Davidson County, TN
Community Health Needs Assessment
2019

Friday, January 11, 2019
Welcome

David Posch, Executive Vice President Population Health, Vanderbilt University Medical Center

Fahad Tahir, FACHE, President and Chief Executive Officer, Ascension Saint Thomas Midtown Hospital, Ascension Saint Thomas West Hospital
Davidson County – Health Priorities

Sanmi Areola, Ph. D., Interim Director of Health
Why Are We Here?

- Saint Thomas Health and Vanderbilt Medical Center conduct needs assessment tri-annually, requirement for non-profit hospitals
- Metro Public Health Department conducts assessments for Public Health Accreditation
- TODAY: Review findings of the current (2019) community health assessments
- Collectively identify strategic issues
- Health systems: Implementation Strategy
- All: Community Health Improvement Plan
Agenda

• Review Findings
  – Community Health Status (Data)
  – Local Public Health System Assessment
  – Community Input
  – Forces of Change Assessment

• Identification of Strategic Health Issues

• Voting and Brainstorming

• Community Mosaic
Community Engagement

• Values and intentionality early on
• Feedback and engagement at many levels
  – Healthy Nashville Leadership Council
  – Core Group
  – Community Input (CTSA)
  – Community Health Status Assessment
“A healthy Nashville has a culture of compassion and well-being where all people belong, thrive and prosper.”

2018 MAPP Vision
Community Engagement

• Varied methods and approaches for gathering input from the community
• Input from over 500 individuals
• Special attention to underserved, low-income, minority populations
Healthy Nashville Leadership Council
Core Group and Committees
Community members
  – Interviewees, listening session, surveys
Metro Public Library-Hadley Park
Metro Parks Community Centers
  – Elizabeth Park
  – Hartman Park

Outreach Base Nashville
Salahadeen Center
Building Lives Foundation
UT College of Social Work
Gresham Smith
Student team members:
  – Meharry Medical College
  – Vanderbilt

With Appreciation
Health equity is both the absence of systemic obstacles and the creation of opportunities for all to be healthy.

Health Assessment Equity Lens

- Strategic focus on low-income, minority, and vulnerable populations
- Include populations outside of Nashville urban core
- Include “health equity categories” in data collection methodology
- Gathering data in multiple languages

Factors that support health:

- Affordable, safe, and stable housing
- Safe places to play and exercise
- Access to affordable and healthy food
- Educational opportunities
- English language proficiency
- Access to safe and affordable transportation
- Ending discrimination based on race, gender, religion, or other factors
- Economic Security & Financial Resources
- Livelihood Security & Employment Opportunity
Health equity is both the absence of systemic obstacles and the creation of opportunities for all to be healthy.
Community Health Status

Local Public Health System

Community Input

Forces of Change
As you listen today...

- Write down issues, needs and priorities emerging from the data (solo)
- Work with your tablemates to prioritize (group)
- Voting!
Findings from Data Review
Data Review Methods

- Used publicly available data
- Indicators, considered
  - Recommendations of
    - Catholic Health Association
    - Centers for Disease Control and Prevention
    - National Association of City and County Health Officials
- Initial Review of 800+ indicators
- 100 indicators
Indicator Categories

• Demographics
• Socioeconomic Status
• Social Determinants of Health Inequities
• Access to Health Care
• Behavioral Risk Factors
• Morbidity & Mortality
• Maternal & Child Health
• Mental Health
• Environmental Factors
• Infectious Disease
Demographics: Davidson County

2017 Population Estimate: 691,243

<table>
<thead>
<tr>
<th>Demographic / Socioeconomic</th>
<th>Davidson</th>
<th>TN</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, % change from 2013-2017</td>
<td>10.3%</td>
<td>5.8%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Persons under 18 years</td>
<td>21.1%</td>
<td>22.4%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Persons 65 years and over</td>
<td>11.9%</td>
<td>16.0%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Female persons, percent</td>
<td>51.8%</td>
<td>51.2%</td>
<td>50.8%</td>
</tr>
<tr>
<td>Language other than English spoken at home</td>
<td>16.8%</td>
<td>7.0%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Persons below poverty level</td>
<td>14.6%</td>
<td>15.0%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Persons per square mile</td>
<td>1243.3</td>
<td>153.9</td>
<td>87.4</td>
</tr>
</tbody>
</table>


- White: 56%
- Black: 27%
- Hispanic Ethnicity = 10%
- Asian: 4%
- More than one race: 3%
Projected Population and Job Growth (2015, 2025, 2035)

From 2010-2017, Davidson County Grew 10.3%
This is almost two times faster than the state as a whole

- 2015: Population 654,879, Jobs 618,891
- 2025: Population 702,871, Jobs 687,059
- 2035: Population 752,326, Jobs 755,684

2.6% Unemployment Rate

84,672 residents of Davidson County are Foreign Born.

- 43% from Europe
- 30% from Asia
- 19% from Africa
- 6% from Latin America
- 2% from Northern America
- 0.2% from Oceana

16.8% speak language other than English at home

8.8% of population speak English less than “Very Well”

People in Poverty
By Census Tract

Davidson Co. 16.9%
Tennessee 16.7%
United States 14.6%

Percent in Poverty

People Living Below Poverty Level
By Race / Ethnicity – 2013-2017

**Total # of Children Living in Poverty**

- Davidson County: 39,701
- Tennessee: 357,310
- United States: 14,710,785

**Percent Population Under Age 18 in Poverty**

- Davidson County (27.75%)
- Tennessee (24.25%)
- United States (20.31%)


Population with No High School Diploma
(25yrs and older)

Davidson Co.  11.98%
Tennessee  13.48%
United States  12.69%

Percent without HS Diploma


Graduation Rates

**2017**

- **Davidson County**
  - 89.1%

- **Tennessee**
  - 84%

- **United States**
  - 80.1%


Employment

97% employed

618,891 Jobs in Davidson County

• County is experiencing rapid growth including increase in diversity
• 87% have high school education
• 17% live in poverty; 29% of children living in poverty
• Rates of poverty and education vary by place and race
Social Determinants of Health Inequities
Housing – Owners

- 54.4% of households are owner-occupied
- 28.2% of those homeowners are cost burdened

Building Permits by Type in Davidson County - Last 3 Years

- Building Residential - New: 37%
- Building Commercial - Rehab: 13%
- Building Residential - Rehab: 5%
- Building Residential - Addition: 7%
- Building Demolition Permit: 9%
- Building Sign Permit: 9%
- Building Use & Occupancy: 7%
- (Other): 10%

Homelessness
January 2018

2,298
Homeless neighbors identified through Point-in-Time Count


Transportation


Source: U.S. Department of Transportation (n.d.) Transportation and Health Indicators. Retrieved June 1, 2018 from https://www.transportation.gov/transportation-health-tool/indicators
Fast Food Access


Parks Access

40%
Live within ½ mile of a park

Summary

• Home values and rents have risen sharply over the last several years

• Many (especially renters) are burdened by housing costs

• It is difficult for many in our community to access healthy food

• Rate of fast food establishments remains high
Access to Health Care
# Insurance Coverage – Adults

## Uninsured Adults

<table>
<thead>
<tr>
<th>Region</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>14.8%</td>
</tr>
<tr>
<td>State</td>
<td>15.9%</td>
</tr>
<tr>
<td>County</td>
<td>17.8%</td>
</tr>
</tbody>
</table>


Insurance Coverage – Children

Uninsured Children

<table>
<thead>
<tr>
<th>State</th>
<th>Uninsured Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>5.7%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>4.8%</td>
</tr>
<tr>
<td>Another State</td>
<td>6.9%</td>
</tr>
</tbody>
</table>


Insurance Coverage – Children

Access to Care for Children by Health Insurance Status, 2015

- **Usual Source of Care**
  - Medicaid/Other Public: 96%
  - Employer-Sponsored Insurance: 98%
  - Uninsured: 71%

- **Well-Child Checkup**
  - Medicaid/Other Public: 85%
  - Employer-Sponsored Insurance: 86%
  - Uninsured: 53%

- **Specialist Visit**
  - Medicaid/Other Public: 12%
  - Employer-Sponsored Insurance: 16%
  - Uninsured: 7%

## Provider Ratios

<table>
<thead>
<tr>
<th>Primary Care Providers</th>
<th>Dentists</th>
<th>Mental Health Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:1088</td>
<td>1:1324</td>
<td>1:359</td>
</tr>
<tr>
<td>1:1382</td>
<td>1:1892</td>
<td>1:742</td>
</tr>
<tr>
<td>1:1030</td>
<td>1:1280</td>
<td>1:330</td>
</tr>
</tbody>
</table>

• 13.9% of Davidson population lives in a designated Health Professional Shortage Area


Summary

• Uninsured rates higher than state and nation, and concentrated in certain geographies through county

• Health Professions Shortage Areas areas are present within county
Behavioral Risk Factors
Obesity – Adult

- In Davidson County, 26% of adults 20+ report doing no leisure-time physical activity in last month.


• 60% of Tennessee high schoolers did not receive the recommended amount of weekly exercise (60 minutes, 5 days per week)
• Almost 17% of Tennessee high schoolers did not receive 60 minutes of physical activity on one day

Current Cigarette Use Among Adults (Behavior Risk Factor Surveillance System) 2016

% of Adult Tobacco Users, 2016

Healthy People 2020 Target


## Alcohol Use

<table>
<thead>
<tr>
<th></th>
<th>Davidson</th>
<th>Behavioral Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excessive Drinking</strong></td>
<td>27%</td>
<td>14%</td>
</tr>
<tr>
<td><strong>Alcohol-impaired driving deaths</strong></td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td><strong>Alcohol dependence</strong></td>
<td>7%</td>
<td>5.8%</td>
</tr>
<tr>
<td>% of admissions to treatment for alcohol abuse</td>
<td>34%</td>
<td>42%</td>
</tr>
</tbody>
</table>


**Source:** TN Department of Mental Health and Substance Abuse Services. (2016) *TN Epidemiological Profile of Alcohol and Drug Misuse.* Retrieved from https://www.tn.gov/content/dam/tn/mentalhealth/documents/Tennessee_Epidemiological_Profile_of_Alcohol_and_Drug_Misuse_and_Abuse.pdf
Substance Abuse

**Opioid Prescribing Rates Per 100 Persons (2017)**

1. Alabama – 107.2
2. Arkansas – 105.4
3. Tennessee – 94.4

**Opioid Prescription Rates Per 100 Persons (2010-2017)**

- 2010: Davidson 94.4, TN 73.7, US 58.7
- 2017: Davidson 94.4, TN 73.7, US 58.7

Substance Abuse

Davidson County Drug Overdose Deaths

Source: TN Department of Health
Summary

• Smoking rate remains higher than HP2020 target

• Around 30% of Davidson County adults are obese and many physically inactive

• Youth overweight and obesity rate is around 36% and many students don’t receive enough physical activity

• Opioid prescribing rates are declining but Davidson still higher than national average at 73.7 per 100 persons
Life Expectancy 77.3 Years

By Gender

Davidson County 74.3
Tennessee 73.48
United States 76.3

Female

Davidson County 80.1
Tennessee 79.04
United States 81.3

Life Expectancy 77.3 Years

By Race

Black: 73.5
White: 78

Causes of Death: USA, 1900-2016
Age adjusted Death Rates for Selected Major Causes of Death

Percentage of Deaths, Davidson County 2016

5430 Total Deaths

71.9% Top 10 Leading Causes

Percentage of All Deaths

- Heart Disease 22%
- Cancer 20%
- Other 28%
- Accidents 9%
- Lower Respiratory Disease 6%
- Stroke 5%
- Diabetes 3%
- Suicide 2%
- Flu/Pneumonia 2%
- Assault 1%
- Liver Disease 2%

## Chronic Disease

### Davidson County

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults aged 18+ diagnosed with <strong>Diabetes</strong></td>
<td>10.4%</td>
</tr>
<tr>
<td>Adults aged 18+ diagnosed with <strong>High Blood Pressure</strong></td>
<td>32.9%</td>
</tr>
<tr>
<td>Adults aged 18+ diagnosed with <strong>High Cholesterol</strong></td>
<td>35.6%</td>
</tr>
</tbody>
</table>


Homicide Mortality Rate 2016; 15-24 years

Tennessee ranks 12th for rate of firearm deaths.

Cumulative Death Rate: Suicide/Homicide
Davidson County, by Race, Age (1999-2017)

Summary

• Life expectancy is 77.3 and varies by race, place, and gender
• Cancer and heart disease remain the leading causes of death with 42% of all deaths
• Chronic illnesses that drive the leading causes of death are diabetes, high blood pressure, and high cholesterol
• County homicide death rate due to firearms far exceeds both State and National rates.
Maternal & Child Health
Birth Outcomes 2017

- Davidson
- Tennessee
- United States
- HP 2020

Infant Death Rate / 1000 births

Source: Annie E. Casey Foundation, KIDS COUNT Data Center, [https://datacenter.kidscount.org](https://datacenter.kidscount.org); TN Dept of Health, Division of Policy, Planning and Assessment, Office of Health Stats; MPHD Division of Epidemiology
Birth Outcomes
Racial Disparities In Davidson County (2017)

Source: Annie E. Casey Foundation, KIDS COUNT Data Center, [https://datacenter.kidscount.org](https://datacenter.kidscount.org); TN Dept of Health, Division of Policy, Planning and Assessment, Office of Health Stats; MPHD Division of Epidemiology
Maternal Risk Factors
Racial Disparities In Davidson County (2016)

Smoking (%)
- Total: 6.5
- White: 6.5
- Black: 7.7

Medical Risk Factor (%)
- Total: 28.6
- White: 25.1
- Black: 36

Overweight or Obese (%)
- Total: 48.4
- White: 38.6
- Black: 64.5

Source: Annie E. Casey Foundation, KIDS COUNT Data Center, https://datacenter.kidscount.org; TN Dept of Health, Division of Policy, Planning and Assessment, Office of Health Stats; MPHD Division of Epidemiology
Adequacy of Prenatal Care (2016)

% Factors Involved in Sleep-Related Infant Deaths, 2012-2016

- Not in a crib or bassinette: 89.2%
- Sleeping with other people: 71.6%
- Sleeping in unsafe bedding or with toys: 67.6%
- Not Sleeping on back: 55.4%

Source: Nashville/Davidson County Child Death Review Team, MPH Division of Epidemiology
Teen Pregnancy Rates; Ages 15-17, Trend: 2008-2017

Teen Pregnancies are In Decline Across the County and State

Davidson (-71%)

Tennessee (-63%)

Source: Annie E. Casey Foundation, KIDS COUNT Data Center, https://datacenter.kidscount.org; TN Dept of Health, Division of Policy, Planning and Assessment, Office of Health Stats; MPHD Division of Epidemiology
Summary

- Infant mortality rates and other poor birth outcomes are high
- Mothers in Davidson County have a high proportion of risk factors that could negatively impact birth outcomes
- Compared to the United States, fewer mothers are receiving adequate prenatal care
- A quarter (25%) of infant deaths are sleep-related and preventable
- Teen birth rates continue to decline
Mental Health
Poor Mental Health Days last 30 days
2016

Source: County Health Rankings & Roadmaps (2018)
Child Abuse Cases

## Adverse Childhood Experiences (ACEs) 2015-2016

<table>
<thead>
<tr>
<th># ACEs</th>
<th>% (TN)</th>
<th># ACEs</th>
<th>% (TN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>48%</td>
<td>0</td>
<td>39%</td>
</tr>
<tr>
<td>1</td>
<td>20%</td>
<td>1</td>
<td>22%</td>
</tr>
<tr>
<td>2</td>
<td>11%</td>
<td>2</td>
<td>12.2%</td>
</tr>
<tr>
<td>3</td>
<td>7%</td>
<td>3</td>
<td>9.3%</td>
</tr>
<tr>
<td>4 (or more)</td>
<td>14%</td>
<td>4 (or more)</td>
<td>17.5%</td>
</tr>
</tbody>
</table>

### Source:
- Tennessee Commission on Children and Youth KIDS COUNT State of the Child in Tennessee 2017
  [Retrieved from](https://www.tn.gov/tccy/kc/tccy-kcsoc1.html)
“Evidence has shown that mental disorders are strongly related to the occurrence of many chronic diseases, including diabetes, cancer, cardiovascular disease, asthma, and obesity and many risk behaviors for chronic disease; such as, physical inactivity, smoking, excessive drinking, and insufficient sleep.”

- Centers for Disease Control, Mental Health Basics
Environmental Health
## A Snapshot of Air Quality Standards in Davidson County

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Level</th>
<th>Standard</th>
<th>Levels in Davidson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbon Monoxide (CO)</td>
<td>9 ppm over 8 hours or 35 ppm over 1 hour</td>
<td>Not to be exceeded more than once per year</td>
<td>Typically, we average 1 ppm</td>
</tr>
<tr>
<td>Nitrogen Dioxide (NO₂)</td>
<td>100 ppb</td>
<td>98th percentile of 1-hour daily max concentrations, averaged over 3 years</td>
<td>Ranges from 10-20 ppb</td>
</tr>
<tr>
<td>Ozone (O₃)</td>
<td>0.7 ppb</td>
<td>Annual fourth-highest daily max 8-hour concentration, averaged over 3 years</td>
<td>3 exceedance days in 2016, none for other years from 2013 to 2017</td>
</tr>
<tr>
<td>Sulfur Dioxide (SO₂)</td>
<td>75 ppb over 1 hour</td>
<td>99th percentile of 1-hour daily max concentrations, averaged over 3 years</td>
<td>Davidson County has minimum detectable levels</td>
</tr>
</tbody>
</table>

Overall, air quality in Davidson County meets the National Ambient Air Quality Standards (NAAQS) for most pollutants in most recent years.

### Air Pollution and Lung Disease

<table>
<thead>
<tr>
<th>Estimated Number Suffering from Lung Disease</th>
<th>Davidson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
</tr>
<tr>
<td>Pediatric Asthma</td>
<td>11,560</td>
</tr>
<tr>
<td>Adult Asthma</td>
<td>38,622</td>
</tr>
<tr>
<td>COPD</td>
<td>43,488</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>510</td>
</tr>
</tbody>
</table>

Infectious Disease
Chlamydia

- In general, STDs have been on the rise
- Younger people between the ages of 15 and 29 are disproportionately affected
- The three notifiable STDs can all facilitate the transmission of HIV

**US Incidence Rate, 2017: 528.8/100,000**
Gonorrhea

US Incidence Rate, 2017: 171.9/100,000


Syphilis


Acute Hepatitis C rates are important to watch in light of the ongoing addiction and drug-use epidemic driven by opioid addiction.

New infections and deaths among PLWH are decreasing.

Davidson County still has a higher incidence rate than TN and US.

New infections are largely driven by MSM transmission.
Prevalence is highest among Black MSM in Nashville.

Nashville falls below all national rates and benchmarks for HIV health outcomes.


Between 2013 and 2017, Asians accounted for the highest stratified incidence rate in Davidson County.

Davidson County TB cases are spatially clustered in South Nashville.


Summary

• STDs have been on the rise, especially among the younger population 15-29 years
• Locally, new HIV diagnoses have steadily decreased
• Racial disparities are encountered in the HIV population
• Davidson County’s rates of TB are higher than Tennessee as a whole
Local Public Health System Assessment
In 2018, our assessment composed of 67 participants across 40+ organizations that make up the local public health system.
This assessment answers the following two questions:

1. What are the activities and capacities of our local public health system?
2. How well are we providing the **10 Essential Public Health Services** in Nashville?
Local Public Health System Assessment Methods

1. Monitor health status to identify community health problems.

2. Diagnose and investigate health problems and health hazards in the community.

3. Inform, educate, and empower people about health issues.

4. Mobilize community partnerships to identify and solve health problems.

5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

8. Assure a competent public health and personal health care workforce.

9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

10. Research for new insights and innovative solutions to health problems.
## Local Public Health System Assessment Methods

**Table 1. Summary of Assessment Response Options**

<table>
<thead>
<tr>
<th>Activity Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal Activity (76-100%)</td>
<td>Greater than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>Significant Activity (51-75%)</td>
<td>Greater than 50%, but no more than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>Moderate Activity (26-50%)</td>
<td>Greater than 25%, but no more than 50% of the activity described within the question is met.</td>
</tr>
<tr>
<td>Minimal Activity (1-25%)</td>
<td>Greater than zero, but no more than 25% of the activity described within the question is met.</td>
</tr>
<tr>
<td>No Activity (0%)</td>
<td>0% or absolutely no activity.</td>
</tr>
</tbody>
</table>
ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

<table>
<thead>
<tr>
<th>7.1</th>
<th>Model Standard: Identification of Personal Health Service Needs of Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At what level does the local public health system:</td>
</tr>
<tr>
<td>7.1.1</td>
<td>Identify groups of people in the community who have trouble accessing or connecting to personal health services?</td>
</tr>
<tr>
<td>7.1.2</td>
<td>Identify all personal health service needs and unmet needs throughout the community?</td>
</tr>
<tr>
<td>7.1.3</td>
<td>Defines partner roles and responsibilities to respond to the unmet needs of the community?</td>
</tr>
<tr>
<td>7.1.4</td>
<td>Understand the reasons that people do not get the care they need?</td>
</tr>
</tbody>
</table>

| 7.1.1 | 75 |
| 7.1.2 | 50 |
| 7.1.3 | 25 |
| 7.1.4 | 75 |
Local Public Health System Assessment Findings

Summary of Average ES Performance Score

- Average Overall Score: 63.6
- ES 1: Monitor Health Status: 80.6
- ES 2: Diagnose and Investigate: 98.6
- ES 3: Educate/Empower: 55.6
- ES 4: Mobilize Partnerships: 46.9
- ES 5: Develop Policies/Plans: 75.0
- ES 6: Enforce Laws: 90.0
- ES 7: Link to Health Services: 43.8
- ES 8: Assure Workforce: 44.4
- ES 9: Evaluate Services: 53.3
- ES 10: Research/Innovations: 47.9
Local Public Health System Assessment Findings

Frequently Cited Strengths

• Active coalitions and strong work plans
• Robust network of providers and non-profits provide services
• Many organizations that offer training and education
• Many organizations follow same documentation process

Frequently Cited Challenges

• Data deficit
• Lack of resources, space, funding and personnel
• Lack of tracking referrals
• Critical partners missing in some areas of community health improvement process

Frequently Cited Opportunities

• Develop an inventory of available registries
• Focus on prevention-based efforts
• Increase transportation efforts/services with system we have
• Leverage the use of technology to communicate better in community
Our community ecosystem *shows strength and expertise* in diagnosing what’s wrong, enforcing regulations, and developing plans and policies.

Our community *shows significant progress* in educating and empowering the public about health and also evaluating our own progress with programs.

Our community *could get better* in the areas of linking folks to care, coordination of care, building the next generation of public health leaders, and using research and innovation efforts more effectively.
Community Input
Systematic Review
• Examine existing reports relevant to community health and healthcare in Davidson County

• Summarize existing reports using health equity as a framework
Systematic Review Methods

- Reviewed 21 existing reports from 2013-2018
- Identified target geography and population(s) for each report
- Summarize health topics discussed
- Organized information into “health equity categories”
- Determine reoccurring themes
Systematic Review Results

Reports:

- Mayor’s Office
- Public Library (2)
- Northwest YMCA
- Juvenile Court and Office of Neighborhoods
- Nashville Downtown Partnership (3)
- MDHA
- Metro Transit Authority
- Metro Parks and Recreation Department
- Gideon’s Army
- Brookings Institute
- Nashville Metro Planning Org, Nashville Civic Design Center, and Conexión Americas
- Siloam Health Center

[Map of Nashville showing various neighborhoods and areas marked with red dots and labels.]
## Health Equity Categories

<table>
<thead>
<tr>
<th>Health Equity Categories</th>
<th># of Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Safety and Security</td>
<td>14</td>
</tr>
<tr>
<td>Economic Security and Financial Resources</td>
<td>9</td>
</tr>
<tr>
<td>Livelihood Security and Employment</td>
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<td>Transportation</td>
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<td>School Readiness and Educational Attainment</td>
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<td>Environmental Quality</td>
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<td>Adequate, Affordable, and Safe Housing</td>
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<tr>
<td>Availability and Utilization of Quality Medical Care</td>
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<td>Civic Involvement</td>
<td>5</td>
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Systematic Review Results: Davidson County Top Themes

Health Topics:

1. Affordable Housing
2. Community Coordination
3. Transportation

- Economic Stability
- Social Isolation and Racial Segregation
- Neighborhood Services
- Health Care Access and Affordability
- Available Social Services and Access
- Mental and Physical Disabilities
- Obesity
- Active Lifestyle
- Medications
- Aging Populations
- Youth Violence
- Mass Transit System
- Policing Practices
- Education
- Built Environment
- Community Health Resources
- Community Strengthening and Visioning
- Sleep Habits
- Barriers to Care
- Mortality rates
- Causes of Death
- Smoking
- Air Pollution
- Accidents
- Social Determinants
- Public Safety
- Cleanliness
- Walkability/Exercise Opportunities
- Health Food Access
Interviews with Community Informants
Interview Methods

• Interviewed 23 community representatives and leaders with:
  – Focus on the broad interests of the community
  – Serving low-income, minority or underserved populations

• Sectors represented include: public health, government/public sector, health care, education, faith community, non-profits, academia, business

• Interviews conducted in pairs with an interviewer and a recorder
• Interview protocol included all open-ended questions
• Focused on community assets, issues/concerns, obstacles to addressing concerns and priorities:
  – Assets
  – Community Concerns
  – Health/Health Care Concerns
  – Barriers/Challenges
  – Magic Wand
• Interview data entered in REDCap
• Thematic analysis conducted using teams of four reviewers
“What do you think are your community’s strongest assets?”

‘I think the spirit across the community is one of helpfulness, and of wanting to do better’

- Community
- Healthcare
- Resources/Collaborative Work
“What would you say are the top three issues specific to health or health care that you are most concerned about in your community?”

‘We are the only country where you could end up bankrupt if you get sick’

‘As our population ages, we need to have more programs that can treat individuals who are aging, mentally ill, and having multiple chronic issues’

• Insurance/Affordability
• Equity
• Lifestyle/Behaviors
“What do you think are the obstacles or challenges to addressing these issues?”

‘The national scale and systemic nature of many of these issues makes them hard to address at the local level. Small safe spaces can be creased, but it is hard to overcome the overarching issues’

‘Lack of awareness of health issues/symptoms and then not seeking care because of failure to recognize an issue’

• Financial
• Community Disconnect
• Health Literacy
“If you had a magic wand, what top initiatives would you implement in your community in the next three years?”

‘Regardless of payor, people get access to services that fit their need’

‘Radically expand community organizing and peer support networks (connect to people in a real way)’

- Collaboration/coordination
- Access to Healthcare
- Social Determinants
“Based on your experience, what are the top three issues that you are most concerned about in your community (Probe: think broadly, beyond health)?”

‘Gaps are too broad, rich get richer, poor get poorer’

‘Integration is important in terms of continuity of care’

- Vulnerable Populations
- Growth
- Care Coordination
Interview Cross-Cutting Themes

- Refugees/Bilingual issues
- Regional Issues
- Vulnerable Populations
Community Listening Sessions
Listening Session Methods

• Topics explored include quality of life, community assets, obstacles or challenges, priorities
• Six listening sessions
• Moderated and co-moderated by partners
• Demographic survey
• Thematic analysis conducted using team of four reviewers
Listening Session Demographic Information (n=58)

- 65% Female
- 27% Hispanic/Latino
- 41% Black or African American, 27% White, 22% Other
- 43% language other than English spoken in the home
- 17% High School Diploma or less
- 41% Uninsured & Medicaid/Medicare, 44% Insured
Quality of Life

Changes

• Population growth
• Education
• Local government
• Traffic
• Safety

Improvements

• Employment and training
• Access to affordable care (Physical & Mental)
  • Basic Needs
  • Education
  • Safety
  • Resources
• Social Networks and Social Support
Community Assets

- **Strong community dynamic**
  - Social support and neighborhood networks
  - Community involvement
  - Civic engagement

- **Resource availability**
  - Community centers
  - Faith community

- **Built environment**
  - Parks, universities, museums
  - Tourism industry

- **Cultural diversity**
Obstacles and Challenges

Community Obstacles and Challenges

Health Inequity

- Healthcare Access
- Population Growth
- Resource Access
- Living & Working Conditions
Priorities

1. Health care access
2. Education
3. Community Leadership
4. The Village
5. Housing
6. Training and skill development
7. Accessible resources
8. Prevention

If You Had a Magic Wand.....
Listening Session Summary

• Training and employment opportunities
• Housing
• Safety
• Resources
• Community cohesion
• Education
• Population growth
• Equity
Community Survey
Survey Methods

- Focused on community assets, issues/concerns, future goals for the community
- Open and closed-ended questions
- Adapted from Kansas City Health Department and MAPP with input from committee focused on community input
- Translated into Spanish
- Piloted
- Distributed electronically via health system networks, health department networks, community networks
- Thematic analysis conducted using team of four reviewers
- Demographics analyzed in Excel
Survey Demographics (n=277)

Age of Survey Respondents

- 18-25: 2.24%
- 26-39: 35.82%
- 40-64: 47.76%
- 65+: 14.18%

Race of Survey Respondents

- White: 79%
- African American: 15%
- American Indian/Alaska Native: 1%
- Asian: 1%
- Pacific Islander: 1%
- Other: 3%
“What do you love about your neighborhood?”

1. Location, access and proximity to services
2. Sense of community and character
3. Green and open spaces
What keeps you up at night?

1. Crime, violence and safety concerns
2. Affordability, displacement, and related social issues
3. Traffic problems and lack of adequate public transportation
“What do you hope for the next generation?”

1. Caring, Connectedness, and Civility
2. Alternative transit, traffic concerns, and walkability
3. Green Space and Parks
“Was there anything else you wanted to share?”

1. Issues with managed city growth and concerns about preserving community character
2. Concerns about public transit
3. Advancing health equity and being more inclusive as a city
Survey Cross-Cutting Themes

- Concerns for the aging population
- Public school quality
- "For all" - issues concerning equity
Forces of Change Assessment
The Forces of Change assessment focuses on identifying forces such as legislation, technology, and other impending changes that could or will affect community health.
The assessment answers these two questions:

1. What is occurring or might occur that affects the health of our community or the local public health system?
2. What specific threats or opportunities are generated by these occurrences?
• Used secondary data to guide the facilitation
  ➢ 100 Resilient Cities data

• 20 participants from 16 community organizations

• Worked in small groups (4-5); identified 26 high priority trends or forces through facilitation and prioritization process
<table>
<thead>
<tr>
<th>SOCIAL</th>
<th>ECONOMIC</th>
<th>POLITICAL/LEGAL</th>
<th>TECHNOLOGICAL</th>
<th>ENVIRONMENTAL</th>
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<tbody>
<tr>
<td>Fragmented safety</td>
<td>Budget incongruent with growth (Tax base)</td>
<td>Political climate</td>
<td>Technological displacement</td>
<td>Disease Outbreak</td>
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<td>Institutional racism</td>
<td>Lack of affordable healthcare</td>
<td>Increased hate crimes</td>
<td>Cyber Attack</td>
<td>Hazardous Materials release</td>
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<td>Increased Psychological Trauma</td>
<td>Lack of affordable housing</td>
<td>Affordable Care Act policy changes</td>
<td>Impact of Social Media</td>
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<td>Increased population</td>
<td>Pronounced poverty</td>
<td>Police-Community relations</td>
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<td>Food insecurity</td>
<td>Impact of chronic disease</td>
<td>Threats to Immigrants</td>
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<td>Homelessness</td>
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<td>School to prison pipeline</td>
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<td>Insufficient</td>
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## Forces of Change Summary

### Frequently Cited Opportunities
- Examine revenue streams
- Prevention-based approaches (investments, diversion programs)
- Importance of diversity of thought in solving system-wide problems

### Frequently Cited Threats
- Institutional stress
- Increased costs
- Isolation
- Inefficient expenditures
- Individuals stop looking for services at all
- Loss of trust in gov’t + community systems

### Frequently Cited Partnerships
- Public/private
- Systems-based
- Schools
- Philanthropic organizations
- Places of worship
- “People living the experience”
By understanding and preparing for these Forces of Change, the Davidson County community can act to ward off or reduce threats as well as take advantage of opportunities to protect and improve community health.
Thank you / Questions
Limitations: Primary and Secondary Data

• All sources:
  – Bias
  – Generalizability
  – Language/cultural barriers

• Secondary data:
  – Source variability
  – Benchmarking

• Time, time, time
Identify Strategic Issues

• Step 1: Write down 3 Health Issues that you consider high priority based on the data presented today

• Step 2: Discuss your thoughts with your tablemates
  – Which issues are similar?
  – How can these issues be consolidated?
  – What are the outliers, if any?
  – What guidance can the PEARL test provide?

• Step 3: Consolidate similar issues into up to 3 “buckets” for your table. Write issues (up to 3) on the stickies provided.
Break
Electronic Voting
Electronic Voting

**Survey Link**

- Enter the following in your web browser
  redcap.vanderbilt.edu/surveys

**Survey Access Code:**
MJ3EC9L4T

**or**

**Scan the QR Code**
Davidson County
Identified Strategic Issues

- Access & Coordination of Resources
- Meeting Basic Needs & Social Determinants
- Access & Affordability of Healthcare
- Mental Health & Toxic Stress
Brainstorming

Based on one of the Identified strategic issues, please answer the following questions:

1. After 3 years, what does success look like for this need?

2. What organizations are already working on issues related to this need? Who are the potential collaborators?
Community Mosaic
Next Steps
Evaluation
Contact Us

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Thank you to all!!