

# Nashville/Davidson County Community Health Assessment

2024-2025 Community Health Assessment  
Nashville/Davidson County, Tennessee



Adopted by the Nashville Health & Well-being Leadership Council June 2025

# Table of Contents

Table of Contents	2
Table of Figures	5
Acknowledgements	6
Executive Summary	7
Davidson County Community Needs	9
About the Community Health Assessment (CHA)	11
Purpose of the CHA	11
Advancing Health Equity	11
Public Health Accreditation and IRS Compliance	11
Davidson County Timeline	12
Community Served and Demographics	13
Community Served	13
Demographic Data for Davidson County	13
Table 1: Demographic Highlights	14
Process and Methods Used	15
Collaborators	16
Data Collection Methodology	19
Primary Data	20
NHWLC Workgroup Self-Assessment	20
Table 2: Nashville Health & Wellbeing Leadership Council Self-Assessment	20
Metro Public Health Department Listening Session	21
Table 3: Metro Public Health Department Listening Session	21
Secondary Data	22
Environmental Scan	22
Table 4: Davidson County environmental scan of community report leads and organizational focus	23
Environmental Scan of Community Reports Summaries	24
Policy Scan	25
Secondary Data Indicators	26
Secondary Data Highlights	26
Data Limitations and Information Gaps	27
Davidson County Community Needs	28

Prioritized Needs	28
Table 5: Criteria for Identifying Prioritized Needs	28
Criteria for Identifying Prioritized Needs	29
Table 6: Criteria for Furthering Narrowing Prioritized Need	29
Criteria for Furthering Narrowing Prioritized Need	29
Davidson County Community Prioritized Needs Summary	<del>29</del> 30
Prioritized Need Housing	30
Prioritized Need: Economic Opportunity and Job Skill Development	31
Prioritized Need: Food Access/Food Insecurity	32
Prioritized Need: Awareness/Navigation of Community Resources	34
Conclusion	35
Data Sources and References	37
Data Sources	37
References	39
Appendices	41
Table of Contents	41
Appendix A: Definitions and Terms	42
Appendix B: Community Demographic Data and Sources	46
Table 7: Population	46
Table 8: Population by Social and Community Context	46
Table 9: Population by Race and Ethnicity	47
Table 10: Population by Age	47
Table 11: Income	48
Table 12: Education	48
Table 13: Insured/Uninsured	49
Table 14: Top Languages Spoken in Davidson County	50
Appendix C: Community Input Data and Source	51
Table 15: Nashville Health & Well-being Leadership Council Interviewee List	54
Appendix D: Community Meeting: Recommendations and Community Prioritized Needs Summary	55
Table 16: Davidson County Recommendations and Community Prioritized Needs Summary	55
Appendix E: Sycamore Institute’s Policy Scan	56
Appendix F: Imagine Nashville	58

Appendix G: Secondary Data and Sources	59
Summary of Secondary Data	59
Table 17: Health Outcomes	61
Table 17a	62
Table 17b	63
Table 17c	64
Table 18: Social and Economic Factors	65
Table 18a	65
Table 18b	67
Table 18c	68
Table 19: Physical Environment	69
Table 20: Healthcare	70
Table 21: Health Behaviors	72
Table 21a	72
Table 21b	73
Appendix H: Health Care Facilities and Community Resources	74
Primary and Specialty Care	74
Awareness and Navigation of Community Resources	74
Economic Opportunity and Job Skill Development	74
Food Access/Food Insecurity	75
Housing	75
Appendix I: Nashville Health & Well-being Leadership Council Membership	76

## Table of Figures

Figure 1: 2024-2025 Approved Needs	9
Figure 2: Timeline	12
Figure 3: Davidson County Map	13
Figure 4: County Health Rankings and Roadmaps (CHHR) model	15
Figure 5: MAPP model	16
Figure 6: Methodology	19
Figure 7: MPHD Listening Session Guide	51

## Acknowledgements

The 2024-2025 Community Health Assessment (CHA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Davidson County. Nashville Health & Well-being Leadership Council (NHWLC) is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to promote a healthier, more equitable place to live, work and play.

We would like to thank the subcommittee members who spent time and effort to craft this report:

- Kim Molnar, NHWLC member
- Rami T. Hussien, MPH, CPH of The Meharry-Vanderbilt Alliance
- Kelly Corcoran, MM, MPH - Social Scientist, Music Cognition Lab at VUMC
- Makenna Woods-Vanderbilt University Medical Center

### **Nashville Murals on Cover**

#### **Good Trouble Mural (2021)**

Artists: Michael McBride and Donna Woodley

Downtown - North of Broadway

Corner of Rep. John Lewis Way and Commerce Street, Nashville, TN 37219

Photography Credit: <https://www.loc.gov/item/2021756907/>

*This towering mural pays tribute to civil rights icon and late congressman John Lewis and his time in Nashville. The mural also features fellow Freedom Riders CT Vivian, Ernest "Rip" Patton, Diane Nash, Rev. Kelly Miller Smith, Rev. James Lawson and Kwame Lillard.*

#### **Wish For Peace Mural (2018)**

Artist: WHAT. Creative Group

Charlotte Avenue - Global Education Center

Photography Credit: <https://www.loc.gov/item/2021756812/>

*This piece is inspired by the Japanese legend that if you fold 1,000 origami cranes you will be granted one wish. Jake Elliott also included a personal symbol of peace, dandelion seeds blowing in the wind, in his design.*

We would also like to thank you for reading this report, and your interest and commitment to improving the health and well-being of Davidson County.

# Nashville/Davidson County

## Community Health Assessment

### 2024-2025 Community Health Assessment Nashville/Davidson County, Tennessee

#### Executive Summary

The goal of the 2024-2025 Community Health Assessment (CHA) report is to offer a meaningful understanding of the most significant health needs across Nashville/Davidson County. 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 well-being needs of the community.

#### Purpose of the CHA

A 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.”<sup>[1]</sup> 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 people.

A community health assessment (CHA) and a community health improvement plan (CHIP) are two of the prerequisites for a local public health department to achieve accreditation through the Public Health Accreditation Board (PHAB) every five-year cycle. As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy (IS) every three years.

#### Collaborators

The 2024-2025 CHA represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Davidson County. The Nashville Health & Well-being Leadership Council (NHWLC) is exceedingly thankful to the following community organizations and individuals who shared their views, knowledge, expertise, and skills with us: Metro Nashville Public Health Department (MPHD), Ascension Saint Thomas, Vanderbilt University Medical Center (VUMC), Metro Social Services (MSS), Imagine Nashville, The Sycamore Institute, community members and many others that were pivotal in the development and completion of this CHA. A complete description of community partner contributions is included. We look forward to our continued collaborative work to make Nashville a better, healthier place for all people.

## Community Served

The defined community served is Davidson County for the 2024-2025 CHA. This region was selected due to the area of responsibility of the organizations generating this report and the availability of community health data to support this report's findings.

## Data Analysis Methodology for Davidson County

The 2024-2025 CHA was conducted between February-December 2024 for Davidson County. This CHA utilized a modified Mobilizing for Action through Planning and Partnership (MAPP) process, which incorporated data from both primary and secondary sources. Community input sources included an environmental scan of community reports, Davidson County health council's self-assessments, MPH D's listening session and a policy scan. Special attention was given to the needs of marginalized individuals and populations and unmet health needs or gaps in services.

- In February 2024, seven local reports were read and analyzed as part of an environmental scan of community reports for Davidson County.
- Between February 20-27, 2024, NHWLC's Self-Assessment was conducted with 19 participants.
- In February 2024, a Policy Scan was completed by the Sycamore Institute to better identify, analyze, and summarize current policies to understand the landscape, identify gaps, and inform future policy work.
- During the CHA process between February-September 2024, Imagine Nashville's city-led assessments and solutions were included as part of our data collection methodology.
- On April 29, 2024, eight MPH D staff members participated in an in-person Health Department listening session led by VUMC and Ascension Saint Thomas.
- Davidson County information gathering, using secondary public health sources, occurred between May-August 2024. MPH D gathered and analyzed the data.
- On September 17, 2024, a community meeting hosted by the NHWLC was held with 44 community participants in attendance. Participants were asked to review primary and secondary data, identify and prioritize community needs and discuss solutions utilizing the health equity framework.
- Recommendations discussed during the community meeting were presented back to NHWLC members on October 15, 2024.
- NHWLC had further review of voting results, prioritizing health needs in the county, and discussing solutions utilizing the health equity framework on November 19, 2024, and December 17, 2024.

## Community Needs

Davidson County analyzed 86 secondary data indicators and gathered community input through the MPH D listening sessions, NHWLC listening sessions, Policy Scan, and environmental scan of community reports. In collaboration with community partners, NHWLC used a phased approach to determine the prioritized needs. The community prioritized needs are listed in Figure 1 below.

## Davidson County Community Needs

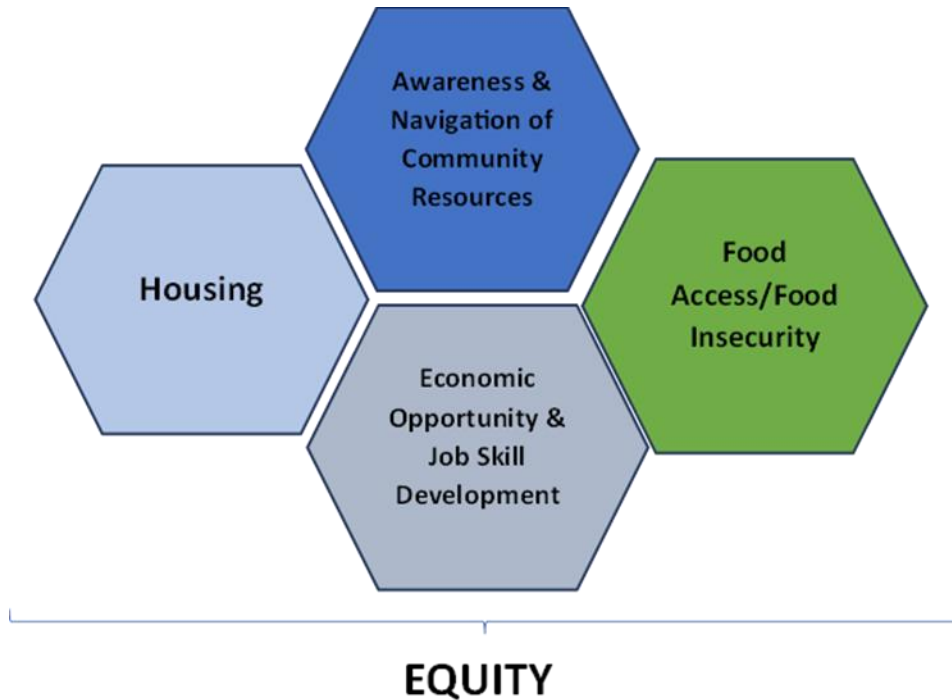


Figure 1: 2024-2025 Approved Needs

### Next Steps and Conclusion

This Community Health Assessment (CHA) report for Davidson County, informed by diverse data sources, identifies key interconnected health priorities with significant implications for the local economy. These priorities include housing, economic opportunity and job skill development, food access and security, and awareness and navigation of community resources.

The report emphasizes that housing stability, economic opportunity, access to healthy food, and effective care coordination are fundamental to the health and well-being of the workforce and the community. Businesses and institutions have a vested interest in addressing these needs to support a healthy, productive population.

To foster positive change, the report recommends collaborative action, including increasing outreach and engagement, addressing financial needs, improving care coordination, supporting housing solutions, and promoting food access. This collaborative action will be outlined in the community health improvement plan (CHIP) which can be used to justify how and where resources should be allocated to best meet community needs.

Active participation from businesses and institutions, in partnership with community stakeholders, is essential to drive sustainable improvements in these areas and build a thriving Davidson County.

## About the Community Health Assessment (CHA)

A CHA is essential for community building, health improvement efforts, and directing resources where they are most needed. A CHA can be a powerful tool with the potential to be catalysts for immense community change.

### Purpose of the CHA

A 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.”<sup>12</sup> 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 people.

### Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to achieve optimal health.<sup>30</sup> Progress toward achieving health equity can be measured by reducing health disparities, which are particular health differences closely linked with economic, social, and/or environmental disadvantages. Health disparities adversely affect groups of people who have systematically experienced such obstacles to health based on their race or ethnicity, religion, socioeconomic status, gender identity, sexual orientation, age, cognitive, sensory, or physical disability, geographic location, or other characteristics historically linked to discrimination.<sup>30</sup>

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

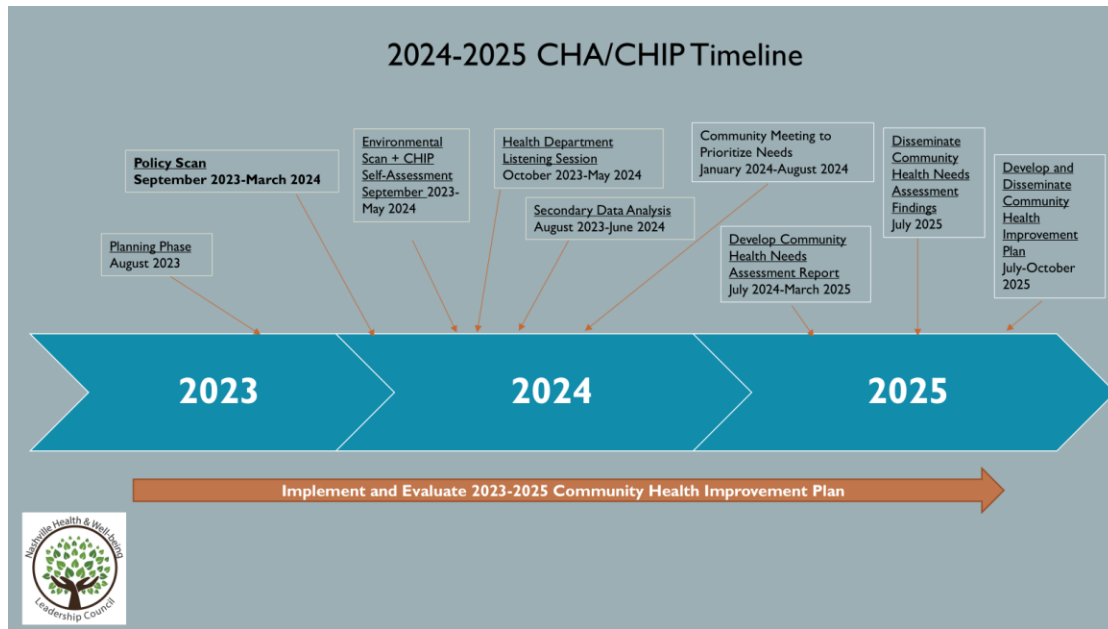
NHWLC acknowledges that health disparities in our communities go beyond individual health behaviors. MPH’s Mission calls to “Protect, improve and sustain the health and well-being of all people in Nashville and Davidson County;”<sup>19</sup> therefore, health equity is a matter of great importance.

### Public Health Accreditation and IRS Compliance

A CHA and a community health improvement plan (CHIP) are two of the prerequisites for a local public health department to achieve voluntary accreditation through the Public Health Accreditation Board (PHAB) every five-year cycle. As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy (IS) every three years. This community-driven

approach aligns with NHWLC’s commitment to promote policies, systems, and community conditions that enable optimal health for all.

## Davidson County Timeline



**Figure 2: Timeline**

From February-December 2024, a community health assessment for Davidson County was conducted which sought input from people and collected data sources that represent the broad interest of the community using several methods which embedded a health equity lens throughout the assessment:

- In February 2024, seven local reports were read and analyzed as part of an environmental scan of community reports for Davidson County.
- Between February 20-27, 2024, NHLWC’s Self-Assessment was conducted with 19 participants.
- In February 2024, a Policy Scan was completed by the Sycamore Institute to better identify, analyze, and summarize current policies to understand the landscape, identify gaps, and inform future policy work.
- During the CHA planning process between February-September 2024, Imagine Nashville’s city-led assessments and solutions were included as part of our data collection methodology.
- On April 29, 2024, eight MPHD staff members participated in an in-person Health Department listening session led by VUMC and Ascension Saint Thomas staff.
- Davidson County information gathering, using secondary public health sources, occurred between May-August 2024.

- On September 17, 2024, a community meeting was hosted by the NHWLC with 44 community members in attendance. Participants were asked to review primary and secondary data, identify and prioritize community needs and discuss solutions utilizing the health equity framework.
- Recommendations discussed during the September community meeting were presented back to Health Council members on October 15, 2024.
- The NHWLC had further review of voting results, prioritizing health needs in the county, and discussing solutions utilizing the health equity framework happened on November 19, 2024, and December 17, 2024.

## Community Served and Demographics

An initial step in the assessment process involves defining the geographic area being assessed and gaining an understanding of the community’s demographics.

### Community Served

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics. MPH D defined the community as the geographical area of Davidson County. This region was selected due to the area of responsibility of the organizations generating this report and the availability of community health data to support this report's findings.

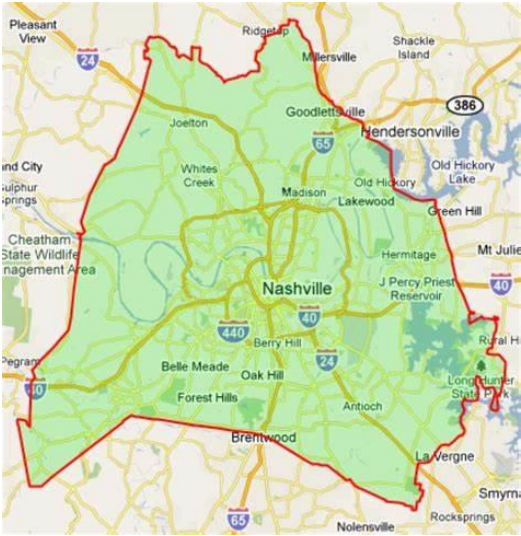


Figure 3 Davidson County map, Source: familysearch.org

### Demographic Data for Davidson County, Tennessee

Davidson County has a population of 712,334 and is the second largest county in the state ([World Population Review, 2024](#)). Below are demographic data highlights for Davidson County:

- 13.3% of the community members of Davidson are 65 or older, compared to 17.3% in Tennessee.
- 85.2% of community members are non-Hispanic; 13.7% are Hispanic or Latino (any race).
- 56.4% of community members are non-Hispanic White; 3.9% are Asian; 0.5 % are American Indian or Alaska Native, and 26.9 % are non-Hispanic Black or African American.
- The total population decrease from 2020 to 2023 was -0.5%.
- The median household income is above the state median income \$71,863 for Davidson County and \$64,035 for the state of Tennessee.<sup>8</sup>
- The percentage of all ages of people in poverty was the same as the state of Tennessee (14% for Davidson County; 14% for Tennessee).
- The uninsured rate for Davidson is higher than the state (14% for Davidson County; 12% for Tennessee).

Source: [County Health Rankings Davidson County, 2024](#)

Listed below in Table 1 is a snapshot of some demographic highlights for Davidson County. To view community demographic data in their entirety, see Appendix B (Page 43).

**Table 1: Demographic Highlights**

Demographic Highlights			
Population			
Indicator	Davidson County	TN	Description
% living in rural communities <sup>8</sup>	2.94%	34.2%	Percentage of population living in a census-defined rural area, 2022
% below 18 years of age <sup>8</sup>	20.4%	22.0%	Percentage of population below 18 years of age, 2022.
% 65 years of age and over <sup>8</sup>	13.4%	17.3%	Percentage of population ages 65 and older, 2022.
% Asian <sup>8</sup>	3.9%	2.1%	Percentage of population that is Asian only, 2022.
% American Indian or Alaska Native <sup>8</sup>	0.5%	0.1%	Percentage of the population that is American Indian and Alaska Native only, 2022.
% Hispanic <sup>8</sup>	10.9%	7.5%	Percentage of population identifying as Hispanic, 2022.
% non-Hispanic Black <sup>8</sup>	26.9%	16.4%	Percentage of population that is Black or African American only, 2022.
% non-Hispanic White <sup>8</sup>	56.4%	72.9%	Percentage of the population that is White and does not identify as Hispanic or Latino, 2022.
Social and Community Context			
English proficiency <sup>8</sup>	4.92%	1.17%	Proportion of community members who speak English “less than well”, 2022.
Languages Spoken <sup>8</sup>			A breakdown of all languages spoken in Davidson County.

Appendix			Required for accreditation, 2022.
Median household income <sup>2</sup>	\$71,863	\$64,035	Income level at which half of households in a county earn more and half of households earn less, 2018. <b>*Black people earn 62% less than White people</b>
% of children in poverty <sup>2</sup>	22.1%	17.6%	Percentage of people under age 18 in poverty, 2022.
% of uninsured <sup>1</sup>	14.0%	12%	Percentage of population under age 65 without health insurance, 2012.
% of educational attainment <sup>2</sup>	90.3%	89.3%	Percentage of adults ages 25 and over with a high school diploma or equivalent, 2018-2022. <b>*Males are 12% less likely to graduate from high school than females. Hispanic people are 28% less likely to graduate from high school than White people.</b>
% of unemployment <sup>2</sup>	2.5%	3.0%	Percentage of population ages 16 and older unemployed but seeking work, March 2024.
Source: Sources: <sup>1</sup> County Health Rankings, <sup>2</sup> Vanderbilt Community & Population Health Data and Resources, <sup>8</sup> U.S Census			

## Process and Methods Used

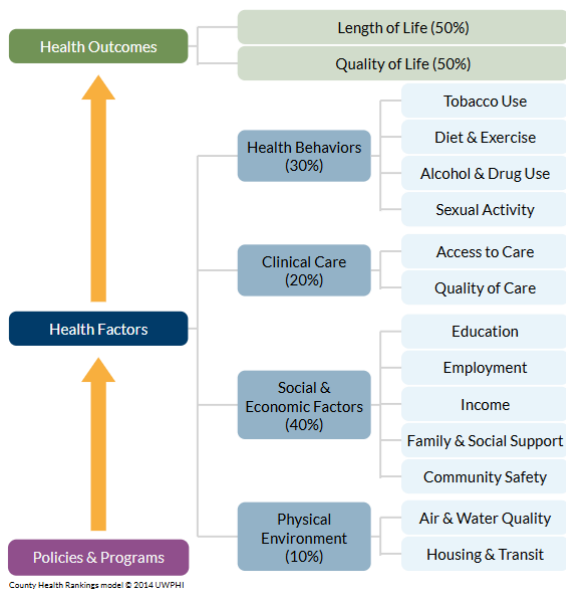


Figure 4: CCHR and RWJF model



**Figure 5: Modified MAPP model**

NHWLC is committed to using the best national practices in conducting the CHA. The 2024-2025 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. Health needs and assets for Davidson County were determined using a combination of data collection and analysis for both primary and secondary data, as well as community input on the identified and significant needs.

## Collaborators

NHWLC completed the 2024-2025 CHA in collaboration with the following organizations:

- Metro Public Health Department (MPHD)
- Metro Social Services (MSS)
- Imagine Nashville
- Vanderbilt University Medical Center (VUMC)
- Ascension Saint Thomas
- Sycamore Institute

MPHD worked closely with VUMC and Ascension Saint Thomas to design and conduct the CHA. MPHD, VUMC, and Ascension Saint Thomas have partnered on the previous three CHAs in Davidson County and enjoy a close relationship on many of the activities that took place to connect on community engagement and input, data analysis, prioritization of needs, and responses to community health councils.

### **Nashville Health & Well-being Leadership Council**

The Nashville Health & Well-being Leadership Council (NHWLC) collaborates with communities to improve health and well-being in Nashville/Davidson County. It is Nashville/Davidson county's mayoral-appointed health council, comprised of strategic thinkers, community leaders, and community members representing the local public health and social services systems. The NHWLC is comprised of individuals representing multiple sectors, with 18 voting members and six ex officio members representing various Metro departments.

The community health assessment, which is a charge to the NHWLC, 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 NHWLC provided advisory support on many CHA decisions, including the design of the assessment methods and prioritization processes.

### **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 2024-2025 CHA process:

- meeting coordination and facilitation
- identifying interviewees
- assisting in survey development
- survey link distribution
- significant data analysis from the Epidemiology division
- scheduling and facilitation of the prioritization of the community health needs.

### **Metropolitan Social Services**

Metropolitan Social Services (MSS) works 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. They serve as co-backbone for the NHWLC with MPH. For more information about the department, please visit the [website](#).

MSS participated in the prioritization efforts during the 2024-2025 CHA process.

### **Vanderbilt University Medical Center**

Vanderbilt University Medical Center (VUMC) is a growing academic health system anchored by Vanderbilt University Hospitals in Nashville. VUMC is one of the largest and most prominent academic medical centers in the Southeast, with seven hospitals and more than 180 clinics across Tennessee and neighboring states. As a non-profit hospital system, VUMC and all licensed facilities complete a Community Health Needs Assessment (CHNA) and accompanying Implementation Strategy (IS) every three years. The needs identified through the CHNA process are used to develop strategies for improving community health outcomes. Driving improvements in community health is the fundamental goal underlying both the CHNA and IS. VUMC collaborates with individual community members, local health departments, non-profit organizations, and external health systems to assess the community health needs and assets. VUMC also supports and amplifies collaborations, resources, and programs that address the needs prioritized by the community.

### **Ascension Saint Thomas**

Ascension Saint Thomas is a leading health care system with a 125-year history of providing compassionate care to the community, and is the only faith-based, non-profit health system in Middle Tennessee. The system includes more than 250 sites of care across a 45-county area, encompassing 18 hospitals and a network of affiliated joint ventures, medical practices, clinics, and specialty facilities. Across Tennessee, Ascension Saint Thomas and its partner organizations employ more than 13,000 associates who care for millions of patients each year.

As part of its commitment to improving community health, Ascension Saint Thomas conducts a Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) every three years across all licensed facilities. This work identifies local health priorities and guides efforts to address them in alignment with the system's mission: to serve all persons, with special attention to those who are poor and vulnerable, through spiritually centered, holistic care that sustains and improves the health of individuals and communities. The health system collaborates with community members, local organizations, and public health partners to support programs and initiatives that reflect community-identified needs.

Ascension Saint Thomas is part of Ascension, one of the nation's largest faith-based healthcare organizations, with approximately 134,000 associates, 35,000 affiliated providers, and 140 hospitals serving communities in 19 states and the District of Columbia. Visit [www.ascension.org](http://www.ascension.org).

### The Sycamore Institute

The Sycamore Institute is an independent, nonpartisan public policy research center for Tennessee. Sycamore takes an impartial approach to analyze and explain public policy issues. They reviewed state and local policies related to the 2021-2022 prioritized health needs and identified options that may help improve everyone’s opportunity to be as healthy as possible. These policy options were compiled and shared in a summary policy scan (Appendix E, Page 54) for use in this CHA process.

### Imagine Nashville

Imagine Nashville provided the expertise of their comprehensive citywide, community-led initiative guided by the belief that we must share our dreams and ideas to shape our future. They worked to reach across geographic, socioeconomic, racial and ethnic lines, and age differences to ensure everyone has a chance to share their wildest dreams, their most practical concerns, and, most of all, their ideas for how we should go forward. To view the full report, see Appendix F (Page 55).

## Data Collection Methodology

NHWLC is committed to using the best national practices in conducting the CHA. In collaboration with various community partners, this approach relied on a modified Mobilizing for Action through Planning and Partnerships (MAPP) model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation. Community input is an integral part of a CHA and is meant to reflect the voice of the community. This input is invaluable to accurately assess a community’s health needs. 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, low-income, or considered among the minority populations served by the NHWLC, the health department, and hospitals; and 3) the broader community who represent the interests and needs of the community served. A mixed methodology using both primary and secondary data collection and analysis was used.

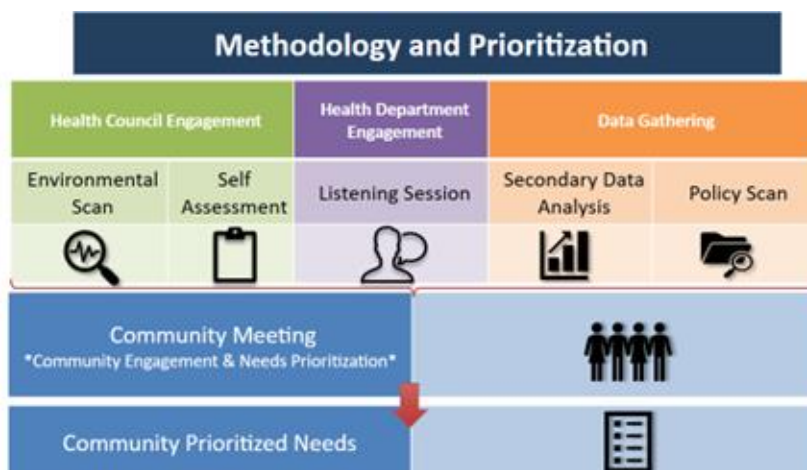


Figure 6: Methodology

## Primary Data

Primary data is defined as data collected directly, for example through surveys, listening sessions, interviews, or observations. Multiple methods were used to gather community input, including a health council self-assessment, and a Health Department listening session. These methods provided additional perspectives on selecting and responding to top health issues facing Davidson County. A summary of the process and results is outlined below.

### NHWLC Workgroup Self-Assessment

NHWLC workgroups are dedicated to improving a specific prioritized need and were convened to participate in a facilitated discussion called a Health Council Self-Assessment. The goal of this self-assessment was to engage health council members and receive robust feedback on the programming of this work. Workgroup members were asked about their priority health need of focus providing insights into what has been achieved and strategies that are working well, barriers that have been experienced when working to address the need, and the areas for strategic improvement to address the need. Each workgroup also received the community health improvement plan (CHIP) to encourage them to consider existing work, and how its progress may be impacting prioritized needs.

Conversations were facilitated by the CHA team between February and May 2024. Each self-assessment was recorded and transcribed. Assessment transcripts were reviewed and coded independently by two CHA team members for themes. Both coders met to discuss their individual analysis and where there was a high level of agreement. Any inconsistent themes were discussed and the final agreed on themes were used by both coders. Discussion notes were summarized to provide an overview of the themes, key points and meaningful quotes and can be found in Table 2.

**Table 2: Nashville Health & Wellbeing Leadership Council Self-Assessment**

Nashville Health & Wellbeing Leadership Council Self-Assessment	
<b>Participant Summary</b>	
<ul style="list-style-type: none"><li>• Participant Information: 19 individuals participated in the self-assessment meeting and completed a participant survey. The following demographics are based on the survey participants.</li><li>• All participants (100%) lived and/or worked in Davidson County.</li><li>• Most participants (90%) attended the self-assessment meeting as part of their professional role, while the rest attended as community members.</li><li>• Organizations represented included local government agencies, nonprofits, local associations, and the state of Tennessee.</li></ul>	
<b>Key Summary Points</b>	

<ul style="list-style-type: none"> <li>• Some collaborative structures make it hard to build accountability for solutions and their impact.</li> <li>• Trustworthiness and cultural humility are two of the most valuable characteristics an organization or program can have, especially when focusing on health equity.</li> <li>• Resource barriers make it difficult to build solutions.</li> </ul>	
Common Themes	Meaningful Quotes
<b>Accountability</b>	<p>"It's hard to see who is really responsible for the activity. It's not exactly any of our full-time day jobs to be here, at least it wasn't when we started."</p> <p>"I just think this is very complex and the system that we are currently supporting individuals doing this work."</p>
<b>Trustworthiness</b>	"The coalition discussed [...] building trust within communities and highlighted the need for healthcare workers to be representative of the communities they serve and to be able to communicate in the languages of those communities."
<b>Barriers to Resources</b>	<p>"Funding is always a barrier. Having a small amount of available funding doesn't address the large system that needs to be changed."</p> <p>"The group identified barriers such as lack of training, capacity, awareness, funding, organizational pushback, and lack of executive championing."</p>
Recommendations for improving the needs	
<ul style="list-style-type: none"> <li>• Support collaboration and access to resources for organizations and movements of all sizes.</li> <li>• Engendering trust between organizations and marginalized communities most impacted by the priority health needs.</li> </ul>	

### Metro Public Health Department Listening Session

MPHD’s listening session was conducted in-person on April 29, 2024. The MPHD listening session was a collaborative effort led by Ascension Saint Thomas Hospital and Vanderbilt University Medical Center staff. The MPHD Director was asked to identify patient-facing staff and department leaders who had a deep understanding of the needs of the communities they served. The eight identified staff members, along with the health department director, participated in the session. The listening session included five open-ended questions focused on the community assets, the health needs and how they had changed since the 2021-2022 CHA cycle, barriers that are experienced when working to address the need, and recommendations for improvement related to the current prioritized needs. The session conversation guide is in the Appendix C (Page 48).

The listening session was recorded and transcribed. Assessment transcripts were reviewed and coded independently for themes by two CHA team members. Both coders met to discuss their analysis and where there was a high level of agreement. Any inconsistent themes were discussed and the final agreed on themes were used by both coders. Discussion notes were summarized to provide an overview of the themes and can be found in Table 3.

**Table 3: Metro Public Health Department Listening Session**

Metro Nashville Public Health Department Listening Session	
Participant Summary	
<ul style="list-style-type: none"> <li>• Eight MPHD staff participated in-person. Participant roles included Bureau administrators and executive leaders.</li> <li>• Participants’ years of experience within the MPHD ranged from one year to 32 years.</li> </ul>	
Key Summary Points	
<ul style="list-style-type: none"> <li>• Collaboration is encouraged and growing in Davidson County and there is a rich landscape of community resources available. However, the impact is significantly limited by siloed efforts and work that relies only “on the compassion and charity of others.”</li> <li>• Inequities in economic development have led to a high cost of living that has outpaced the wages of many community members, and widespread gentrification across the city.</li> <li>• Legislative decisions are making it harder for people to be healthy by reducing funding and access/affordability of care.</li> </ul>	
Common Themes	Meaningful Quotes
Community Resources	“There’s awareness but we’re so siloed that that awareness does not translate to the person that needs to access resources. I think that’s driven by competition for resources.”
Economic Development	“Our health data is going to look really good because all of the people that we’re talking about are going to be moved out of town.”  “When you look at a one-bedroom apartment, it is about \$30,000 a year. If you say 30% is on the high end of what you should spend on housing, that means that you’ve got to make \$90,000. Metro is wanting to raise our living wage to \$20 an hour, that’s just over \$40,000.”
Legislative Decisions	“It’s overly business friendly, it’s not benefiting people, it’s not trickling down to alleviate food insecurity, to build affordable housing.”  “Lack of Medicaid expansion-- other states and those citizens are getting what they need.”
County Assets	Recommendations for Improving the Needs
<ul style="list-style-type: none"> <li>• A strong community with a collaborative and resilient culture</li> <li>• A recent, potentially temporary, increase in public health funding opportunities</li> <li>• Lots of community resources</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy and advocacy education</li> <li>• Increasing salary and benefits equity</li> <li>• Increasing co-location of resources and housing</li> </ul>

**Secondary Data**

Secondary data is any data that have already been collected by another group or for another purpose. Several secondary data collection methodologies were used for the 2024-2025 CHA

process, including an environmental scan of community reports, a policy scan of local policies and a review of secondary data indicators. A summary of the process and results is outlined below.

**Environmental Scan**

An environmental scan was conducted to examine existing reports that identify strengths, assets, relationships, and areas where improvement might be considered regarding health and healthcare in the community. The environmental scan honors community organizations' existing work and reduces burden on community members by analyzing and amplifying existing research and reports. The environmental scan included seven reports published in or after 2021 that had alignment with 2021-2022 prioritized community health needs and local/county-specific data from or about Davidson County.

Reports used for the environmental scan were collected between February and March 2024 and analyzed on a rolling basis during the assessment period. For each report included in the scan, the focus geography and populations were identified, and the health topics were coded independently by two CHA team members for themes. Both coders met to discuss their analysis and where there was a high level of agreement. Any inconsistent themes were discussed, and the final agreed on themes were used by both coders. Discussion notes were summarized to provide an overview of the themes. Table 4 provides the number of reports reviewed. Specifics about community partners who authored the report are described.

**Table 4: Davidson County environmental scan of community report leads and organizational focus**

Organizational Lead	Organizational Focus
Nashville Health & Avalere Health (2021)	Health and Well-being Solutions
Metro Nashville Office of Homeless Services (2024)	Increase Secure and Accessible Housing Options
Second Harvest Food Bank of Middle TN (2023)	Food Access
Tennessee Commission on Children and Youth (2023)	Youth
Tennessee Department of Health^ (2021 and 2023)	Public Health
The Transit Alliance of Middle Tennessee (2023)	Advocacy & Transportation
^Multiple reports included by this author	

## Environmental Scan of Community Reports Summaries

The environmental scan of community reports honors community organizations' existing work by reviewing reports they've published highlighting social and health-related needs. We scanned seven reports submitted by partners that met the inclusion criteria for insights into Davidson County's health needs. The summary of our analysis is below.

- Health Equity
  - The Child Opportunity Index is a measure of neighborhood resources and conditions that help children develop in a healthy way. In the Nashville-Davidson-Murfreesboro-Franklin, TN metro area, fewer children that identify as Black/African American (5%), Hispanic/Latino (8%), or American Indian or Alaska Native (13%) have a 'Very High' Child Opportunity Index score compared to children that identify as White (26%) or Asian/Pacific Islander (35%) (State of the Child in Tennessee, 2023).
- Food Security and Food Environment
  - Overall, the food insecurity rate in Davidson County (10.4%) is lower than the state rate (11.5%). Tennessee counties' food insecurity rates range from 0% to 26.3% (Source: Meal Gap Report – Second Harvest Food Bank of Middle Tennessee, 2019-2021).
    - *As noted in the report by Second Harvest, "there was a lack of data available for several detailed races and ethnicities. For individuals who identify as Asian, Native American, Pacific Islander, or multiple races, local data was unavailable, therefore preventing local estimates from being produced" (Meal Gap Report – Second Harvest Food Bank of Middle TN, 2019-2021).*
- Adverse Childhood Events, Trauma, and Burnout
  - Among Metro Nashville Students, 56% reported a parent or adult in their home has sworn at, insulted or put them down. One in eight [students] said [these behaviors] happen always or most of the time. (State of the Child in Tennessee, 2023).
  - The COVID-19 pandemic has increased the numbers of reported cases of burnout and trauma among medical staff. Mental health and substance use cases have also skyrocketed (Nashville Health COVID Report, 2021).
- Built Environment
  - In Tennessee, the Metro Nashville School District is within the top school districts with the greatest need for infrastructure improvements to be in compliance with state and federal laws. The district needs \$3.28 billion for renovation funding (State of the Child Tennessee, 2023).
  - Davidson County school district has 43.4% of schools (70 schools) rated as fair or poor for infrastructure conditions (State of the Child Tennessee, 2023).

## Policy Scan

Many factors impact the health of a community, including the policies that guide how that community works. Therefore, tackling the CHA priority health needs may require changes to public policy. A policy scan is a systematic review of existing policies related to a specific topic or area. It involves identifying, analyzing, and summarizing current policies to understand the landscape, identify gaps, and inform future policy work. The policy scan for this CHA involved a systematic review of existing policies related to 2021-2022 CHA needs and themes from community input. It involved identifying, analyzing, and summarizing current policies to understand the landscape, identify gaps, and inform future policy efforts.

In spring 2024, VUMC collaborated with Sycamore Institute and Vanderbilt University School of Medicine to complete the policy scan on behalf of the NHWLC. A social and environmental lens was applied to highlight how policies impact different populations.

The Sycamore Institute policy scan addressed policy levers related to access to care and mental/behavioral health as need areas. Within the area of access to care, the policy scan focus areas were on the following sub-topics:

- Health insurance coverage
- Alternate care settings
- Care coordination and navigation
- Transportation
- Strengthening the primary care safety net

Within the need area of mental and behavioral health, the policy scan focus areas were on the following sub-topics:

- School-based behavioral health
- Pediatric mental health supports
- Behavioral health workforce needs
- Opioid settlement funds
- TennCare coverage
- Mental health and substance use parity

This scan utilized an equity-based lens while analyzing the progress on access to care, substance use disorder, mental health, and other community needs. Sycamore Institute identified options that may help improve everyone's opportunity to be as healthy as possible. These options are based on approaches from other states, and do not represent any singular organization's views.

The full list of policy solutions is found in Appendix E (Page 56).

## Secondary Data Indicators

NHWLC considered data indicators from the County Health Rankings Roadmap Model, Healthy People 2030 Targets, and the Catholic Health Association to describe the health status and factors affecting health. MPHD reviewed, analyzed and presented the data in May 2024. Indicators were organized into the following categories: demographics, social and economic factors, health outcomes, healthcare access, and health behaviors. Publicly available data were pulled from the US Census Bureau, VUMC-hosted [Healthy Communities Data Platform](#), County Health Rankings and MPHD specific databases.

A complete list of the data and sources used are found in Appendix G (Page 56). Any differences in health-related outcomes identified for indicators are captured and reported.

The Healthy Communities Data Platform hosted on VUMC's Community Health website can be explored [HERE](#). This data is updated regularly and may reflect more current data than was available when data were pulled.

Health indicators in the following categories were reviewed:

- Health outcomes
- Physical environment
- Clinical care
- Social determinants that impact health
- Disparities

## Secondary Data Highlights

A summary of the secondary data collected and analyzed for Davidson County is outlined below. Information was gathered using [County Health Rankings](#) indicators for Davidson County:

- A slightly higher life expectancy rate at 75.4 years compared to the State of Tennessee at 74.1 years
- Higher median household income \$71,863 compared to the State of Tennessee \$64,035
- Higher uninsured at 14% compared to the State of Tennessee 12%
- Higher food environmental index of 7.8 compared to the State of Tennessee at 6.5
- Higher preventable hospital stays at 3,539 per 100,000 population compared to the State of Tennessee of 2,841 per 100,000 population
- Higher percentage of renters who are spending 30% or more of their household income on rent at 51.9% compared to the State of Tennessee at 47.9%
- Lower percentage of population ages 16 and older unemployed but seeking work at 2.5% compared to the State of Tennessee at 3.0%
- Higher percentage of population under age 65 without health insurance at 11.3% compared to 9.2% in the State of Tennessee

A summary of the secondary data collected and analyzed through this assessment is outlined below. To view the secondary data and sources in their entirety, see Appendix G (Page 56).

## Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Davidson County. For this assessment, the following limitations were identified:

- **Secondary data:** The assessment considered many factors affecting health, including the social drivers of health; however, not all health and health-related measures available through secondary data were reviewed due to the broad focus of the assessment. In some cases, comparable benchmarking was unavailable, and there were differences in measurement/variable definitions between data sources. Additionally, even with the use of the most recent public data available, there are delays in reporting.
- **Participation barriers and representation:** The prioritization process was facilitated at county specific community meetings. These sessions were conducted in partnership with the NHWLC. While open to the public, all meetings were primarily publicized to health council list serves and took place during working hours. These factors may have been a barrier to attendance and some who had conflicts with work schedules. Additionally, the perspectives of those who are not regularly engaged with the health councils may have been missed.
- **Lack of linguistic diversity:** All the community engagement and prioritization activities were facilitated in English. Additionally, all materials and invitations were distributed in English. This could have limited the perspective and special interests of linguistically diverse persons who prefer a language other than English to participate.

Despite the data limitations the overarching themes and health needs are represented through the assessment data. This is because the data collection included multiple qualitative and quantitative methods and engaged the hospitals, health department and participants from the community.

# Davidson County Community Needs

NHWLC provided oversight for the 2024-2025 CHA in collaboration with MPHD, Ascension Saint Thomas, VUMC and other community partners. They analyzed 86 secondary data indicators an environmental scan of community reports, a policy scan, and primary data through a health department listening session and health council self-assessment to identify the needs in Davidson County.

## Prioritized Needs

In the third phase, significant needs were further narrowed to a set of community prioritized needs. This process is done in collaboration with various community partners.

The prioritization process , called the community meeting, included a facilitated session with the goal of engaging health council and local voices in a streamlined prioritization process and building out community recommendations. Due to the saturation of data within Davidson County, and to promote collaboration between various data agencies, additional data was presented in-person from Imagine Nashville and MSS.

Attendees were asked to review data focused on prior needs and vote to keep, amend, or sunset each one. Participants made decisions about the needs using the data provided, their lived and professional experience, and criteria outlined in the MAPP 2.0 Handbook to make these decisions<sup>27</sup>. Table 5 contains the criteria used to identify the prioritized needs.

**Table 5: Criteria for Identifying Prioritized Needs**

Criteria for Identifying Prioritized Needs	
Relevance	Relevance of the issue to the community members
Impact	Impact of the issues on communities impacted by inequities; centering those most proximate to the inequities.
Feasibility	Availability and feasibility of solutions and strategy to address the issue.

Attendee recommendations were presented to the NHWLC at their October 15, 2024, and November 19, 2024, meetings, and the NHWLC members further prioritized the needs using the additional MAPP 2.0 criteria<sup>27</sup>. Table 6 lists criteria used to further identify the prioritized needs.

**Table 6: Criteria for Furthering Narrowing Prioritized Need**

<b>Criteria for Furthering Narrowing Prioritized Need</b>	
<b>Community Readiness</b>	<b>Will community stakeholders support work on this issue?</b>
<b>Policy Impact</b>	<b>Are there policies or practices that could be addressed?</b>
<b>Cost-Benefit</b>	<b>Do results, either anticipated or unintended, outweigh positive outcomes?</b>
<b>Influence</b>	<b>Can community stakeholders address the issue?</b>
<b>Opportunity</b>	<b>Are there others doing work in the community that can be leveraged?</b>
<b>Resources</b>	<b>Can the community access resources (money, time, people, expertise) needed to address this issue?</b>

The needs listed below were approved by the NHWLC member vote at their December 17, 2024, meeting. The prioritized needs adopted by the NHWLC are as follows:

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

Additionally, equity was adopted as a cross-cutting need that is both integrated into the work of the above prioritized needs, and with select independent actions. Based on insight gained from primary and secondary data analysis and input received from prioritization meetings, the summary tables below outline more about each need.

To view healthcare facilities and community resources available to respond to significant needs, please see Appendix H (Page 74).

The NHWLC understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. The next steps will be to work with leaders and community partners to write the 2026-2028 CHIP which demonstrates community action on the strategic issues identified in the CHA process.

## Davidson County Community Prioritized Needs Summary

The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each community prioritized need.

Prioritized Need: Housing																									
Significance	Populations Most Impacted																								
<p>Housing and shelter are essential for accessing employment, healthcare, healthy food, and other community resources. There are many contributing components to affordable housing that impact health, including affordability, stability, quality and safety, and surrounding neighborhood/communities.</p> <p>Source: <i>(Healthy People, 2023)</i></p>	<ul style="list-style-type: none"> <li>• Young adults</li> <li>• Senior citizens/elderly persons</li> <li>• Individuals who are unhoused and homeless</li> <li>• Those facing difficulty to attain homeownership</li> </ul>																								
Community Input and Secondary Data Highlight																									
<p>A global theme for housing during the self-assessment was inequities in economic development have led to high cost of living that has outpaced the wages of many community members and widespread gentrification across the city.</p>																									
<p>Severe Housing Problems in Davidson County</p> <table border="1"> <caption>Severe Housing Problems in Davidson County</caption> <thead> <tr> <th>Year Range</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2006-2010</td> <td>18.0%</td> </tr> <tr> <td>2007-2011</td> <td>18.5%</td> </tr> <tr> <td>2008-2012</td> <td>18.8%</td> </tr> <tr> <td>2009-2013</td> <td>18.2%</td> </tr> <tr> <td>2010-2014</td> <td>18.4%</td> </tr> <tr> <td>2011-2015</td> <td>17.6%</td> </tr> <tr> <td>2012-2016</td> <td>17.0%</td> </tr> <tr> <td>2013-2017</td> <td>16.7%</td> </tr> <tr> <td>2014-2018</td> <td>17.0%</td> </tr> <tr> <td>2015-2019</td> <td>16.2%</td> </tr> <tr> <td>2016-2020</td> <td>16.6%</td> </tr> </tbody> </table> <p>Source: County Health Rankings (2016-2020)</p>		Year Range	Percentage	2006-2010	18.0%	2007-2011	18.5%	2008-2012	18.8%	2009-2013	18.2%	2010-2014	18.4%	2011-2015	17.6%	2012-2016	17.0%	2013-2017	16.7%	2014-2018	17.0%	2015-2019	16.2%	2016-2020	16.6%
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2006-2010	18.0%																								
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Source: County Health Rankings, 2016-2022

**Community Recommendations**

Community Recommendations for Housing will be found in Appendix D (Page 54).

**Prioritized Need: Economic Opportunity and Job Skill Development**

**Significance**

Various social and economic factors can affect our quality of life. These factors also impact our ability to make healthier choices, access affordable medical care, access to affordable and attainable housing, manager stress and other factors.

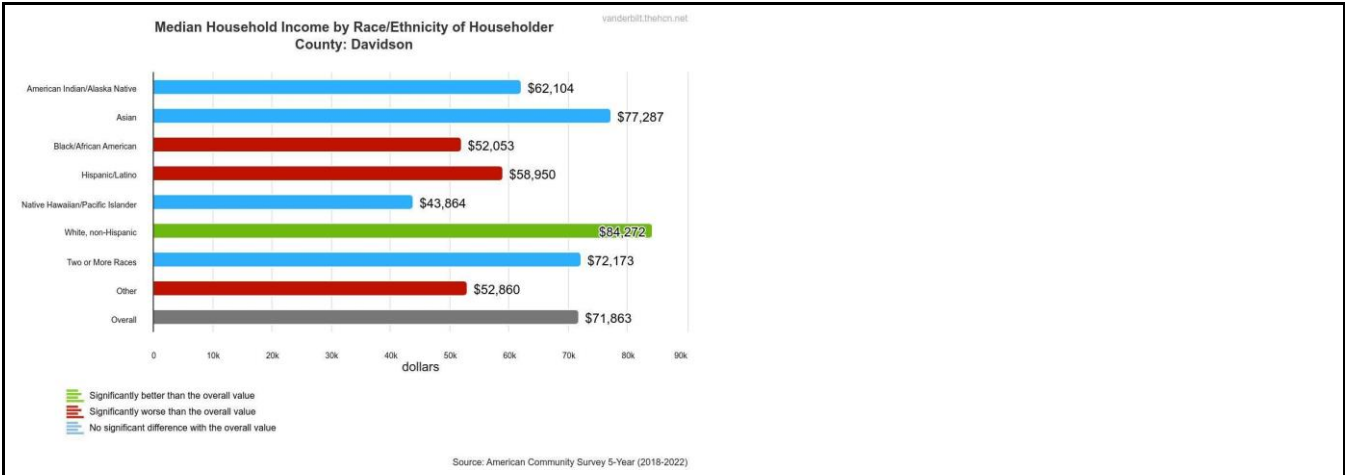
**Populations Most Impacted**

- Individuals that belong to marginalized communities
- Individuals with limited English proficiency
- Those without access/limited access to childcare
- Individuals with limited education attainment
- Individuals who cannot live near to where they work

**Community Input and Secondary Data Highlight**

- During the NHWLC’s self-assessment, a supporting quote for economic opportunity and job skill development was “Then you have people, while they’re dealing with housing and transportation issues, are being pushed out of the county due to economic opportunity.”

Median Household Income by Race/Ethnicity in Davidson County



Source: American Community Survey 5-Year, 2018-2022

### Community Recommendations

Community Recommendations for Economic Opportunity and Job Skill Development will be found in Appendix D (Page 54).

### Prioritized Need: Food Access/ Food Insecurity

#### Significance

Food Access and food insecurity can be influenced by a person's accessibility and affordability to food stores. People with low-income and historically marginalized neighborhoods may face barriers in accessing healthy and affordable food options.

The lack of options can affect healthy eating habits and food security.

Source: (Economic Research Service, 2022).

#### Populations Most Impacted

- Individuals located in a food desert
- Those with limited access and transportation to a grocery store
- Low-income individuals
- Individuals living in marginalized communities

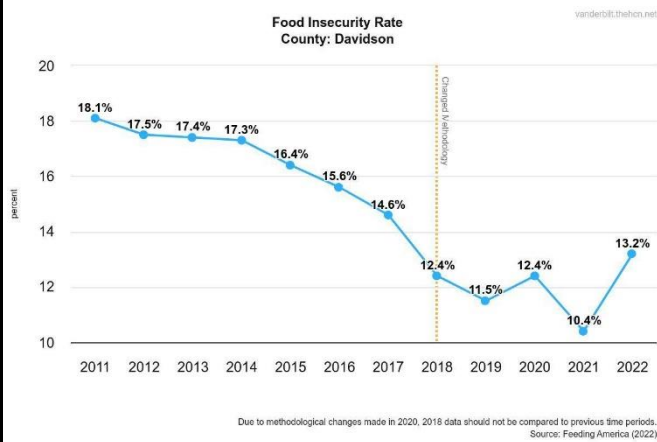
### Community Input and Secondary Data Highlights

- Food access was supported by the following quote from the self-assessment "We need more awareness of cultural sensitivity. We need more community gardens that are actively trying to

find their way to making their gardens more culturally sensitive.”

- During the Health Department listening session, a member interviewed said “We see grocery stores popping up here and there, like Publix” ... but there’s still great food insecurity because ‘Is it affordable for the majority?’”

### Food Insecurity Rate - Davidson County



Source: Feeding America, 2022

### Community Recommendations

Community Recommendations for Food Access/ Food Insecurity will be found in Appendix D (Page 54).

Prioritized Need: Awareness/Navigation of Community Resources	
Significance	Populations Most Impacted
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.	<ul style="list-style-type: none"> <li>● Those with limited English proficiency</li> <li>● Those without a vehicle or reliable public transportation</li> <li>● Uninsured/underinsured</li> <li>● Those who need assistance with health literacy</li> <li>● Those who lack access to telehealth and internet capabilities</li> </ul>
Community Input and Secondary Data Highlights	
<ul style="list-style-type: none"> <li>● During the MPHD listening session, a supporting quote for economic opportunity and job skill development was “I think we now have CHW (Community Health Workers) embedded into many of our health systems in Davidson County, which is a positive.”</li> <li>● A global theme from the MPHD listening session was collaboration. It is encouraged and growing in Davidson County, and there is a rich landscape of community resources available. However, the impact is significantly limited by siloed efforts and work that relies only “on the compassion and charity of others.” Ultimately, the work that is being done is not reaching those who need it most.</li> </ul>	
Community Recommendations	
Community Recommendations for Awareness/Navigation of Community Resources will be found in Appendix D (Page 55).	

## Conclusion

This Community Health Assessment (CHA) report for Davidson County, derived from a robust methodology encompassing community input, environmental scans, secondary data analysis, and stakeholder consultations, reveals critical health priorities that significantly impact the well-being of the community and, consequently, the businesses and institutions within it. The salient needs identified—housing, economic opportunity and job skill development, food access and security, and awareness and navigation of community resources, —are fundamental determinants of health, intricately linked to the physical, mental, and social well-being of Davidson County residents.

Specifically, the report underscores the profound impact of housing and shelter on health outcomes. Housing instability and unaffordability are directly associated with increased stress, mental health challenges, and difficulty in managing chronic diseases. Businesses and institutions must recognize that these housing-related health issues can lead to decreased employee productivity, increased absenteeism, and higher healthcare costs. Furthermore, the report emphasizes that social and economic factors, including limited access to economic opportunity and job skills development, contribute to health disparities. Financial insecurity and lack of economic mobility are significant stressors that negatively affect both mental and physical health.

Food insecurity and limited access to healthy food options, prevalent in specific Davidson County communities, are shown to contribute to chronic diseases such as diabetes, heart disease, and obesity, all of which have direct and indirect costs for businesses through increased healthcare utilization and decreased workforce productivity. Finally, challenges in care coordination and navigation of community resources create barriers to accessing preventive care and managing health conditions effectively. Businesses and institutions can play a role in promoting employee access to and utilization of these resources, thereby fostering a healthier workforce.

To effectively address these interconnected health needs, the report suggests several community recommendations, emphasizing that active participation from businesses, institutions and community members is crucial for fostering a healthier Davidson County.

- **Increase Outreach and Engagement to Build Trust:** The report indicates a need for increased outreach and engagement to build trust within the community, particularly with marginalized populations.
- **Address Financial Needs:** The report highlights that financial insecurity is a significant stressor that impacts health.
- **Improve Care Coordination and Navigation:** The report emphasizes the importance of care coordination and navigation of community resources.
- **Focus on Housing Solutions:** Given the emphasis on housing as a core determinant of health, businesses and institutions are encouraged to participate in local solutions.

- **Support Food Access and Security:** The report emphasizes the need to address food access and insecurity.

By actively engaging in the solutions to the approved needs, businesses, institutions and community members can make a significant contribution to improving the health and well-being of Davidson County, creating a stronger, healthier community for all.

Nashville Health & Well-being Leadership Council (NHWLC) hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Davidson County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other community partners to guide the community health improvement efforts as required by PHAB and the Affordable Care Act.

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.

## Data Sources and References

Data Sources		
Number	Source	Link
1	County Health Rankings	<a href="https://www.countyhealthrankings.org/health-data">https://www.countyhealthrankings.org/health-data</a>
2	Vanderbilt Community & Population Health Data and Resources	<a href="https://www.vumc.org/communityhealthimprovement/community-health-data-resources">https://www.vumc.org/communityhealthimprovement/community-health-data-resources</a>
3	Tennessee Department of Health	<a href="https://www.tn.gov/health/health-program-areas/statistics/health-data.html">https://www.tn.gov/health/health-program-areas/statistics/health-data.html</a>
4	America's Health Rankings	<a href="https://www.americashealthrankings.org/">https://www.americashealthrankings.org/</a>
5	CDC WONDER	<a href="https://wonder.cdc.gov/">https://wonder.cdc.gov/</a>
6	Tennessee Department of Health Interactive Disease Data Dashboard	<a href="#">Interactive Disease Data (tn.gov)</a>
7	CDC Reported Tuberculosis in the United States, 2022	<a href="#">National Data   Reported TB in the US 2022   Data &amp; Statistics   TB   CDC</a>
8	US Census	<a href="#">Census Bureau Data</a>
9	U.S. Department of Housing and Urban Development, Office of Policy Development and Research	<a href="#">FY 2024 Final Fair Market Rents Documentation System – Select Geography (huduser.gov)</a>
10	US Housing Data	<a href="#">Tennessee Fair Market Rents   USHousingData.com</a>
11	CDC BRFSS Prevalence & Trends Data	<a href="#">BRFSS Prevalence &amp; Trends Data: Home   DPH   CDC</a>
12	The Annie E. Casey Foundation Kids Count Data Center	<a href="#">KIDS COUNT Data Center from the Annie E. Casey Foundation (aecf.org)</a>
13	HRSA Health Workforce Shortage Areas	<a href="#">Shortage Areas (hrsa.gov)</a>

14	Tennessee Department of Health	<a href="#">Tennessee Drug Overdose Dashboard</a>
15	CDC - SUDORS Dashboard: Fatal Drug Overdose Data	<a href="#">Fatal Drug Overdose Data</a>
16	CDC - PLACES: Local Data for Better Health	<a href="https://www.cdc.gov/places/index.html">https://www.cdc.gov/places/index.html</a>
17	Tennessee State Data Center	<a href="#">Population Changes from 2021 to 2022</a>
18	WeGo	<i>Calculated based on population within ¼ mile of a bus stop.</i>

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# Appendices

## Table of Contents

Appendix A: Definitions and Terms

Appendix B: Community Demographic Data and Sources

Appendix C: Community Input Data and Sources

Appendix D: Community Meeting: Recommendations and Prioritized Needs Summary

Appendix E: Policy Scan

Appendix F: Imagine Nashville Report

Appendix G: Secondary Data and Sources

Appendix H: Health Care Facilities and Community Resources

Appendix I: Nashville Health & Well-being Leadership Council Membership

## Appendix A: Definitions and Terms

Mobilizing for Action through Planning and Partnerships (MAPP) “was developed by the National Association of County and City Health Officials (NACCHO) and is one of the most widely used and reputable community health improvement frameworks”.<sup>31</sup> Catholic Health Association of United States (CHA) “is recognized nationally as a leader in community benefit planning and reporting.”<sup>21</sup> The definitions in Appendix A are from both the *Mobilizing for Action through Planning and Partnerships MAPP 2.0 User’s Handbook* and the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II*. These guides can be found at [naccho.org](http://naccho.org) and [chausa.org](http://chausa.org).

### Collaborators

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.<sup>21</sup>

### Community Health [Needs] Assessment (CH[N]A)

An evaluation of a community’s health needs and issues at the state, Tribal, local, or territorial level based on systematic, comprehensive data collection and analysis. Non-profit hospitals develop “community health needs assessments”.<sup>31</sup>

### Community Health Improvement Plan

A strategy that a community develops to describe how it will work together to address the public health problems highlighted in the community health [needs] assessment. It is typically updated every three to five years.<sup>31</sup>

### Community Engagement

The involvement of people who will be affected by MAPP in the process to ensure their needs and desires drive the work. Strong community engagement involves interpersonal trust, communication, and collaboration.<sup>31</sup>

### Community Meeting

The prioritization process or community meeting included one in-person or hybrid 90-minutes facilitated session hosted in collaboration with the health council in each county. The goal of this session was to engage health council and local voices in a streamlined prioritization process and build out community recommendations for action around each priority need.<sup>21</sup>

### Demographics

The population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.<sup>21</sup>

### Health Behavior

An action people take that affects their health positively (e.g., exercise) or increases their risk for disease (e.g., smoking).<sup>31</sup>

### **Health Council**

In each county, there is a group of community members focused on improving the health of their county through a collaboration called a 'health council.' They are vital partners in the CHA process and focus on the CHA's priority health needs.<sup>21</sup>

### **Metro Public Health Department Listening Session**

The MPH listening session consisted of the Health Department Director along with key staff from the Davidson County Health Department. The MPH listening session was an interview with five open-ended questions gauged to learn about community assets, barriers, and how the prioritized needs have changed since 2021-2022 including recommendations for addressing the prioritized needs.<sup>21</sup>

### **Health Disparity**

The difference in health outcomes or access to healthcare across populations, which results from socioeconomic, biological, and psychological factors and the behavior of individuals. This term does not account for the unequal structuring of life chances.<sup>31</sup>

### **Health Equity**

When everyone has a fair and just opportunity to achieve optimal health (refer to optimal health).<sup>31</sup>

### **Health Outcome**

The physical and mental well-being of residents in a community. It is measured by how long they live and their quality of life (feeling healthy, comfortable, and able to enjoy life events).<sup>31</sup>

### **Identified Need**

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served.<sup>21</sup>

### **Indicator**

A measure or data that describe community conditions currently and over time (e.g., poverty rate, homelessness rate, number of food stamp recipients, life expectancy at birth, heart disease mortality rate). It helps answer how we are doing regarding the community conditions we care about.<sup>31</sup>

### **List Serv**

A List Serv is an electronic mailing list to communicate with a large group of people over email.<sup>21</sup>

### **Local Public Health System (LPHS)**

All the people and organizations who deliver the essential public health services in a community, including assessing the population's health, developing policies to support health, and ensuring people in the community can be healthy. It includes a wide variety of agencies (federal, state, and local),

laboratories and hospitals, as well as non-governmental public and private agencies, voluntary organizations, and people. <sup>31</sup>

### **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. <sup>21</sup>

### **Primary data**

Data collected directly, for example through surveys, listening sessions, interviews, or observations. <sup>31</sup>

### **Prioritized Need/Community Prioritized Need**

Significant needs which have been selected by the community that the hospital will address through the CHA implementation strategy. <sup>21</sup>

### **Qualitative Data**

Information that is summarized without numbers and typically in textual or narrative format (e.g., focus group notes, open-ended interview or questionnaire responses, and observation notes). <sup>31</sup>

### **Quantitative Data**

Data expressing a certain quantity, amount, or range. Usually there are measurements associated with the data. <sup>31</sup>

### **Secondary Data**

Data that have already been collected by another group or for another purpose. <sup>31</sup>

### **Self-Assessment**

Self-Assessment was given to NHWLC members and is a five-question questionnaire that addressed priority health needs, changes related to the needs, and recommendations for improvement. <sup>21</sup>

### **Significant Need**

Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods. <sup>21</sup>

### **Social Determinants of Health (SDOH)**

The conditions of the environments where people are born, live, learn, work, play, worship, and age that affect their health and well-being. <sup>31</sup>

## **Strategic Issue**

Fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision. <sup>31</sup>

## Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community’s demographics. The descriptions of the data’s importance are largely drawn from the County Health Rankings & Roadmaps website.

**Table 7: 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	712,334	7,126,489	334,914,895
Male	48.3%	49.0%	49.6%
Female	51.7%	51.0%	50.5%

Source: [US Census Bureau, 2019-2023](#)

**Table 8: Population by Social and Community Context**

Social and Community Context				
Indicator	Davidson County	Tennessee	U.S.	Description
English proficiency <sup>8</sup>	4.92%	1.71%	4.21%	Percentage of the population who report a limited English-speaking ability. (2022)
Percentage of children in poverty <sup>8</sup>	22.1%	17.6%	16.3%	Percentage of people under age 18 in poverty (2022)

Sources: [U.S Census<sup>8</sup>](#) (These indicators used data from 2022 for these measures)

### Table 9: Population by Race and Ethnicity

#### Why it is important

The racial and ethnic 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	3.8%	2.1%	6.4%
Non-Hispanic Black / African American	26.1%	16.4%	13.7%
Hispanic / Latino	13.7%	7.5%	19.5%
American Indian or Alaska Native	0.6%	0.6%	1.3%
Non-Hispanic White	54.6%	72.0%	58.4%

Source: [U.S. Census Bureau, 2019-2023](#)

### Table 10: 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 and childcare needs, while an older population may have greater healthcare needs.

Age	Davidson County	Tennessee	U.S.
Median age	34.8	39.1	39.2
Ages 0-17	20.4%	21.8%	21.7%
Ages 18-64	66.3%	60.9%	61.0%
Ages 65+	13.3%	17.3%	17.3%

Source: [US Census Bureau Median Age by Sex \(Table K200103\), 2023](#) | [US Census Bureau, 2019-2023](#)

Indicators	Davidson County	TN	U.S	Description
Percentage below 18 years of age <sup>8</sup>	19.9%	21.8%	21.7%	The percentage of the population that is under 18 years old (2022)
Percentage 65 years of age and over <sup>8</sup>	13.4%	17.3%	17.3%	The percentage of the population that is over age 65 (2022)

Source: [US Census Bureau, 2019-2023](#)

## Table 11: 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 as well. Asset Limited, Income Constrained, Employed (ALICE) households are defined as those 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	\$71,863	\$64,035	\$75,149
Per capita income	\$45,951	\$36,040	\$41,261
People with incomes below the federal poverty guideline	14%	14%	11.1%
ALICE households <sup>^</sup>	34%	30%	29%

Source: [Census Bureau, 2019-2023](#) | [United for ALICE, National, Tennessee, 2022](#)

## Table 12: Education

### Why is it important

There is a strong relationship 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 helps create opportunities for healthier choices.

Income	Davidson County	Tennessee	U.S.
High school diploma or higher	90.3%	89.3%	89.1%
Bachelor's degree or higher	46.0%	29.7%	34.4%

Source: [Census Bureau, 2019-2023](#)

### Table 13: 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.

Income	Davidson County	Tennessee	U.S.
Uninsured	12.7%	11.1%	9.5%
Medicaid Participation, not Eligible	18%	16%	17%

Source: [U.S. Census Bureau](#)<sup>8</sup>, 2023 | US Census Bureau Allocation of Medicaid/Means-Tested Public Coverage (Table B992707), 2023| County Health Rankings, Davidson County

**Table 14: Top Languages Spoken in Davidson County**

Language	2017	2018	2019	2021	2022
English Only	532,752	528,610	531,651	554,492	554,492
Spanish or Spanish Creole	56,161	57,878	59,836	56,068	56,068
French (including Patois, Creole, and Cajun)	1,425	2,614	3,767	3,548	3,548
German or other West Germanic	1,341	1,711	871	1,231	1,231
Slavic languages (including Russian and Polish)	2,159	3,044	2,814	1,201	1,201
Other Indo-European	12,491	17,550	12,528	9,871	9,871
Korean	1,377	3,040	1,787	1,616	1,616
Chinese (including Mandarin and Cantonese)	4,733	2,517	2,657	3,674	3,674
Vietnamese	2,722	3,350	2,227	2,682	2,682
Tagalog (including Filipino)	934	266	840	1,173	1,173
Native Hawaiian or other Pacific Islander	5,145	7,114	7,951	4,122	4,122
Arabic	15,127	9,317	10,644	14,649	14,649
Other and unspecified	8,138	9,988	10,512	8,937	8,937
Davidson County Total Population	644,505	646,999	648,085	663,264	663,264

Source: [Census Bureau Data<sup>8</sup>](#)

## Appendix C: Community Input Data and Source

The 2024 CHA was conducted from February 2024 to December 2024 and utilized a modified Mobilizing for Action through Planning and Partnership (MAPP) process, which incorporated data from both primary and secondary sources. Community input sources included information provided by groups/individuals, e.g., community members, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and populations who are more marginalized and to unmet health needs or gaps in services.

### Timeline Davidson County

From February 2024 - December 2024, began a Community Health Assessment for Davidson County and sought input from persons and collected data sources who represent the broad interests of the community using several methods embedding a health equity lens throughout in the CHA process:

- In February 2024, seven local reports were read and analyzed as part of an environmental scan of community reports for Davidson County.
- Between February 20-27, 2024, Davidson County's NHLWC's Self-Assessment was conducted with 19 participants.
- In February 2024, a Policy Scan was completed by the Sycamore Institute to better identify, analyze, and summarize current policies to understand the landscape, identify gaps, and inform future policy work.
- During the CHA planning process between February -September 2024, Imagine Nashville's city-led assessments and solutions were included into our data collection methodology.
- On April 29, 2024, eight MPHD staff members participated in an in-person Health Department listening session.
- Davidson County information gathering, using secondary public health sources, occurred between May 2024 - August 2024.
- On September 17, 2024, a community meeting with the NHWLC was held with 44 participants in attendance. Participants were asked to review primary and secondary data, identify and prioritize community needs and discuss solutions utilizing the health equity framework.
  - The prioritization process included one in-person facilitated session hosted in collaboration with the NHWLC. There were 44 participants present for this meeting. The goal of this session, called a community meeting, was to engage health council and local voices in a streamlined prioritization process and build out community recommendations for action around each priority need. Due to the saturation of data within Davidson County, and to promote collaboration between various data agencies, additional data was presented from Imagine Nashville and MSS.
  - County specific results from MPHD listening session, environmental scan of community reports, NHWLC's Self-Assessment, and the secondary data analysis ahead of the community meeting were shared with NHWLC members and community leader participants. Inequities identified within these results were highlighted to center those most impacted by the health needs in each community.

- Attendees were asked to review previous needs to keep, amend or sunset each one. Participants made decisions about the needs using data provided, their lived and professional experience and criteria outlined in MAPP 2.0 Handbook to make these decisions.<sup>27</sup>

Attendee recommendations were presented to the NHWLC at their October and November 2024 meetings, and they further prioritized the needs using the additional MAPP 2.0 criteria.

- NHWLC had further review of voting results, prioritizing health needs in the county, and discussing solutions utilizing the health equity framework happened between November 19, 2024, and December 17, 2024.

### **Input of those with special knowledge or expertise in public health**

The CHA process in Davidson County is coordinated by the NHWLC which has staffing support from the MPH, Ascension Saint Thomas Hospital and VUMC. VUMC and Ascension Saint Thomas regularly met with and gained advice from MPH and also interviewed the MPH Director of Health as a part of the community input data (primary data) methodology. Additionally, the NHWLC contains members who serve in community-facing clinics, including federally qualified health centers and clinics that serve low-income communities. 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 taking into account input from persons who represent the broad interests of the community served**

Twenty-seven (27) community members were interviewed across 14 organizations in Davidson County. Those selected were chosen based on their knowledge of Davidson County and its health needs. The MPH, NHWLC, and the hospitals each recommended interviewees who represented the broad interests of the community.

The request to participate was done through email communication in partnership with the NHWLC and community members, which represents a very broad swathe of the community representing a variety of agencies and organizations.

### **Request and take into account members of the medically underserved, uninsured, and minority population served by the hospital or their representatives.**

Many of the interviewees were selected because they represented the medically underserved, uninsured and minority populations.

Figure 7 shows the session guide used in the Metro Public Health Department Listening Session on April 29, 2024.

Health Department Engagement

# Listening Session



**Question 1: Can you share about your role(s) here at the Health Department?**

**Question 2: What do you think are your county's strongest assets?**

**Question 3: Based on your experience, what about the needs have changed since they were prioritized in 2022/3?**

**Question 4: What do you think are the obstacles or challenges to addressing these needs in your county?**

**Question 5: What would you recommend to address and improve these prioritized needs? (e.g. resources, policies or supports)**

**Figure 7:** MPHD Listening Session Guide

### **NHWLC Health Council Self-Assessment**

Nineteen (19) individuals participated in the NHWLC self-assessment meetings between February 20-27, 2024, and completed a participant survey.

Listed below are the questions asked.

1. Is this still a prioritized need?
2. Has this priority improved, gotten worse or remained the same?
3. What do you think has significantly impacted this priority need?
4. What are the barriers to progress with this priority need?
5. What would you recommend to address and improve this prioritized need? (e.g., resources, policies or supports)

**Table 15: Nashville Health & Well-being Leadership Council Interviewee List**

Organization	Represents
The Nashville Food Project	Food Access
Metro Nashville Public Health Department	Public Health
Second Harvest	Food Access
Tennessee Department of Health	All, Public Health
Nurture the Next	Child Welfare
Ascension Saint Thomas	Healthcare
Metropolitan Parks and Recreation	Government
Association of Infant Mental Health	Mental Health
United Way of Greater Nashville	Funder
Martha O'Bryan - Tennessee Alliance of Economic Mobility	Social Services
Tennessee Justice Center	Advocacy
Love Before All, LLC	Non-profit
Equality Health	Healthcare
Community Resource Center	Non-profit

## Appendix D: Community Meeting: Recommendations and Community Prioritized Needs Summary

NHWLC, MPHD, and MSS partnered with Ascension Saint Thomas and VUMC to bring together a diverse group of community members focused on improving the county’s health. The meeting was conducted on Tuesday, September 17, 2024.

During the meeting, participants reviewed health data, identified key areas for focus, and provided valuable input on priority health needs and recommendations for advancing equitable improvement of the needs. The results of the meeting are detailed below.

**Table 16: Davidson County Recommendations and Community Prioritized Needs Summary**

Need	Housing/Transportation
<b>Voting Decision</b>	Amend this need
<b>Voting updates (if applicable)</b>	Voted to separate housing and transportation needs. Keeping the original definition of each.
<b>Community Recommendation</b>	Increase outreach and engagement focused on building trust in the community and financial need that involves formal and informal community leaders and diversified communication methods.
<b>Action Step(s)</b>	<ul style="list-style-type: none"> <li>Engaging stakeholders, increase access to funding and building policies</li> </ul>
<b>Measures for Success</b>	Not Completed during meeting
Need	Food Access/Food Insecurity
<b>Voting Decision</b>	Yes, keep this need
<b>Voting updates (if applicable)</b>	
<b>Community Recommendation</b>	For 2026-2028, focus strategic actions on pilot programs and coordination of services to meet the needs of zip codes with the highest identified need.
<b>Action Step(s)</b>	<ul style="list-style-type: none"> <li>Ensure access to fresh food</li> <li>Advocate for funding to address issues</li> <li>Connect more of those in need to food sources through transit</li> </ul>
<b>Measures for Success</b>	Not Completed during meeting
Need	Whole person focused health
<b>Voting Decision</b>	Yes, keep this need
<b>Voting updates (if applicable)</b>	
<b>Community Recommendation</b>	By December 2028, through the alignment of community-level services, key physical and mental health indicators representing the well-being of Davidson County’s population are showing improvement.
<b>Action Step(s)</b>	Not Completed during meeting
<b>Measures for Success</b>	Not Completed during meeting

<b>Need</b>	<b>Awareness and Navigation of Community Resources</b>
<b>Voting Decision</b>	Yes, keep this need
<b>Voting updates (if applicable)</b>	
<b>Community Recommendation</b>	By December 2027, increase access to local resources through innovative integration and alignment to improve population health and well-being equitably for all Nashville/Davidson County
<b>Action Step(s)</b>	<ul style="list-style-type: none"> <li>By June 2026 conduct an environmental scan that involves organizations and collectives and network mapping that will produce asset and network analyzing report that identifies the interconnectedness of community resources</li> </ul>
<b>Measures for Success</b>	Not Completed during meeting
<b>Need</b>	<b>Economic Opportunity and Job Skill Development</b>
<b>Voting Decision</b>	Amend this need
<b>Voting updates (if applicable)</b>	<p>The group believed this was a priority, but the following considerations were missing from the definition</p> <ul style="list-style-type: none"> <li>Consider using sufficient income instead of living wage</li> <li>Adding a focus for long-term Davidson County residents</li> </ul>
<b>Community Recommendation</b>	<ul style="list-style-type: none"> <li>Incentivize larger organizations to pay higher wages and provide skill training/career development to enable upward mobility</li> <li>Assist improving and developing small businesses and non-profits to support employees financially and receive training</li> </ul>
<b>Action Step(s)</b>	<ul style="list-style-type: none"> <li>By December 2024, approve and form a workgroup for this need</li> <li>Hold first workgroup meeting no later than January 2025</li> </ul>
<b>Measures for Success</b>	Not Completed during meeting
<b>Need</b>	<b>Equity</b>
<b>Voting Decision</b>	Yes, keep this need
<b>Voting updates (if applicable)</b>	This need has served as a lens through which all other needs and solutions are approached. The vote reflects keeping it as such.
<b>Community Recommendation</b>	Not Completed during meeting
<b>Action Step(s)</b>	Not Completed during meeting
<b>Measures for Success</b>	Not Completed during meeting
Prepared by Ascension Saint Thomas and VUMC for the 2025 Community Health Assessment (October 2024)	

## Appendix E: Sycamore Institute’s Policy Scan

A policy scan is a systematic review of existing policies related to a specific topic or area. It involves identifying, analyzing and summarizing current policies to understand the landscape, identify gaps, and inform future policy work within a community.

The NHWLC collaborated with Sycamore Institute and VUMC to complete a state-wide and local-level policy scan. This scan utilized an equity-based lens while analyzing the progress on access to care, substance use disorder, mental health, and other community needs.

Sycamore Institute identified options that may help improve everyone’s opportunity to be as healthy as possible. These options are based on approaches from other states, and do not represent any singular organization’s views. The primary recommendation for improvement was “Access to Care,” which incorporates a comprehensive approach through the suggested following ways: Medicaid expansion, additional development of alternative healthcare settings (e.g., safety net clinics), increased support of community health navigators, develop more inclusive and sustainable public transportation and enhance the primary care safety net. Access to care was also highlighted as an area of improvement for mental health needs. A secondary recommendation found in the scan was a focus on “Mental and Behavioral Health” more generally.

Please review the [Policy Scan](#) for more details on the policy solutions.

## Appendix F: Imagine Nashville

NHWLC collaborated with Imagine Nashville, a citywide, community-led initiative that is guided by the belief that communities must share dreams and ideas to shape our future. Imagine Nashville has been working to reach across geographic, socioeconomic, racial, ethnic, and age differences to ensure everyone has a chance to share their dreams, concerns, and, most of all, their ideas for how Nashville should go forward.

With over 30 ideas of actionable change in Nashville, Imagine Nashville ensured that all recommendations were aligned with their four priorities:

1. All Nashvillians have meaningful and accessible pathways for a higher standard of living – an essential ingredient for a good life.
2. Our transit system allows us to move about the city safely and efficiently.
3. We have ample attainable and affordable housing options that match demand and meet our needs.
4. Each neighborhood has a distinct character and fosters a high quality of life for residents.

Please review [Imagine Nashville's full report](#) for more details.

## Appendix G: Secondary Data and Sources

### Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data indicators reflective of the population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable sources. A summary of the secondary data indicators collected and analyzed through this assessment is outlined in the following tables.

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) and the VUMC sponsored Community Health Institute Data Portal (HCI) website. The CHRR site is maintained by the University of Wisconsin Population Health Institute with funding from the Robert Wood Johnson Foundation. CHRR obtains data from reliable public sources. CHRR also shares trending data on some health indicators, such as amount of flu vaccinations, uninsured population, unemployment levels, impoverished children, etc.

CHRR compiles new data annually and shares it with the public. The data below is from the 2024 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

Conduent Healthy Communities Institute (HCI) provides demographic and secondary data on health, health determinants, and quality of life topics. Data is typically presented in comparison to the distribution of counties, state average, national average, or target values. Data is primarily derived from state and national public health sources.

## How to Read These Charts- Table Legend

All icons are either **GREEN = Good**, **RED = Bad** or **BLUE = Neutral**

### Compare to Distribution (Dial Gauge)

The compare-to-distribution gauge measures how your community is doing compared to other communities in your state, the U.S., or region.



### Compare to a Value (Diamond Gauge)

The diamond represents a comparison to a single value.



### Trend Over Time (Square Gauge)

The square represents a comparison to a trend over time. The trend looks at how the indicator is doing over multiple time periods.

- Solid color gauge means that the change is significant
- Outlined gauge means there is a change, but it is insignificant.



How to Read These Charts	
<b>Why they are important:</b>	Explains why we monitor and track these measures in a community and how they relate to health. The descriptions for “why they are important” are largely drawn from the VUMC-hosted <a href="#">Healthy Communities Data Platform</a> and <a href="#">County Health Rankings &amp; Roadmaps</a> websites.
<b>County vs. State:</b>	Describes how the county’s most recent health issue data compares to the state average.
<b>United States (U.S.)</b>	Describes how the county’s most recent health issue data compares to the U.S. average.
<b>Description:</b>	Explains what the indicator measures, how it is measured, and who is included.

**Table 17: Health Outcomes**

**Why they are important**

Health outcomes reflect the health of a county as well as the physical and mental well-being and overall quality of life of community members. The NHWLC highlighted whole person focused health as a priority health outcome need for their community.

**Whole Person Focused Health**

Whole health describes the interconnectivity of physical, mental, cognitive, behavioral, spiritual, and financial health by promoting, supporting, and advocating for availability, adequacy, accessibility, and affordability of information and services. The Whole-Health model helps people identify what matters most to them, manage stress, relate to others, and make healthy choices ([NCCIH, 2021](#)).








**Physical Health**

Life expectancy is a good measure of a population's longevity and general health. In Davidson County life expectancy is 75.1 years of age, which is slightly higher than the Tennessee average (73.5) and lower than the national average (77.6) ). However, there are disparities in life expectancy for persons who identify as Black or African American (70.7) ([HCI, 2025](#)).

Physical, mental, and dental health services support a person’s overall well-being. Primary, mental health, and dental care provider ratios have improved in Davidson County and continue to trend upward. There are now 91 ([CHR, 2021](#)) primary care providers, 410 mental health ([CHR, 2023](#)), and 83 dentists

(CHR, 2022) per 100,000 individuals. These areas highlighted are integral factors that comprise a person's overall health.

**Table 17a**







Indicators	Trend	Davidson	TN	U.S.	Description
<b>Length of Life</b>					
Premature death <sup>2*</sup>	N/A	10,083.2	 11,043.4	 7,971.5	Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2019-2021)  <i>*Race/Ethnicity disparity present: persons who identify as Black or African American non-Hispanic or Latino (14,875.5) experience significantly higher rates of premature deaths than the overall value.</i>
Life expectancy <sup>2*</sup>	N/A	75.4	 74.1	 77.6	How long the average person is expected to live (2019-2021)  <i>*Race/Ethnicity disparity present: persons who identify as Black or African American non-Hispanic or Latino have a significantly worse life expectancy (71.2) than the overall value.</i>
Infant mortality <sup>2*</sup>		7.1	 6.9	 HP 2030 Target (5.0)	Number of all infant deaths (within one year) per 1,000 live births (2015-2021)  <i>*Race/Ethnicity disparity present: persons who identify as Black or African American non-Hispanic or Latino have a significantly higher rate of infant mortality (13.3) than the overall value.</i>
Source: <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard</a> <sup>2</sup> (These indicators used data from 2015 - 2021 for these measures)					









### Self-Reported Health-Related Quality of Life

Quality of life represents a community's well-being. It underscores the importance of physical, mental, social, and emotional health from birth to adulthood.

Measuring health-related quality of life helps characterize the experience of people with disabilities and those with chronic conditions. In addition to measuring how long people live, it is also important to include measures of how well people live. <sup>1</sup>

**Table 17b**








Indicators	Trend	Davidson	TN	U.S.	Description
<b>Physical Health</b>					
Poor or fair health <sup>1</sup>	N/A	17%	 18%	 14%	Percentage of adults reporting fair or poor health (age-adjusted) (2021)
Poor physical health Days <sup>1</sup>	N/A	3.9	 4.1	 3.3	Average number of physically unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent physical Distress <sup>1</sup>	N/A	12%	 13%	 10%	Percentage of adults who reported 14 or more days of poor physical health per month (age-adjusted) (2010)
Low birth weight <sup>2</sup>		8.8%	 9.0%	 8.6%	Percentage of babies born too small (less than 2,500 grams) (2021)
Falls 65+ <sup>4</sup>	N/A	N/A	29.5%	27.1%	Percentage of adults aged 65 and older who reported falling in the past 12 months (2020)
Fall fatalities. 65+ <sup>2</sup>		16.2	 10.6	 9.8	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population (2022)
<b>Morbidity</b>					
Diabetes prevalence <sup>1,2</sup>	N/A	9.5%	 12%	 10%	Percentage of adults ages 20 and above with diagnosed diabetes (2021)
Cancer deaths <sup>2*</sup>		159.3	 170.4	 149.4	The age-adjusted death rate per 100,000 population due to cancer (2016-2021)  <i>*Race/Ethnicity disparity present: persons who identify as Black or African American have a significantly higher rate of death due to cancer (190.9) than the overall value.</i>
<b>Communicable Disease</b>					
HIV prevalence <sup>1</sup>	N/A	650	 318	 382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000 (2021)
HIV deaths <sup>2</sup>		2.2	 1.7	 1.4	Age-adjusted death rate per 100,000 population due to HIV (2018-2020)

Chlamydia incidence <sup>2*</sup>	 N/A	871.7	 538.1	 161	Number of newly diagnosed chlamydia cases per 100,000 (2022)  <i>*Race/Ethnicity disparity present: persons who identify as Black or African American have a significantly higher incidence rate (1625.8) than the overall value.</i>
Syphilis incidence <sup>2*</sup>	 N/A	20.1	 16.0	 17.7	Number of newly diagnosed syphilis cases per 100,000 population (2022)  <i>*Race/Ethnicity and gender disparity present: persons identifying as male (32.7) or Black or African American (41.9) have a higher incidence rate than the overall value.</i>
Tuberculosis <sup>6,7</sup>	N/A	3.56	 1.4	 2.5	Number of newly diagnosed tuberculosis cases per 100,000 population (2022)
Source: <a href="#">County Health Rankings<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a>   <a href="#">America's Health Rankings<sup>4</sup></a>   <a href="#">CDC Wonder<sup>5</sup></a>   <a href="#">Tennessee Department of Health Interactive Disease Data Dashboard<sup>6</sup></a>   <a href="#">CDC Reported Tuberculosis in the United States<sup>7</sup></a> (These indicators used data from 2016 - 2022 for these measures)					

## Mental Health

Mental Health includes our emotional, psychological, and social well-being. This state of well-being allows us to cope with the stresses of life, realize our abilities, learn and work well, and contribute to our community (CDC, 2024). Delays in mental health treatment can lead to increased morbidity and mortality as well as maladaptive coping mechanisms such as illicit substance use (McLaughlin, 2004).

**Table 17c**

Indicators	Trend	Davidson	TN	U.S.	Description
<b>Mental Health</b>					
Poor mental health days <sup>1</sup>	N/A	17.8	 5.8	 4.8	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent mental distress <sup>1</sup>	N/A	17%	 19%	 15%	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted) (2021)
Suicide <sup>2</sup>		12.8	 17	 13.9	Number of deaths due to suicide per 100,000 (2022)
Source: <a href="#">County Health Rankings<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a> (These indicators used data from 2021 - 2022 for these measures)					

## Table 18: Social and Economic Factors

### Why they are important












These factors have a significant impact on our health. They affect our ability to make healthy decisions, afford medical care, housing and food, manage stress, and more. The Nashville Health & Well-being Leadership Council highlighted housing and transportation, food access, economic opportunity and job skill development, and health equity as priority social and economic needs for their community.


### Economic Opportunity and Job Skill Development

The difference between income and affordability is growing, with 72% of Nashvillians seeing a growing divide between rich and poor ([Metro Social Services, 2023](#)). The Massachusetts Institute of Technology (MIT) Living Wage Calculator estimates a local wage rate that allows residents to meet minimum living standards. In Davidson County, a family with 2 adults (1 working) and one child needs at least \$76,066 to meet minimum living standards. This amount is higher than the overall median income in Davidson County (\$71,863). These data align with Metro Social Services' claim that at least half of all workers and households in Nashville live below the living wage income needed for basic household requirements ([Metro Social Services, 2023](#)). Furthermore, there are significant disparities in median household income by race and ethnicity. Households identifying as Black or African American earn 27.6% less than the overall median household income, and households identifying as Hispanic or Latino earn 18% less than the overall median household income ([ACS 5-Year, 2018-2022](#)).

The 2024 Federal Poverty Level (FPL) for a family of three is \$25,820, which is much lower than the living wage. A high poverty rate indicates that local employment opportunities might not be sufficient for the community. For Davidson County, 13.5% of households are living below the poverty level, which is slightly lower than the state average of 14.0% ([United for ALICE, 2021](#)).

### Table 18a
















Indicator	Trend	Davidson	TN	U.S.	Description
<b>Economic Stability</b>					
Median household income <sup>2</sup>		\$71,863	\$64,035	\$75,149	The income where half of households in a county earn more and half of households earn less, 2018-2022  <i>*The median household income for Non-Hispanic Black people is 38% less than that for Non-Hispanic White people. The median household income for Hispanic people is 30% less than that for Non-Hispanic White people.</i>
Unemployment <sup>1</sup>		2.8	3.4	3.7	Percentage of population ages 16 and older unemployed but seeking work, 2022
Poverty <sup>2</sup>		14.3	14.0	12.5	Percentage of population living below the federal poverty level, 2018-2022  <i>*Non-Hispanic Black people are 2.4 times more likely to live in poverty than Non-Hispanic White people. Hispanic people are 2.5 times more likely to live in poverty than Non-Hispanic White people.</i>
Childhood poverty <sup>2</sup>		22.7	19.2	16.7	Percentage of people under age 18 who are living below the federal poverty level, 2018-2022  <i>*Non-Hispanic Black children are 4.1 times more likely to live in poverty than Non-Hispanic White children. Hispanic children are 3.5 times more likely to live in poverty than Non-Hispanic White children.</i>
<b>Educational Attainment</b>					
High school completion <sup>2</sup>		90.3	89.3	89.1	Percentage of adults ages 25 and over who have earned a high school diploma or equivalent, 2018-2022
Some college <sup>2</sup>		46.0	29.7	34.3	Percentage of adults ages 25 years and over who have earned a bachelor's degree or higher, 2018-2022  <i>*Non-Hispanic Black adults are 48% less likely to earn a bachelor's degree or higher than Non-Hispanic White people.</i>
<b>Social/Community</b>					
Children in single parent homes <sup>2</sup>		33.0	27.9	24.9	Percentage of children living in single-parent households out of all children living in households, 2018-2022
Social associations <sup>2</sup>		13.3	11.0	9.1	Number of membership associations per 10,000 population, 2021
Disconnected youth <sup>2</sup>		2.2	2.0	1.8	Percentage of youth aged 16-19 who are neither working nor in school, 2018-2022
Violent crime <sup>2</sup>		1,113.3	617.5	1,053.7	Number of reported violent crimes per 100,000 population. Violent crimes include murder, non-consensual sex offenses, and aggravated assault, 2022
Domestic violence <sup>2</sup>		13.8	8.7	N/A	Rate of domestic violence incidents per 1,000 population, 2022





Homicide <sup>2</sup>		13.0	10.0	6.6	Age-adjusted death rate per 100,000 population due to homicide, 2018-2020  <b>*Males are 4.6 times more likely to die from homicide than females. Black people are 5.5 times more likely to die from homicide than White people.</b>
Childcare centers <sup>2</sup>	N/A	8.3	9.0	7.0	Number of childcare centers in the region per 1,000 population under age 5, 2022
Childcare cost burden <sup>1</sup>	N/A	25	26	27	Childcare costs for a household with two children as a percent of median household income, 2022-2023.
<b>Sources:</b> <sup>1</sup> County Health Rankings, <sup>2</sup> Vanderbilt Community & Population Health Data and Resources, <sup>8</sup> U.S Census.					

### Social Support and Community Safety

People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated.<sup>1</sup> Community safety reflects not only violent acts in neighborhoods and homes but also injuries caused unintentionally through accidents.<sup>1</sup>

**Table 18b**













Indicator	Trend	Davidson	TN	U.S.	Description
<b>Social /Community</b>					
Children in single parent homes <sup>2</sup>		33%	 27.9%	 24.9%	Percentage of children who live in a household headed by a single parent (2018-2022)
Social associations <sup>2</sup>		13.3	 11	 9.1	Number of membership associations per 10,000 population (2021)
Disconnected youth <sup>2</sup>		2%	 2%	 1.8%	Percentage of teens and young adults ages 16-19 who are neither working nor in school (2021)
Violent crimes <sup>2</sup>		1,113.3	 617.5	N/A	Number of reported violent crimes per 100,000 population. Violent crimes include murder, non-consensual sex offenses, and aggravated assault (2022)
Domestic violence <sup>2</sup>		13.8	 8.7	N/A	Rate of domestic violence incidents per 1,000 population (2022)
Homicide <sup>2*</sup>	N/A	13.0	 10.0	 6.6	Age-adjusted death rate per 100,000 population due to homicide (2018-2020)  <b>*Race/Ethnicity and gender disparity present: persons identifying as male (21.7) or Black or African American (31.0) have a higher rate of death due to homicide than the overall value.</b>

Childcare centers <sup>2</sup>	N/A	8.3	 9.0	 7.0	Number of childcare centers per 1,000 children under age 5 (2010-2022)
Childcare cost burden <sup>1</sup>	N/A	25%	 26%	 27%	Childcare costs for a household with two children as a percent of median household income (2022-2023)
Source: <a href="#">County Health Rankings &amp; Roadmaps<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a> (These indicators used data from 2018 - 2023 for these measures)					

### Food Access/Food Insecurity

Food insecurity describes a person's ability to access and acquire adequate food.<sup>36</sup> People from low-income and historically marginalized neighborhoods may face barriers to accessing healthy and affordable food options that affect healthy eating habits.<sup>36</sup> Other food access barriers include distance to grocery stores and lack of transportation. Being economically marginalized correlates with low access to grocery stores, thus limited options for healthier food choices.<sup>27</sup> In Davidson County, the child food insecurity rate is 19.8%. This rate is higher than in Tennessee (17.9%) and across the US (18.5%) ([Feeding America, 2024](#)).

**Table 18c**

Indicator	Trend	Davidson	TN	U.S.	Description
<b>Access to Healthy Foods</b>					
Food environment index <sup>2</sup>		7.8	 6.5	 7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best) (2024)
Food insecurity <sup>2</sup>		13.2%	 14.0%	 13.5%	percentage of the population that experienced food insecurity at some point during the year (2022)
Limited access to healthy foods <sup>1</sup>	N/A	8%	 9%	 6%	Percentage of the population who are low-income and do not live close to a grocery store (2019)
Households receiving food assistance <sup>8</sup>	N/A	8.9%	 11.7%	 11.5%	Percentage of households receiving SNAP benefits (2018-2022)
Older adult households receiving food assistance <sup>8</sup>	N/A	31.2%	 34.1%	 37.7%	Percentage of households with adults 60 years and over receiving SNAP benefits within the past year (2018-2022)
Source: <a href="#">County Health Rankings &amp; Roadmaps<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a>   <a href="#">U.S. Census<sup>8</sup></a>   (These indicators used data from 2018 - 2024 for these measures)					

## Table 19: Physical Environment

### Why they are 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. A poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.









### Housing and Transportation

Housing and transportation are essential for accessing employment, healthcare, healthy food, and other community resources. Several components of affordable housing impact health, including affordability, stability, quality and safety, and surrounding neighborhoods/communities ([Healthy People 2030](#)). From the Center for Housing Policy, one study found that people who spend more than half their income on housing spend less on food and health care compared to similar households spending 30 percent or less on housing. Another study showed that children in areas with higher rates of housing instability tended to have more behavioral concerns and more utilization of emergency department services ([The Center for Housing Policy, 2015](#)).

In the past 5 years, rent prices in Davidson County have significantly increased, with the median household gross rent rising from \$1,252 to \$1,394 ([ACS 5-Year, 2018-2022](#)). For 51.9% of Davidson County residents, rent consumes more than 30% of their monthly income. These persons are more likely and susceptible to living in poor conditions, and this reality substantially impacts young (15-24) and older adults (65+) more than other age groups ([ACS 5-Year, 2018-2022](#)).

**Table 19**

Indicator	Trend	Davidson	TN	U.S.	Description
<b>Physical Environment</b>					
Severe housing cost burden <sup>1</sup>	N/A	16%	 12%	 13%	Percentage of households that spend 50 percent or more of their household income on housing (2018-2022)
Severe housing problems <sup>2</sup>		16.6%	 13.3%	 16.7%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities (2016-2020)
Air pollution: particulate matter <sup>1</sup>	N/A	8.4	 7.6	 7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2019)
Homeownership <sup>2</sup>		49.1%	 59.6%	 57.8%	Percentage of occupied housing units that are owned (2018-2022)

Fair Market Rent <sup>9, 10</sup>	N/A	\$1,619.	 \$1,036.0	 \$1,208.0	This indicator shows the Fair Market Rent (FMR) for a 2-bedroom unit. FMR is the price for which a property would rent if it were currently available to lease (2024)
Cost-Burdened Renters <sup>2</sup>		51.9%	 47.9%	 49.9%	Percentage of renters who are spending 30% or more of their household income on rent (2018-2022)
Households without a vehicle <sup>2</sup>		6.7%	 5.3%	 8.3%	Percentage of households without access to a private vehicle in the past 12 months (2018-2022)
Availability of public transportation <sup>18</sup>	N/A	50.6%	N/A	N/A	Percentage of residents living within a ¼ mile of a transit stop (2022)
<i>Source: <a href="#">County Health Rankings</a><sup>1</sup>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard</a><sup>2</sup>   <a href="#">U.S. Department of Housing and Urban Development, Office of Policy Development and Research</a><sup>9</sup>   <a href="#">U.S. Housing Data</a><sup>10</sup>   <a href="#">WeGo</a><sup>18</sup> (These indicators used data from 2016 - 2022 for these measures)</i>					

## Table 20: Healthcare

### Why they are important



















Access to affordable, quality healthcare can help detect issues sooner and prevent disease. This can help individuals live longer, healthier lives.






### Awareness/Navigation of Community Resources

Access to appropriate high-quality health care helps prevent diseases and improve quality of life ([Healthy People 2030](#)). Improved awareness and navigation support community-based health and social resources that can assist individuals with the complicated health and social needs that impact one's overall health goals ([NLM, 2019](#)). Navigating health or a poor diagnosis can create significant challenges. The high cost of healthcare in the United States can create barriers to medical treatment or prescription medications. These barriers can be exacerbated by the many healthcare providers and clinics that do not accept patients without insurance or the extended wait times of providers and clinics that do ([ACS 1-Year, 2022](#)).

In Davidson County, the percentage of adults without health insurance (11.4%) is higher than the US value (10.8%) ([CDC- Places, 2021](#)). There are also significant disparities present by ethnicity. Significantly fewer persons identifying as Hispanic or Latino have health insurance (54.2%) compared to the overall population in Davidson County (85.3%) ([ACS 1-Year, 2022](#)). This disparity is also reflected in children (0–19) who identify as Hispanic or Latino who are insured at lower rates (80%) than the overall rate for children (92.5%) ([ACS 1-Year, 2022](#)). Increasing health insurance rates among all persons can assist community members in finding and navigating health and social resources that meet their needs and budget.

**Table 20**

Indicator	Trend	Davidson	TN	U.S.	Description
<b>Healthcare Access</b>					
Uninsured <sup>1</sup>	N/A	14%	 12%	 10%	Percentage of population under age 65 without health insurance (2021)
Uninsured adults <sup>8</sup>	N/A	14.7%	 13.4%	 11.3%	Percentage of adults aged 19 – 64 without health insurance (2022)
Uninsured children <sup>8</sup>	N/A	7.5%	 5.3%	 5.1%	Percentage of children under age 19 without health insurance (2022)
Primary care physicians <sup>1</sup>	N/A	1,110:1	 1,440:1	 1,330:1	Ratio of the population to primary care physicians (2021)
Mental healthcare providers <sup>1</sup>	N/A	240:1	 530:1	 320:1	Ratio of the population to mental healthcare providers (2023)
Health Checkup <sup>2</sup>	N/A	73.9%	N/A	 73.6%	Percentage of adults aged 18 and over who visited the doctor for a routine checkup within the past year (2021)
Prenatal Care <sup>12</sup>	N/A	70.0%	 73.9%	N/A	Percentage of mothers with live births who received adequate prenatal care based on the Kessner index (2021)
Primary care shortage area <sup>13</sup>	N/A	7	139	7,492	Number of areas with a shortage of primary care professionals (2024)
Mental health care shortage area <sup>13</sup>	N/A	8	82	6,232	Number of areas with a shortage of mental health providers (2024)
Dental health care shortage area <sup>13</sup>	N/A	7	141	6,854	Number of areas with a shortage of dental health providers (2024)
<b>Hospital Utilization</b>					
Preventable hospital stays <sup>2</sup>		3,539	 2,841	 2,677	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees (2022)
<b>Preventive Healthcare</b>					
Flu vaccinations <sup>2</sup>		55%	 51%	 50%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination (2022)











Mammography screenings <sup>2</sup>		45%	 45%	 47%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening (2022)
Breastfeeding initiation <sup>5</sup>	N/A	87.8%	 82.7%	 74.9%	Percentage of infants who were breastfed at discharge from the hospital (2022)
<i>Source: <a href="#">Explore Health Rankings - County Health Rankings &amp; Roadmaps<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a>   <a href="#">CDC Wonder<sup>5</sup></a>   <a href="#">U.S Census<sup>8</sup></a>   <a href="#">KIDS COUNT Data Center from the Annie E. Casey Foundation<sup>12</sup></a>   <a href="#">HRSA Health Workforce Shortage Areas<sup>13</sup></a> (These indicators used data from 2021 - 2024 for these measures)</i>					





## Table 21: 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 can increase someone’s risk of disease and premature death. It is important to understand that not everyone has the same opportunities to engage in healthy behaviors ([NIH](#), 2024).

Table 21a











Indicator	Trend	Davidson	TN	U.S.	Description
<b>Healthy Lifestyle</b>					
Adult obesity <sup>1</sup>	N/A	33%	 36%	 34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (2021)
Physical inactivity <sup>1</sup>	N/A	25%	 27%	 23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity (2021)
Access to exercise opportunities <sup>2</sup>	N/A	91.7%	 67.4%	 84.1%	Percentage of population with adequate access to locations for physical activity (2024)
Insufficient sleep <sup>1</sup>	N/A	34%	 34.4%	 33%	Percentage of adults who report fewer than seven hours of sleep on average (2022)
Motor vehicle crash deaths <sup>1</sup>	N/A	13	 17	 12	Number of motor vehicle crash deaths per 100,000 population (2015-2021)

Pedestrian fatality rate <sup>5</sup>	N/A	4.4	 3.1	 2.8	Number of pedestrians killed in traffic collisions per 100,000 resident population (2022)
Teen births <sup>1</sup>	N/A	14	 24	 17	Number of births per 1,000 female population ages 15-19 (2016-2022)
Sources: <a href="#">County Health Rankings<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a>   <a href="#">CDC Wonder<sup>5</sup></a>   <a href="#">(These indicators used data from 2015 - 2024 for these measures)</a>					

## Substance Use

Substance use encompasses the excessive and unhealthy use of all substances, including alcohol, tobacco, prescription medications, opioids, and other illicit substances. Reducing the excessive use of substances can improve a community's overall health and well-being.

**Table 21b**

Indicator	Trend	Davidson	TN	U.S.	Description
<b>Substance Use</b>					
Adult smoking <sup>1</sup>	N/A	17%	 20%	 15%	Percentage of adults who are current smokers (2021)
Excessive drinking <sup>1</sup>	N/A	19%	 17%	 18%	Percentage of adults reporting binge or heavy alcohol drinking (2021)
Alcohol-impaired driving deaths <sup>1</sup>	N/A	25%	 24%	 26%	Percentage of driving deaths with alcohol involvement. (2017-2021)
Overdose deaths: any opioids by state <sup>14,15</sup>	N/A	64	 45	 29	Rate of opioid-related deaths by state per 100,000 persons (2022)
Drug overdose deaths <sup>14,15</sup>	N/A	74	 56	 35	Age-adjusted death rate per 100,000 population due to drug overdose (2022)
Sources: <a href="#">County Health Rankings<sup>1</sup></a>   <a href="#">CDC Wonder<sup>5</sup></a>   <a href="#">Tennessee Department of Health Drug Overdose Dashboard<sup>14</sup></a>   <a href="#">CDC – SUDORS Dashboard: Fatal Drug Overdose Data<sup>15</sup></a>   <a href="#">(These indicators used data from 2017 - 2022 for these measures)</a>					

## Appendix H: Health Care Facilities and Community Resources

As part of the CHA process, cataloged are resources available in Davidson County that respond to 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 are not intended to be exhaustive. For a more comprehensive list of resources, please visit [Community Compass](#).

### Primary and Specialty Care

Organization	Phone	Website
Matthew Walker Comprehensive Health Center	615-327-9400	<a href="#">Matthew Walker Comprehensive Health Center</a>
Siloam Health	615-298-5406	<a href="#">Siloam Health</a>
Shade Tree Clinic	615-422-5262	<a href="#">Shade Tree Clinic</a>
Salt Wagon Clinic	615-378-7585	<a href="#">Salt Wagon Clinic</a>

### Awareness and Navigation of Community Resources

Organization	Phone	Website
211 HELPLINE	800-318-9335	<a href="#">211 HELPLINE</a>
Age Well Middle Tennessee	615-353-4235	<a href="#">Age Well Middle Tennessee</a>
Tennessee Disability Pathfinder	800-640-4636	<a href="#">Tennessee Disability Pathfinder</a>
Neighborhood Resources	N/A	<a href="#">Neighborhood Resources</a>

### Economic Opportunity and Job Skill Development

Organization	Phone	Website
UpRise Nashville	615-216-0968	<a href="#">UpRise Nashville</a>
TN Committee for Employment of People with Disabilities	615-313-4891	<a href="#">TN Committee for Employment of People with Disabilities</a>
Catholic Charities	615-352-3087	<a href="#">Job Training - Catholic Charities of Tennessee</a>
The Aloe Family	615-997-0856	<a href="#">The Aloe Family</a>

## Food Access/Food Insecurity

Organization	Phone	Website
Second Harvest Food Bank of Middle Tennessee	615-329-3491	<a href="#">Second Harvest Food Bank of Middle Tennessee</a>
The Nashville Food Project	615-460-0172	<a href="#">The Nashville Food Project</a>
One Generation Away	844-642-4673	<a href="#">One Generation Away</a>
Luke 14:12	615-482-4123	<a href="#">Luke 14:12</a>

## Housing

Organization	Phone	Website
Urban Housing Solutions	615-726-2696	<a href="#">Urban Housing Solutions</a>
Room in the Inn	615-251-7019	<a href="#">Room in the Inn</a>
Nashville Rescue Mission	615-255-2475	<a href="#">Nashville Rescue Mission</a>
Nashville Housing and Urban Development	615-736-5600	<a href="#">Nashville Housing and Urban Development</a>

## Appendix I: Nashville Health & Well-being Leadership Council Membership

### 2024 Nashville Health & Well-being Leadership Council Appointed & Ex Officio Members

Appointed Members	Sector
Al Brady	Non-Profit
Haley Davidson	For-Profit
Tene Franklin	Board of Health
Elisa Friedman	Non-Profit Hospital
Sarah Goodrich	Non-Profit
Vickie Harris	For-Profit
Khalela Hatchett	Public Hospital
John Keys	Community member
Kim Molnar	Community member
Sandra Moore	Community member
Mary Kate Mouser	Non-Profit Hospital
Freida Outlaw	Education
Charlotte Peacock	Metro Social Services Commission
Renee Pratt	Metro Social Services Director-Permanent
Robert Robinson	Community member
Joanna Shaw-KaiKai	Interim Director of Health-Permanent
Alicia Bunch-Vargas	Non-Profit Health Care
Mark Yancy	Non-Profit
Ex Officio	Metro Department
Catherine Knowles	Metro Nashville Public Schools
Diana Alarcon	Nashville Department of Transportation & Multimodal Infrastructure
Proxy-Robbie Luckett	Nashville Department of Transportation & Multimodal Infrastructure
Anita McCaig	Metro Planning
Monique Odom	Metro Parks & Recreation
Proxy-Randall Miller, Jr.	Metro Parks & Recreation
Sharon Suggs	Metro Action Commission
Curtis Thomas	Metro Development & Housing Authority