Equity Community Health Data Dashboard.

NOTE: Data in the tables do not reflect the effects of the COVID-19 pandemic on communities.

How To Read These Tables

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

County vs. State: Describes how the county's most recent data for the health issue compares to state.

Trending: CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share, or the measure has remained the same.

Top US Counties: The best 10 percent of counties in the country. It is important to compare not just with Tennessee but important to know how the best counties are doing and how the county compares.

Description: Explains what the indicator measures, how it is measured, and who is included in the measure.

n/a: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

Table 4. Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Davidson County	Trend	Tennessee	Top US Counties	Description
Length of Life					
Premature Death	8,500		9,355	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy	77.0		76.0	81.1	How long the average person should live.
Infant Mortality	7		7.1	4.0	Number of all infant deaths (within 1 year) per 1,000 live births.
Quality of Life					
Poor or Fair Health	19%		21%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days	4.4		4.7	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress	14%		15%	10%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight	9%		9%	6%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+*	16.2		10.7	n/a	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population.
Mental Health					
Poor Mental Health Days	5.0		5.2	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress	15%		16%	12%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide	13		16	11	Number of deaths due to suicide per 100,000.
Chronic Conditions					
Diabetes prevalence	9%		13%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence*	443.8		466.0	n/a	Number of new cancer diagnoses per 100,000.
Communicable Disease					
HIV Prevalence	610		307	38	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections	841.8		569	161	Number of newly diagnosed chlamydia cases per 100,000.

Source: *Explore Health Rankings | County Health Rankings & Roadmaps Conduent Healthy Communities Institute - VUMC Community Health Dashboard**

Table 5. Social and Economic Factors

Why they are important: These factors have a significant effect on one's health. They affect the ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Davidson County	Trend	Tennessee	Top US Counties	Description
Economic Stability					
Median Household Income	$63,800		$56,000	$72,900	Income where half of households in a county earn more and half of households earn less.
Unemployment	2.5%		3.4%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty	12.8%		13.8%	n/a	Percentage of population living below the Federal Poverty Line.
Childhood Poverty	18%		19%	10%	Percentage of people under age 18 in poverty.
Education					
High School Completion	89%		87%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Some College	73%		61%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Community/Social Environment					
Children in single-parent homes	34%		29%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations	13.4		11.3	18.2	Number of membership associations per 10,000 population.
Disconnected Youth	5%		7%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile Arrests	N/A		X	X	Rate of delinquency cases per 1,000 juveniles.
Violent Crime	1,105		621	63	Number of reported violent crime offenses per 100,000 population.
Food Access					
Food Environment Index	7.7		6.2	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity	12%		14%	9%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods	7%		6%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Source: ***Explore Health Rankings | County Health Rankings & Roadmaps***					

Table 6. Physical Environment

Why it is important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing, and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicators	Davidson County	Trend	Tennessee	Top US Counties	Description
Physical Environment					
Severe housing cost burden	14%		12%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems	17%		14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter	8.9		8.8	5.5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership	54%		66%	81%	Percentage of occupied housing units that are owned.
Source: ***Explore Health Rankings | County Health Rankings & Roadmaps***					

Table 7. Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Davidson County	Trend	Tennessee	Top US Counties	Description
Healthcare Access					
Uninsured	14%		12%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults	17%		16%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children	6%		5%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians	1,040:1		1,400:1	1,200:1	Ratio of population to primary care physicians.
Other Primary Care Providers	430:1		681:1	621:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers	300:1		630:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays	5,087		4,915	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventive Healthcare					
Flu Vaccinations	52%		50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings	39%		41%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: ***Explore Health Rankings | County Health Rankings & Roadmaps***					

Table 8. Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes, or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Davidson County	Trend	Tennessee	Top US Counties	Description
Healthy Life					
Adult Obesity	20%		33%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity	23%		27%	19%	Percentage of adults aged 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities	91%		70%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep	39%		41%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths	11		15.4	9.0	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking	20%		21%	16%	Percentage of adults who are current smokers.
Excessive Drinking	17%		17%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths	28%		25%	11%	Percent of Alcohol-impaired driving deaths.
Inpatient Stays due to Opioid Overdose (2019) *	23.0		19	n/a	Rate of opioid-related hospital visits per 100,000 population.
Sexual Health					
Teen Births	27		29	12	Number of births per 1,000 female population ages 15-19.

Source: ***Explore Health Rankings | County Health Rankings & Roadmaps*** ***; Conduent Health Communities Institute - VUMC Community Health Data Portal****

To view additional secondary data and sources, see Appendix D *(page 48)*.

Summary of COVID-19 Impact on Davidson County

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths from COVID to people over 65 years of age. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection and death compared to non-Hispanic White Americans.[2]

Significant COVID-19 disparities include:

- Hispanic Persons at 2.3 times the risk of death
- Non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions[3]

Table 9: COVID-19 Impact

COVID-19 Impact on Davidson County and Tennessee (as of April 17, 2022)		
Indicator	**Davidson County**	**Tennessee**
Total Cases	209,287	1,976,936
Hospitalizations	3,880	42,679
Total Deaths	1,673	25,844
Population Fully Vaccinated	65%	54.3%

Source: CDC COVID Data Tracker and Tennessee Department of Health COVID-19 Data Dashboard - Tennessee Department of Health and The New York Times Coronavirus Tracker

[2]Centers for Disease Control and Prevention (https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities)

[3] Ibid

Data Limitations and Information Gaps

Although comprehensive, this assessment cannot measure all aspects of health or represent every population within Davidson County, limiting the ability to assess the community's needs fully. Three limitations of the 2021 CHA were:

- Some groups may not have been adequately represented through the community input process. For example, those groups may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in several ways, including timeliness, reach, and descriptive ability with groups as identified above.
- An acute community concern may significantly impact the ability to conduct portions of the CHA assessment. An acute community concern is an event or situation that may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHA cycle. The acute community concern that affected the 2021-2022 CHA was the COVID-19 pandemic.

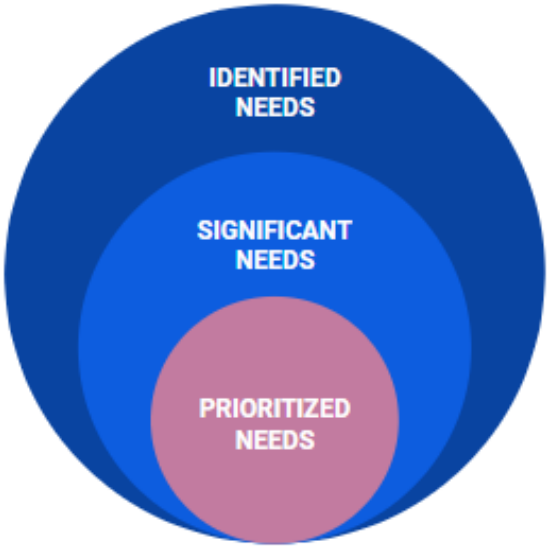
Despite the limitations, Metro Public Health is confident that the overarching themes and health needs in the assessment data represent the community's needs based on the data collected through multiple qualitative and quantitative methods.

Identified Needs

Community Needs

With assistance from community partners, secondary data of over 95 indicators was analyzed and community input was gathered through individual interviews and an online community survey to identify the needs in Davidson County. A phased prioritization approach was used to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined most crucial for community stakeholders to address.

Figure 6: Needs Model



Following the completion of the CHA assessment, HNLC will select all, or a subset, of the significant needs as the community's **prioritized needs,** which will be used to develop a **community health improvement plan (CHIP)**. Although the community may address many needs, the prioritized needs will be at the center of a formal CHIP and corresponding tracking and reporting.

Identified Needs

MPHD has defined "identified needs" as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Davidson County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In collaboration with various community partners, MPHD utilized elements of the MAPP process to prioritize which of the identified needs were most significant. The Core Team has defined "significant needs" as the identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods.

Prioritization Criteria	
Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of the Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social, or other)?

Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and it is working? What are the community's intrinsic barriers, and how big are they to overcome?

Through the prioritization process for the 2021 CHA, the significant needs from Davidson County are as follows:

- **Housing/Transportation**
- **Whole Health**
- **Economic Opportunity and Job Skill Development**
- **Food Access/Food Insecurity; and**
- **Awareness and Navigation of Community Resources**
- **Equity**

To view health care facilities and community resources available to address the significant needs, please see Appendix E *(page 51)*.

Descriptions of the significant needs, including data highlights, community challenges, perceptions, and local assets and resources, are found in Tables 10-14.

Table 10: Whole Health Significant Need

Whole Health - Davidson County	
Why is it Important?	**Data Highlights**
Whole health honors the interconnectivity of the various sectors of health. It includes accessibility, availability, affordability, and adequacy of information and services for physical, mental, dental, behavioral, and spiritual health.	● While provider ratios for primary care and mental health have improved in Davidson, integration is still lacking. ● Dental health access continues to provide challenges, but there are many best practices in our community. ● Disparities across many sectors of health continue to impact people of color more acutely.
Community Challenges & Perceptions	**Individuals Who Are More Vulnerable**
● Whole health needs to include spiritual health in the definition to be truly holistic. ● Integrating other aspects of health into the whole person's health is paramount for an individual's health outcomes.	● Low-income populations ● Uninsured/underinsured ● Racial and ethnic minorities ● Seniors

Table 11: Economic Opportunity and Job Skill Development Significant Need

Economic Opportunity and Job Skill Development - Davidson County	
Why is it Important?	**Data Highlights**
Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.	● Access to the health insurance market is made easier by meaningful employment. ● Wage growth has not kept up with the cost of living in Nashville. ● There are disparities among median household income, especially for people of color.
Community Challenges & Perceptions	**Individuals Who Are More Vulnerable**
● Job security and household income is an important social determinant of health. Steady incomes allow more people to meet their health needs. ● High quality childcare is an important aspect of pursuing economic opportunities in Nashville.	● People of color ● Those with limited English proficiency ● Those with limited educational attainment ● Those without access to childcare

Table 12: Food Access/ Food Insecurity Significant Need

Food Access/Food Insecurity - Davidson County	
Why is it Important?	**Data Highlights**
The environments where we live, learn, work, and play affect our access to healthy food and opportunities for physical activity. A lack of access to healthy foods is often a significant barrier to healthy eating habits. Low-income and underserved areas often have limited numbers of stores that sell healthy foods. People living farther away from grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast-food outlets.	● While food environment index scores have improved, access issues continue to be a barrier as the city rapidly develops. ● The COVID-19 pandemic highlighted the need for children's access to healthy food through schools.
Community Challenges & Perceptions	**Individuals Who Are More Vulnerable**
● Individuals without reliable access to a vehicle or convenient public transit will face more barriers. ● The cost of travel time to or additional out-of-pocket expenses for community members in underserved neighborhoods may be too high.	● Low-income individuals ● Individuals located in food deserts ● Those with limited access to a grocery store ● Those without access to a vehicle or reliable public transit

Table 13: Housing/Transportation Significant Need

Housing/Transportation - Davidson County	
Why is it Important?	**Data Highlights**
When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability, and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development. Housing measures can also be considered proxy indicators of more general socioeconomic circumstances. Households experiencing severe cost burden must face difficult trade-offs in meeting other basic needs. When most of a paycheck goes toward the rent or mortgage, it makes it hard to afford health insurance, health care and medication, healthy foods, utility bills, or reliable transportation to work or school. This, in turn, can lead to increased stress levels and emotional strain.	● High rates of cost burden for homeowners ● High rates of cost burden for renters ● High demand and exponential growth in Davidson County
Community Challenges & Perceptions	**Individuals Who Are More Vulnerable**
Urban housing needs to be close to transportation because of residents' dependence on public transportation. We need to be conscious of these constructs - low-income workers need to be able to access transit, grocery stores, day cares, and employment.	● Unhoused and homeless ● Minority populations ● Young adults ● Senior citizens ● Those unable to attain homeownership easily ● Those who cannot live near to where they work

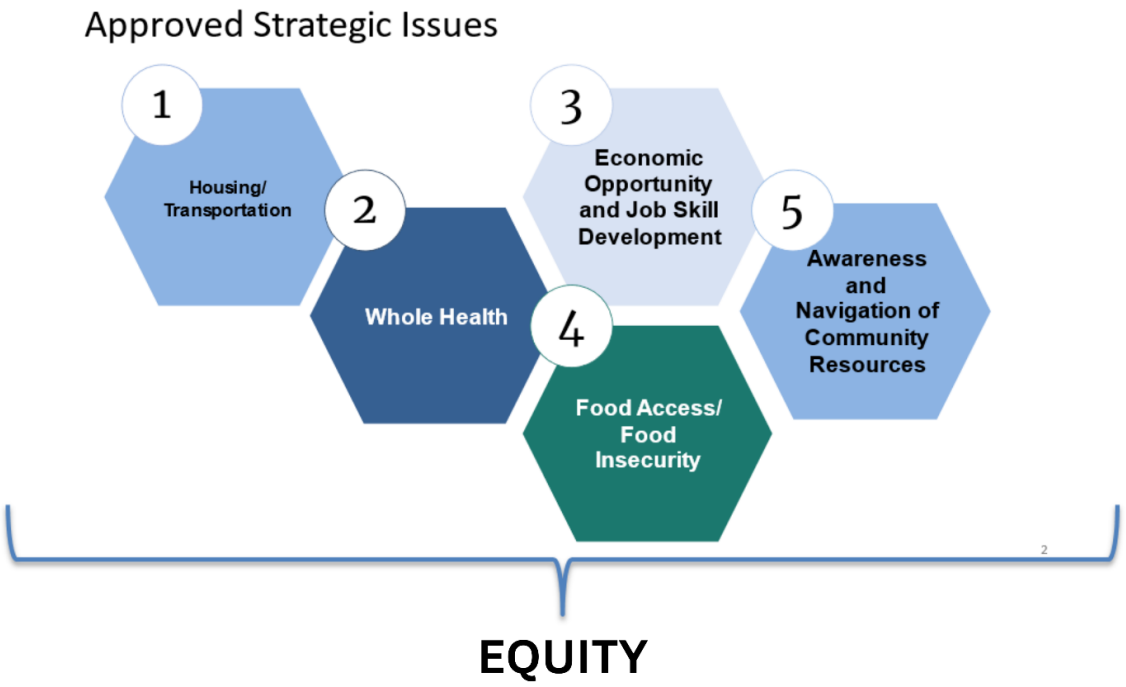
Table 14: Awareness/Navigation of Community Resources Significant Need

Awareness/Navigation of Community Resources - Davidson County	
Why is it Important?	**Data Highlights**
Care coordination can impact overall physical, social, and mental health status. The ease to which an individual can obtain the services needed speaks to bridging the gaps between patients, providers, and other aspects of the community health ecosystem.	● Davidson County is a healthcare-rich environment, but disparities persist among minority and refugee populations. ● Davidson County is resource-rich, but the delivery and adequate, equitable communication are barriers. ● Developing centralized repositories of information from trusted sources could help neighbors and neighborhoods.
Community Challenges & Perceptions	**Individuals Who Are More Vulnerable**
● Connecting those who have limited mobility and limited English proficiency continue to be barriers. ● Offering services and policies in multiple languages could support an increasingly diverse population. ● There need to be opportunities to develop and earn trust with communities of color. ● System level and individual interventions are needed to support this need.	● Those with limited English proficiency ● Those without a vehicle or reliable public transportation ● Uninsured/underinsured ● Those with limited income ● Those who need assistance with health literacy ● Those who lack access to telehealth and internet capabilities

Prioritized Needs

Following the completion of the CHA, the HNLC selected the needs below as the community's prioritized strategic issues for the 2023-2025 CHIP:

Figure 7: Prioritized and Approved Strategic Issues



Approval of Identified Needs

MPHD understands the importance of the community's health needs and is committed to playing an active role in improving the health of the people in Davidson County. To ensure the outlined efforts meet the community's needs and have a lasting and meaningful impact, the 2021 CHA was presented to the HNLC for approval and adoption on April 5, 2022, as required by the Public Health Accreditation Board and Mayor Barry's Executive Order 27. [4]

Following the HNLC's approval, the identified needs chosen for inclusion in the 2023-2025 CHIP are further developed by a group of community members and implemented in January 2023.

[4] Mayor Megan Barry Executive Order Number 27, https://www.nashville.gov/departments/metro-clerk/legal-resources/executive-orders/mayor-megan-barry/mb027 , accessed 9.27.2022.

Conclusion

The CHA process aims to develop and document information on the health and wellbeing of the community MPHD serves. This report will be used by internal stakeholders, non-profit organizations, hospital systems, government agencies, and community partners to guide the creation of CHIP strategies and efforts. The 2021-2022 CHA will also be available to the broader community as a valuable resource for further health improvement efforts.

MPHD hopes this report offers a meaningful and comprehensive understanding of the most significant health needs in Davidson County. With special attention to those who are poor and vulnerable, we are advocates for an equitable and just society through our actions and words. The department values the community's voice and welcomes feedback on this report. Please visit this public website https://www.nashville.gov/departments/health/boards/healthy-nashville-leadership-council and use the contact information to submit any questions or comments.

Appendices

Appendix A: Community Health Assessment (CHA) Partners

- Healthy Nashville Leadership Council

Name	Organization
Gill Wright, MD Director of Health	Metro Public Health Department
Sandra Moore	Community Member
Robert Robinson	Alignment Nashville
John Keys	Community Member
Charles Hewgley	Community Member
Tene' Franklin	Board of Health
Mandi Ryan	Centerstone
Freida Outlaw	SAMHSA Minority Fellowship Program/American Nurses Association
Nancy Anness	Ascension Saint Thomas
Elisa Friedman	Vanderbilt University Medical Center
Khalela Hatchett	Nashville General Hospital @ Meharry
Mekeila Cook	Meharry Medical College
Tamika Hudson	Vanderbilt University School of Nursing
Kinika Young	Tennessee Justice Center
Whitney Weeks	HCA Foundation
VACANT	
Rebecca Carter	United Way of Greater Nashville
Ted Cornelius	YMCA
Ex Officio Members	**Metro Department**
Laura Hansen	Metro Nashville Public Schools
Renee Pratt	Metro Social Services
Abdelghani Barre	Metro Social Services-Proxy
Anita McCaig	Metro Planning
Fred Smith	Nashville Fire Department-EMS
Monique Odom	Metro Parks
Randall Miller, Jr.	Metro Parks-Proxy
VACANT	Mayor's Office

- Metro Public Health Department
  - Tracy Buck
  - Letrice Samuels
  - Rand Carpenter
  - Brook McKelvey
  - Abraham Mukolo

Justin Gatebuke
Autumn Ganis
Katie Schlotman

- Ascension Saint Thomas Hospital Midtown
  - Mary Kate Mouser
  - Amanda Ables
- Vanderbilt University Medical Center-Office of Health Equity
  - Elisa Friedman
  - Carleigh Frazier
  - Sarah Ray
- Core Team members
  - Ascension Saint Thomas Hospital Midtown
  - Vanderbilt University Medical Center - Office of Health Equity
  - Nashville General Hospital at Meharry
  - HCA Healthcare
  - Metro Social Services
  - Metro Public Health Department
- Dr. Kathryn Mathes
- Tennessee Immigrant and Refugee Rights Coalition
- The Elmahaba Center
- Prioritization Subcommittee

  The HNLC Core Team recommended establishment of a Prioritization Subcommittee. The Prioritization Subcommittee was made up of a cross-section of organizations that serve Nashville under-served community members. The Prioritization Subcommittee, assembled based on their knowledge of Davidson County and representation of multiple community sectors, reviewed the collected community data, and prioritized the identified health needs to provide the strategic issues for the community health improvement plan (CHIP). The table below shows the community members invited to participate.

Table 15. Prioritization Subcommittee Invitation List

	Sector	Organization	Name	Title
1	Non-profit hospital	Vanderbilt University Medical Center	Elisa Friedman	Associate Vice President for Community Health and Health Equity
2	Non-profit hospital	Ascension Saint Thomas	Mary Kate Mouser	Community Health and Benefit Director
3	Non-profit hospital	Nashville General Hospital at Meharry	Khalela Hatchett	Director of Population Health
4	Hospital Foundation	HCA Healthcare Foundation	Whitney Weeks	Assistant Vice President
5	Social Services	Metro Social Services	Renee Pratt	Director
6	Social Services	Metro Social Services	Abdelghani Barre	Assistant Director of Administration and Research

7	Public Health	Metro Public Health	Tracy Buck	Senior Health Strategist
8	Homeless Community	Metro Social Services Homeless Impact Division	Jay Servais	Interim Director
9	Healthcare	Safety Net Consortium of Middle Tennessee	Rebecca Leslie	Board Chair
10	Public Health	Metro Board of Health	Tene' Franklin	Board Chair
11	Clinic staff	Faith Family	Sherry Mast	Chief Operations Officer
12	Clinic staff	ConnectUs Health	Susanne Hurley Caroline Portis-Jenkins	Co-Executive Directors
13	Education K-12	MNPS	Nicole Boyle	Director Student Health Services
14	Collegiate	Nashville State Community College	Dr. Shanna Jackson	President
15	Early childhood	Love Before All	Annie Paraison	Founder
16	Early childhood	Metro Action Commission	Lisa McCrady	Director of Communications
17	Business	Studio Bank	Harry Allen	Co-Founder/Executive Vice President
18	Faith representatives	Jefferson Street MB Church	Rev. Aaron Marble	Senior Pastor
19	Faith representatives	First Presbyterian Church Franklin Road	Rev. Josh Rodriguez	Associate Pastor for Young Adult Ministry
20	Racial/Ethnic groups (Hispanic. Arabic, New Immigrants)	Hispanic Chamber of Commerce	Yuri Cunza	President and CEO of the Nashville Area Hispanic Chamber of Commerce
21	Racial/Ethnic groups (Hispanic. Arabic, New Immigrants)	Elmahaba Center	Lydia Yousief	Founder and Director
22	Racial/Ethnic groups (Hispanic, Arabic, New Immigrants)	Hispanic Family Foundation	Diane Janbakhsh	Executive Director
23	Specific geographies or neighborhoods	Metro Council District 3	Jennifer Gamble	Council Member
24	Senior population	West End Home Foundation	Dianne Oliver	Executive Director
25	Coalition	Nashville Health Disparities Coalition	Dr. Cynthia Jackson	Chair

26	Coalition	Congregational Health and Education Network (CHEN)	Rev. Omaran Lee Kristin Clarkson	Director Program Director
27	Mental Health	Nashville Prevention Partnership	DeWayne Holman	Executive Director
28	Food Access	Nashville Food Project	CJ Sentell	Chief Executive Officer
29	Housing	Urban Housing Solutions	Traci Patton Woodberry	Director of Administration and Community Engagement
30	Staff	Ascension Saint Thomas	Amanda Ables	Community Benefit Manager
31	Staff	VUMC	Carleigh Frazier	Community Health Manager
32	Staff	MPHD	Letrice Samuels	CDC Public Health Associate
33	Staff	MPHD	Rand Carpenter	Director of Epidemiology
34	Staff	MPHD	Anthony Johnson	Director of Strategy, Health Equity Bureau

Appendix B: Definitions and Terms

Acute Community Concern
An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g., hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern. Source: Ascension Acute Community Concern Assessment Framework

Collaborators
Third-party, external community partners who are working with the local health department and hospitals to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Focus Groups
Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums
Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Served
Community is a group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action.
Source: Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett, 2009.

Consultants
Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics
Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Identified Need
Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served.

Key Stakeholder Interviews
A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with a special knowledge or

expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. Could also be referred to as Stakeholder Interviews.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations
Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.
Source: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3

Prioritized Need
Significant needs which have been selected to address through the CHA implementation strategy or community health improvement plan (CHIP).

Significant Need
Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods.

Surveys
Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Appendix C: Community Demographic Data and Sources

These tables provide a description of Davidson County demographics. The description of the importance of the data is largely drawn from the County Health Rankings and Roadmaps website.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Davidson County	Tennessee	U.S.
Total	715,884	7,025,037	333,934,112
Male	48.2%	49.0%	49.3%
Female	51.8%	51.0%	50.7%

Data source: U.S. Census Bureau, 2020

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Davidson County	Tennessee	U.S.
Asian	4.0%	2%	6%
Black / African American	26.9%	17%	13%
Hispanic / Latino	10.4%	6%	19%
Native American	0.5%	0%	1%
White	56.3%	75%	69%

Data source: U.S. Census Bureau, 2020, County Health Rankings 2021

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare, and childcare. A population with more youths will have greater education needs and childcare needs, while an older population may have greater healthcare needs.

Age	Davidson County	Tennessee	U.S.
Median Age	34.5	40.0	38.8
Age 0-17	20.6%	21.2%	21.8%
Age 18-64	66.9%	60.8%	61.0%
Age 65+	12.5%	18.0%	17.2%

Data source: U.S. Census Bureau, 2020

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE Households, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Davidson County	Tennessee	U.S.
Median Household Income	$63,800	$55,276	$64,730
Per Capita Income	$37,958	$29,859	$34,103
People with incomes below the federal poverty guideline	12.8%	13.8%	12.3%
ALICE Households	34%	32%	29%

Data source: United for Alice, 2018 County Health Rankings 2021 U.S. Census Bureau 2020

Education

Why is it important: A strong relationship exists between health, lifespan, and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Education	Davidson County	Tennessee	U.S.
High School grad or higher	89%	87%	88%
Bachelor's degree or higher	43.3%	27.3%	32.1%

Data source: County Health Rankings 2021 U.S. Census Bureau 2020

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Uninsured/Medicaid	Davidson County	Tennessee	U.S.
Uninsured	14%	12%	10%

Data source: County Health Rankings 2021

Languages Spoken

Why it is important: It is important to understand the portion of the local population that may need help in understanding English to participate in civic life and interact with the English-speaking majority.

Language Spoken	Percentage of Population (%)
English	84%
Spanish	7%
French, Haitian, or Cajun	1%
German, or Other West Germanic languages	<1%
Russian, Polish, or Other Slavic languages	<1%
Other Indo-European languages	2%
Korean	<1%
Chinese	1%
Vietnamese	<1%
Tagalog	<1%
Other Asian, or Pacific Island languages	1%
Arabic	1%
Other languages	2%

Primary language, American Community Survey, US Census Bureau, 2021

Additional languages reported by WIC enrollees, Davidson County	
Armenian	Kurdish
Bengali	Laotian
Chuj	Mixteco (Mestaqueco)
Danish	Nepali
Egyptian	Portuguese
Arabic	Romanian
Eritrean	Serbo-Croatian
Farsi	Sign Language
Hindi	Somali
Italian	Sudanese
Japanese	Swahili
Karen	Thai
Karenni	Turkish
Kikuyu	Uzbek
Kinyarwanda	Zomi
	Zulu

2021

Appendix D: Community Input Data and Sources

In January 2021, Metro Public Health Department began a Community Health Assessment for Davidson County and sought input from persons who represent the broad interests of the community using several methods:

- Planning meetings with the HNLC and community partners took place between January 2021-June 2021.
- 26 local reports from community partners were read, analyzed, and cataloged as a part of an Environmental Scan for Davidson County between March - September 2021.
- Information gathering, using secondary public health sources, occurred between November 2021 - February 2022.
- 37 community members representing many sectors of the community, including Arabic and Spanish-speaking citizens, participated in stakeholder interviews in Davidson County.
- A community survey was distributed, and 366 responses were collected from November 1, 2021, through December 3, 2021, in Davidson County.
- Healthy Nashville Leadership Council CHA Prioritization Subcommittee:
    - February 8, 2022 - reviewed all CHA data, considered health equity questions and views from others in subcommittee, voted on top needs
    - February 10, 2022 - reviewed voting results, prioritized the most significant health needs in the county, discussed solutions utilizing health equity framework

Input of those with special knowledge or expertise in public health

The CHA process in Davidson County is coordinated by the Healthy Nashville Leadership Council, which has staffing support from the Metro Nashville Public Health Department. Ascension Saint Thomas Hospital Midtown and Vanderbilt University's Office of Health Equity were primary collaborators in the CHA process. VUMC and Ascension Saint Thomas regularly met with and gained advice from the MPHD and interviewed the MPHD Director of Health as a part of the 1-1 interview methodology. Additionally, the Healthy Nashville Leadership Council has members who serve in community-facing clinics, including federally qualified health centers and clinics that serve low-income communities. There are also members that serve in government and community-based organizations that address social determinants of health. These individuals were instrumental in providing guidance, assistance, and knowledge to the community health assessment process.

Consulting with persons representing the community's interests and considering input from persons who represent the broad interests of the community served

Thirty-seven (37) community members were interviewed across twenty-four (24) organizations, including interviews with Hispanic and Arabic populations in Davidson County. Ascension Saint Thomas and Vanderbilt University Medical Center contracted with the Tennessee Immigrant and Refugee Rights Coalition (TIRRC) and the Elmahaba Center to conduct interviews with community members who spoke Spanish and Arabic.

Those selected were chosen based on their knowledge of Davidson County and its health needs. The hospitals and Health Department recommended the interviewees who represented the broad interests of the community.

The online survey was distributed through the Healthy Nashville Leadership Council, which represents a very broad swathe of the community representing many different agencies and organizations. Surveys were also distributed to the people who were interviewed to encourage larger representation from the community.

Solicit and consider members of the medically underserved, uninsured, and minority population served by the hospital or their representatives.

Many of the interviewees in Davidson County were selected because they represented the medically underserved, uninsured and minority populations. Below is a list of the interviewees.

Since the online survey was distributed through the county's health council, the medically underserved and uninsured were included as well as the general population.

Interviewees - Davidson County

Organization	Sector Representation
Metro Nashville Public Health Department	Public Health
Metro Nashville Public Health Department - Opioid Program	Public Health, Substance Use Disorder
Davidson County Mayor's Office	Local Government
Tennessee Primary Care Association	Youth, Healthcare
Mental Health Cooperative	Mental Health, Non-profit
Safety Net Consortium	Underserved, Uninsured
Catholic Charities	Youth
AgeWell	Seniors
End Slavery of Middle Tennessee	Human Trafficking
Davidson County Chamber of Commerce	Business
Tennessee Bureau of Investigation - Human Trafficking	Human Trafficking
Tennessee Hospital Association	Hospital, Healthcare
Tennessee Immigrant and Refugee Rights Coalition	Immigrant, Underserved
Tennessee Justice Center	Advocacy, Uninsured
Tennessee Public Health Association	Public Health

Greater Nashville Regional Council	Transportation
Tennessee Commission on Children and Youth	Youth
Elmahaba Center	Immigrant, Non-profit
Monroe Carroll, Jr. Children's Hospital Center for Hearing and Vision	Youth, Healthcare
TennCare (Medicaid)	Managed Care, Healthcare
Tennessee Board of Regents	Education
Homeland Heart	Maternal, Infant Healthcare
One Gen Away	Food Security
Metro Social Services	Local Government
The Nashville Food Project, TSU	Food Security
Urban Housing Solutions	Housing
Meharry Medical College	Maternal, Infant Healthcare
Meharry Dental Clinic	Dental, Healthcare
Hispanic Family Foundation	LatinX, Non-profit
United Way of Middle Tennessee - Greater Nashville	Non-profit
Congregational Health and Education Network (CHEN)	Faith-based
People's Alliance for Transit Housing and Employment (P.A.T.H.E.)	Housing, Transportation

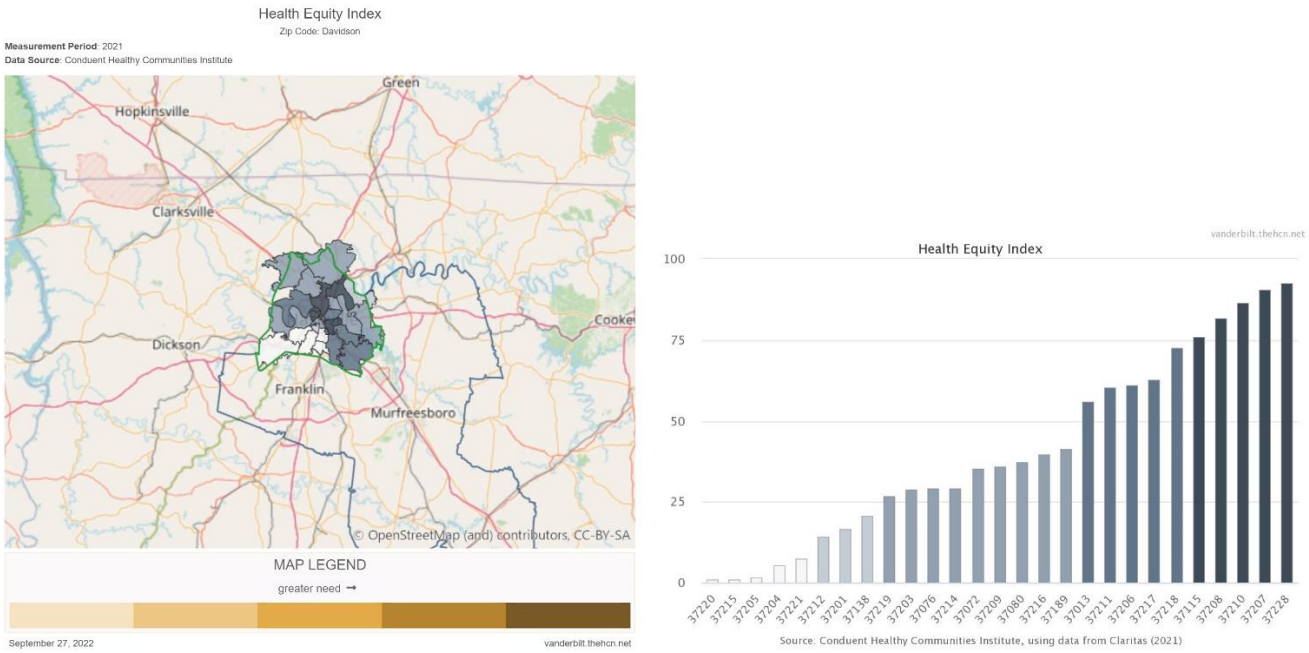
Appendix E: Additional Secondary Data and Sources

The Secondary data was reviewed and collected for presentation by the MPHD Epidemiology staff. Please click the link below to view the PowerPoint or PDF to view all secondary data visualizations that were used in the analysis for Davidson County:

Davidson County 2021 CHNA Secondary Data

The Health Equity Index[5], shown in Figure 8, available on the Vanderbilt University's Office of Health Equity Community Health Data Dashboard can be used to measure socioeconomic need that is correlated with poor health outcomes. This map and zip code index can be used to direct resources and actions to counteract the inequities that exist in our community.

Figure 8. Health Equity Index



[5] Health Equity Index, https://www.vumc.org/healthequity/community-health-data-and-resources , accessed 9.27.2022.

Appendix F: Health Care Facilities and Community Resources

As part of the CHA process, MPHD has cataloged resources available in Davidson County that address the significant needs identified in this CHA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading is not intended to be exhaustive.

Davidson County

Awareness and Navigation of Community Resources

Organization Name	Phone	Website
211 HELPLINE	800-318-9335	TN 211
Neighborhood Resources	314-733-8000	Neighborhood Resource | Ascension
Tennessee Disability Pathfinder	800-640-4636	Tennessee Disability Pathfinder
Age Well	615-353-4235	Neighborhood Resource | Ascension
Where to Turn In Nashville	NA	Where To Turn In Nashville
Metro Social Services	615-862-6432	Metropolitan Social Services | Nashville.gov

Economic Opportunities & Job Skill Development

Organization Name	Phone	Website
UpRise Nashville	615-301-8440	UpRise Nashville
Nashville Career Advancement Center	615-862-8890	Nashville Career Advancement Center
Catholic Charities	615-352-3087	Job Training - Catholic Charities of Tennessee
Goodwill Industries of Middle Tennessee	615-742-4151	Goodwill Industries of Middle Tennessee

Whole Health (Integrated Access to All Health Services)

Organization Name	Phone	Website
Centerstone of Middle TN	877-HOPE123	Mental Health and Addiction Services in Tennessee | Centerstone
Suicide Prevention Hotline	800-273-8255	National Suicide Prevention Lifeline

Mental Health Cooperative	615-726-3340	Mental Health Cooperative (mhc-tn.org)
Interfaith Dental Clinic	615-329-4790	Interfaith Dental Clinic
Siloam Health	615-298-5406	Siloam Health
Matthew Walker Comprehensive Health Center, Inc	615-340-1265	Matthew Walker Comprehensive Health Center
My HealthCare Home- Safety Net Consortium of Middle Tennessee		My Healthcare Home (myhchtn.org)
Project Access Nashville Specialty Care	615-712-6237	Project Access - Nashville Academy of Medicine: 2,300 Physicians Strong (nashvillemedicine.org)

Food Access / Food Insecurity

Organization Name	Phone	Website
Second Harvest Food Bank of Middle Tennessee	615-329-3491	Second Harvest Food Bank of Middle Tennessee
St. Luke's Community House Food Bank	615-350-7893	St. Luke's Community House
The Nashville Food Project	615-460-0172	Nashville Food Project
One Generation Away	615-538-7413	One Generation Away
Samaritan Soup Kitchen	615-329-1523	NA
Nashville Farmer's Market	615-880-2001	Nashville Farmers Market

Housing & Transportation

Organization Name	Phone	Website
WeGo Public Transit	615-862-5950	WeGo Public Transit
Senior Ride	615-610-4040	N/A
Urban Housing Solutions	615-726-2696	Urban Housing Solutions
Room In The Inn	615-251-9791	Room In The Inn
Nashville Rescue Mission	615-255-2475	Nashville Rescue Mission
Metropolitan Development and	615-252-8400	Metropolitan Development and

Housing Authority		Housing Agency | (nashville-mdha.org)

Appendix G: Evaluation of Impact from the Previous Community Health Improvement Plan

The 2020-2022 Healthy Nashville Community Health Improvement Plan (CHIP) addressed the following priority health needs: Access & Coordination of Resources, Basic Needs and Social Determinants (Healthy Food Access, Transportation, Safe, Affordable Housing, Public Education, Community Safety), Access to Affordable Healthcare, Mental Health & Toxic Stress, and Equity.

The HNLC established workgroups that invited community members and subject matter experts to participate in addressing the outlined work. Workgroup membership is shown in Table 15.

The previous community health assessment and community health improvement plan were made available to the public via the website: https://www.nashville.gov/departments/health/epidemiology-data-and-statistics/community-health-planning

Table 2 describes the actions taken during the 2020-2022 CHIP to address each priority need and indicators of improvement identified in the 2019 community health assessment (CHA).

The COVID-19 pandemic had a profound impact on the ability to carry out many strategies. Like many communities, staff capacity and attention shifted in 2020; while some of our objectives and strategies were able to adapt, many were not able to be implemented or fully completed.

Note: At the time of this report publication (e.g., Fall 2022), the third year of the cycle will not be complete. Work will continue through the end of the 2022 calendar year.

Table 16. Healthy Nashville Leadership Council, 2020-2022 Community Health Improvement Plan (CHIP) Workgroup Membership Roster

Access & Coordination of Resources	
HNLC Members	**Community Members**
Rebecca Carter	Mary Kate Mouser
Kinika Young	LaKelia Lovan
Sandra Moore	Annika Victorson**
Ted Cornelius	Vickie Harris
Access to Affordable Health Care	
HNLC Members	**Community Members**
Laura Hansen	Devika Nair
Kinika Young**	
Nancy Anness	
Freida Outlaw	
Charles Hewgley	
Equity	
HNLC Members	**Community Members**
Elisa Friedman	Carleigh Frazier
Randall Miller, Jr.	Kelly Corcoran
Robert Robinson**	Jackie Sims
Mekeila Cook	Leah Lomotey-Nakon

Kinika Young	Kia Jarmon
	Mozetta Jackson
Ad Hoc Equity Committee	
HNLC Members	**Community Members**
Freida Outlaw	Kia Jarmon
Elisa Friedman	Kelly Corcoran
Robert Robinson	
Laura Hansen	
Addressing Basic Needs & Social Determinants of Health Community Safety	
HNLC Members	**Community Members**
Rokeisha Bryant	Tom Sharp
Laura Hansen	Michelle Richter
	Pete Dusche'
	Bryan Heckman
Addressing Basic Needs & Social Determinants of Health Healthy Food Access	
HNLC Members	**Community Members**
Laura Hansen	Tom Sharp
Rebecca Carter	Vickie Harris
	Sarah Ray
	CJ Stensell
	Lauren Bailey
	Bryan Heckman
Support Mental Health & Reduce Toxic Stress	
HNLC Members	**Community Members**
Freida Outlaw	Bridget Del Boccio
Mandi Ryan	Charity Ingersoll
Rokeisha Bryant**	Annie Paraison
Sandra Moore	Ingrid Cockhren
Mekeila Cook	Denise Costanza

Table 17. 2020-2022 CHIP Evaluation

	CHIP Strategic issue	CHIP Goal	CHIP Objectives + Workplan steps	Completion status	Completion status notes
Strategy 1	Access & Coordination of Resources	Increase access and efficiency through the integration and alignment of resources to improve health and well-being	1.1 By December 2022, increase alignment and capacity of organizations providing coordination services.	In progress	Multiple conversations with TN Community Health Worker Association Review of coordinated services models: Unite US from North Carolina, CareConnect in St. Augustine, FL and San Francisco Community Information Exchange
			Engage with the newly formed Tennessee Community Health Worker Association Research coordinated services models in 3-5 other areas/states to understand: Convene organizations providing coordination services within Davidson County to build a shared community of learning and support to strengthen impact.		
			1.2 By December 2022, increase alignment and decrease competition of referral organizations.	In progress	Referral organizations were identified in Davidson County Invitations issued to and accepted by organizations to join the Learning Collaborative
			Establish a Referral Organization Learning Collaborative to strengthen collaboration a. Identify referral organizations in Davidson County b. Invite referral organizations to Learning Collaborative c. Increase knowledge of each other's work and organization d. Strengthen relationships with participating organizations. e. Collectively identify opportunities to align efforts that will increase efficiencies, are more cost effective and will better serve all community members in being aware and accessing resources and services. (December 2022)		
			1.3 By December 2022, increase knowledge of resources in the community.	Not started	

			By December 2022, increase knowledge of resources in the community. 1. Utilizing broad input from all stakeholders (Organizations providing Coordination, Referral Organization and End Users) to create a communication plan. 2. Create a measurement tool for the communication plan. 3. Socialize the communication plan. 4. Implement the communication plan. 5. Measure and Monitor the communication plan (January 2023)		
			1.4 By December 2022, increase knowledge and support for efforts related to strengthening genuine access and coordination to resources.	Not started	
			1. Engage the Davidson County Philanthropic Community in at least 2 conversations 2. Engage the Healthcare Community, including Health Systems, FQHCs, LTC, and Payors in at least 2 conversations 3. Make recommendations to at least one critical stakeholder and have at least 1 recommendation move forward to action. (December 2022)		
Strategy 2	Access to Affordable Health Care	Develop an equitable system of affordable, evidence-based care for	2.1 By December 2022, increase the percentage of uninsured and underinsured adult population accessing affordable primary care and specialty care services by up to 25%	In progress	Conversation with Project Access Nashville Data on specialty care service referral and usage was gathered for

		the uninsured and underinsured	1. Define specialty care services of greatest need 2. Identify access to care barriers for charity care at both patient and provider level through listening sessions and surveys addressing: a. Affordability b. Availability c. Accessibility (location) d. Accommodations e. Acceptability 3. Identify/Create a model for coordinated /shared referral system 4. Develop presentation based on information received from IS#2 and IS#3 5. Engage additional specialty care providers and health systems leaders 6. Obtain community consensus on community changes for policy, health structure 7. Increase community awareness through use of a marketing campaign		2019, 2020 and 2021 Access to charity care barriers was identified in the 2021 CHA data for review by the workgroup members
			2.2 By December 2022, reduce number of emergency department (ED) visits for uninsured patients that could be treated in primary care settings	Not started	
			2.3 By December 2022, increase community access to behavioral health services.	In progress	The funding was secured from the Mayor's Office as part of the Behavioral Health Crisis Response Initiative (BHCRI). RFP has been issued by Metro Procurement for a contractor to complete the BHSA. Responses are under review.
			Strategy 2.3.1 By December 2021, secure funding for and conduct the Behavioral Health System Assessment (BHSA)for Nashville/Davidson County. Strategy 2.3.2 By July 2022, convene mental health/behavioral health community stakeholders for planning using assessment findings. Strategy 2.3.3 By December 2022, build a plan based on the gaps identified in the assessment.		

Strategy 3	Equity	Ensure strategic focus on communities at greatest risk for health inequities	3.1 By December 2022, raise awareness about health inequities at the individual, organizational, and systems levels through training and information sharing activities.	In progress	Held SOE training on April 1 Committee met on April 8 to review the SOE training and make recommendations for updates to the training Discussed ways to make 1- pager more robust
			3.1.1 By December 2022, conduct "Seeds of Equity (SOE)" training with five Nashville organizations or entities, including the Healthy Nashville Workgroups. Healthy Nashville Leadership Council-Health Equity Workgroup Strategy 3.1.2 By December 2022, disseminate the Health Equity one-pager and other Health Equity resources to non-profit organizations, associations, Metro government and businesses.		
			3.2 By December 2022, strengthen capacity and advance equity for minority-led, emerging non-profit organizations that are on the front lines of promoting health equity and well-being in vulnerable communities.	Not started	
			3.2.1 By December 2022, coordinate existing capacity building efforts for minority-led organizations that are advancing equity by bringing together funders, academic partners, consulting groups, and others to advance programs and policies.		
			3.3 By January 2021, reorganize and refresh charter and structure of the Health Equity Workgroup, including soliciting additional ideas for membership, subgroup structures and an expanded leadership team.	Not started	

Strategy 4	Addressing Basic Needs & Social Determinants-Healthy Food Access	Provide genuine access to all the elements necessary for healthy and successful lives	4.1 By December 2022, increase alignment of healthy food infrastructure and systems	In progress	Nashville Food Systems Assessment Report was reviewed and discussed by members USDA definition of food security and food insecurity was reviewed and adopted Members reviewed multiple models of food systems before choosing the one that best represents the system in Nashville and how to approach the work of fixing the broken system List of key stakeholders is in development
			1. Review Food Systems Assessment Report and Follow-up plan to determine leverage points 2. Adopt definition of food security & nutrition security which addresses both quantity and quality of food 3. Review food system models/frameworks •Adopt food system model/framework for Nashville 4. Identify key system stakeholders for invitation to participate 5. Conduct asset/systems mapping 6. Create recommendations – including policy, process, funding, etc.		
			4.2 By December 2022, present recommendations on how to strengthen the food system to Metro government, Middle Tennessee Donors Forum, and others as appropriate	Not started	
			1. Create list for presentations 2. Present recommendations		
Strategy 5	Addressing Basic Needs & Social Determinants-Community Safety	Provide genuine access to all the elements necessary for healthy and successful lives	4.3 By December 2022, increase alignment of community safety infrastructure and systems.	In progress	Engaged staff from Mayor's Office of Community Safety Reviewed community safety data from the 2018 and the 2021 CHA processes
			1.Research local plans for community safety 2. Engage community and stakeholder listening sessions by leveraging existing groups to gain multiple perspectives •Professional partners •Community residents 3. Conduct asset mapping 4. Use asset mapping to identify linkages and gaps		

			5. Create recommendations – including policy, process, funding, etc.		
			4.4 By December 2022, present recommendations on how to strengthen community safety systems to Metro government, Middle Tennessee Donors Forum, and others as appropriate.	Not started	
			1. Create list for presentations 2. Present recommendations		
Strategy 6	Mental Health and Toxic Stress	Ensure all people have equitable access to evidence-based mental health and substance abuse services and supports, positive early childhood development and safe, nurturing relationships and environments	5.1 Beginning 2020, increase delivery of adverse childhood experiences (ACES) training, Building Strong Brains, to local public health system partners, Metro Nashville Government staff, and the public.	In progress	Workgroup has regular meetings with the TN Strong Brains group. They are also trying to meet with Road Maps to Resilience group since they believe that learning more about being trauma-informed would be beneficial
			Administer Building Strong Brains training Educate by sharing and engaging with ACE-specific media materials		
			5.2 By December 2022, increase number of local public health organizations and Metro Nashville Departments implementing a trauma-informed approach in their policies and practices.	Not started	
			Attend BSB training Become an active ACE Nashville member Health organizations and Metro Departments are actively engaging with TIC Resources		

			5.3 By December 2022, present recommendations for addressing access to affordable, high-quality childcare in Nashville to appropriate decision-making authorities.	In progress	Members discussed “high-quality” and determined that the using the core concepts in the National Association for the Education of Young Children (https://www.naeyc.org/) in the Developmentally Appropriate Practice guidelines: 1. Child age and stage of development 2. Helping each child meet goals 3. Value and include each child’s family, language, and culture Criteria was chosen for affordable linked to the definitions found in federal legislation. A family survey and a provider survey are in development to gain feedback from families and providers.
			Determine definition of high-quality childcare. Define affordable-set criteria Identify early childhood education partner agencies/organizations for the work. Seek feedback from parents/users of early childhood education Frame affordable high-quality childcare as an equity issue Establish partnerships with early childhood education partners Identify the appropriate decision-making authorities for recommendation presentation Create recommendations for increasing access to affordable, high-quality childcare Design recommendations presentation Schedule presentations Advocate for early childcare to become part of the public education system-expand the K-12 system Create professional standards for early childhood educators to advance the career path		
			5.4 By December 2022, equip the Suicide Prevention in African American Faith Communities Coalition (SPAACC) with knowledge and tools to connect members of the faith communities to mental health and substance abuse supports and service.	In progress	Workgroup has pinpointed five (5) key areas to address, including social media, Youth engagement, Planning, Resources, and Leadership team. The workgroup also had their first breakout meeting with the SPAAFC

			Assess community/SPAAFCC needs Partner across sectors with the community and faith leaders and members Advocacy for ACE Nashville and CHIP Create and provide toolkits using products from Objective 5.1 and 5.2 and SPAAFC Frame and cater culturally sensitive initiatives/presentations specifically to the faith and African American communities Educate youth leaders on mental health		coalition, and they have been involved in several QPR trainings with SPAACC
			5.5 By December 2022, develop overdose response strategies and interventions that are accurately targeted.	In progress	OFR Panel has been established and meets monthly to review cases as identified.
			Convene a Davidson County Overdose Fatality Review (OFR) Panel Increase communication to relevant stakeholders by sharing timely data for education, awareness, and potential collaboration Establish Overdose Follow up call with Fire, EMS and Mental Health Cooperative Establish Acute Overdose Response plan Embed a linkage-to-care social worker in MPHD clinics to screen patients identified with a potential substance abuse disorder Identify & inform TN hospitals about best practices for post-overdose following ED discharge		