

# Healthy Nashville

## Community Health Assessment



Comprehensive Report  
2013-2014



*Metro***Public Health Dept**  
Nashville/Davidson County

Protecting, Improving, and Sustaining Health



# Acknowledgements

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# Purpose and Background

Community health assessment (CHA) is a process of describing the health issues and assets of a population, the results of which are used to inform a community health improvement plan (CHIP). The 2013-2014 CHA is the third of its kind that has been conducted in Nashville and led by Metro Public Health Department (MPHD). From 2001-2003, Nashville was a demonstration site for the Mobilizing for Action through Planning and Partnerships (MAPP) process, and the first iteration of MAPP was completed in 2002. A partial re-assessment using the MAPP framework was completed in 2007.

In 1963, the city of Nashville and the Davidson County governments merged to create one government. Metro Nashville (hereon referred to just as Nashville) refers to the population of Davidson County, and as of the 2012 American Community Survey 1-year estimates, Nashville had 648,295 residents. See Appendix A for the Demographics Profile. Metro Nashville-Davidson County has a total area of 527.9 square miles, one of the largest cities in the U.S. in terms of geographical area. The city includes a diverse collection of environments, including urban, suburban, and rural areas.

Nashville's downtown core is high-density, and includes the central business district, residential buildings, and a vibrant tourist and entertainment district. Nashville's historic inner-ring suburbs are mostly organized around small neighborhood commercial centers, while suburban development commercial uses are typically located along its historic pikes (main thoroughfares) leading out of the city. Public transit options in Nashville are limited to bus service and one commuter rail line, and mobility is primarily achieved by driving, although efforts to develop a city and regional transit network are underway. Nashville has a diverse collection of state and local parks, greenways, and trails, and is transected by the Cumberland River and its tributaries. Outlying areas, primarily in the northern and northwestern portions of the county, are rural and include both small and large working farms. Industrial uses were historically near the river, but have since scattered throughout the county as the city's urban core and riverfront have redeveloped in recent years.

<b>Leading Causes of Death Ranked by Frequency with Corresponding Age- Adjusted Mortality Rate &amp; Years of Potential Life Lost Davidson County, TN 2009</b>			
<b>Disease/Condition</b>	<b>Number</b>	<b>Rate</b>	<b>YPLL</b>
<b>Cardiovascular Disease</b>	1134	187.9	7294
<b>Cancer</b>	1100	187.1	9652
<b>Accidents</b>	303	47.9	6394
<b>Stroke</b>	269	44.9	1729
<b>Chronic Lower Respiratory Disease</b>	268	45.4	1616
<b>Diabetes</b>	168	28.3	1610
<b>Alzheimer's</b>	149	24.9	61
<b>Pneumonia and Influenza</b>	96	16.1	862
<b>Suicide</b>	82	12.6	2578
<b>Homicide</b>	74	11.5	3131

# Purpose and Background

Identifying Nashville's public health issues and improving the community's health and quality of life requires the knowledge and experiences of all of those who live and work in Nashville. For the third time, Nashville used the Mobilizing for Action through Planning and Partnerships (MAPP) community health assessment process as the framework for convening community members, partners and public health stakeholders in order to assess the community and drive community health improvement.

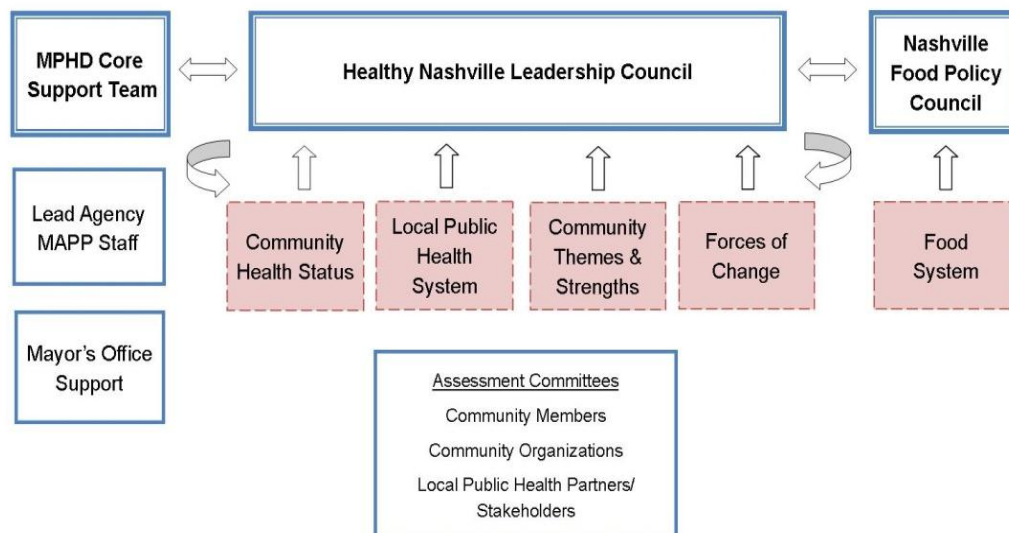


**MAPP Roadmap**

collaboration with the Centers for Disease Control and Prevention (CDC), developed MAPP. Prior to MAPP's inception, public health practitioners did not have structured guidance on creating and implementing community-based strategic plans. In response, NACCHO and CDC created a process based on substantive input from public health practitioners and public health research and theory (National Association of County and City Health Officials, 2008).

The Healthy Nashville Leadership Council (HNLC) is Nashville's mayoral appointed health council, comprised of strategic thinkers and community leaders and is convened by the Metro Public Health Department (MPHD) to serve as the advisory body for the MAPP process. The HNLC is comprised of individuals representing multiple sectors, with 18 voting members and 5 ex-officio members representing various Metro departments. MPHD serves as the lead agency for the MAPP process and has established a core support team, comprised of 11 members, diversely representative of the health department and its initiatives, who served as leadership for the MAPP assessment teams.

From 1997 through 2001, the National Association of County and City Health Officials (NACCHO), in



**MAPP Organizational Structure**



Throughout the process, the World Health Organization (WHO) definition of health was used to ensure a common understanding of health in a holistic sense. In 1946, the WHO stated, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The graphic below was also used to show social determinants of health.



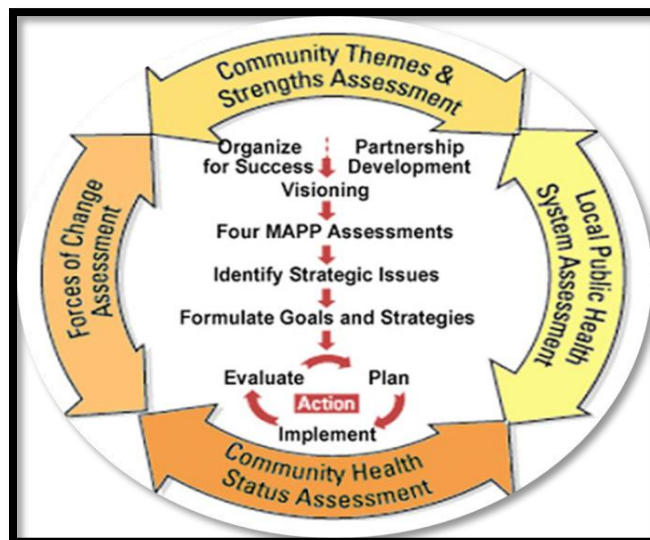
**Social Determinants of Health**

MAPP utilizes four assessments, which serve as the foundation for achieving improved community health. As reflected in the organizational structure above, for this iteration of MAPP, Nashville has partnered with the Nashville Food Policy Council to utilize information from their Food System Assessment to inform the strategic issues in addition to the traditional four MAPP assessments. These four assessments are:

- **Community Themes and Strengths Assessment:** Provides community perceptions of their health and quality of life, as well as their knowledge of community resources and assets.
- **Local Public Health System Assessment:** Measures how well public health system partners collaborate to provide public health services based on a nationally recognized set of performance standards.
- **Community Health Status Assessment:** Measures the health status using a broad array of health indicators, including quality of life, behavioral risk factors, and other

measures that reflect a broad definition of health.

- **Forces of Change Assessment:** Provides an analysis of the positive and negative external forces that impact the promotion and protection of the public's health.



**MAPP Process**

Hundreds of community stakeholders representing dozens of organizations participated in the MAPP Assessments. See Appendix B for the full list of participating organizations.

The MAPP process was officially launched in April 2013. In that month, hundreds of community members responded to the three MAPP visioning questions through talk.nashvillenext.net, at community centers, the 2013 Earth Day event, and other events. Those responses informed the creation of the vision statement by the HNLC in May 2013.

*“A healthy Nashville has a culture of well-being, where all people have the opportunity and support to thrive and prosper.”*

Primary and secondary data were utilized to inform the development of the three strategic priorities resulting from the CHA. The assessments section below will describe the processes for collecting and prioritizing data used in each of the assessments.

# Issues

In January 2014, HNLC and MAPP Core Support Team members met to review the assessment data, identify key themes, match specific prioritized data points to those themes, and then craft and prioritize strategic issue statements. Three strategic issues were prioritized as a result of the CHA.

## **Issue: How can the local public health system advance equity in health and well-being for all people regardless of race, ethnicity, age and income?**

There are many data supporting health equity as a priority health issue. More than any other factor, health status is determined by social conditions – leaving many populations disadvantaged. Some of the Community Health Status data supporting this issue included poverty rates, income disparities and the cost burden to renters in Nashville. Community Themes and Strengths pointed to the need for meaningful employment opportunities as a key issue and inequality in MDHA communities as a key perception. High WIC participation was noted in the Food System Assessment. The Forces of Change Assessment reviewed the threats of the forces of income inequality and population shifts, including transgenerational poverty and power inequality, as well as displacement through gentrification and limited opportunities for advancement.

## **Issue: How can the local public health system collectively support the emotional and mental health of all our neighbors?**

There are many data from the assessments to support mental and emotional health as a priority issue. Prevalence of abuse/dependence on drugs and/or alcohol, rates of mental illness, smoking, obesity, diabetes, crime data and child maltreatment reports were all supporting indicators from the Community Health Status Assessment.

Evidence from the Forces of Change Assessment supporting this strategic issue included technological dependence, resulting in decreased interpersonal interaction, communication and activity levels; Increased mental health issues, with threats including suicide, morbidity and mortality, stigma, lack of access to quality mental health services, and limited funding for mental health; and, increased stress on children, with potential threats being bullying, reduced educational outcomes, lifelong impact, and reduced economic prosperity.

## **Issue: How do we maximize the built and natural environments to optimize health?**

There are many data from the assessments supporting this strategic issue. Air pollution indicators, and access to transit stops, bikeways, sidewalks and parks are all supporting indicators from the Community Health Status Assessment. Walkability, bikeability, transportation access and infrastructure, and lack of recreational opportunities were key issues and perceptions from the Community Themes and Strengths Assessment.

The Waste Management Policy and Local Zoning for Land Use ordinance from the Food System Assessment also supported this strategic issue. Finally, the following forces from the Forces of Change Assessment provided support for this strategic issue: Inadequate transportation infrastructure, with potential threats including no dedicated public transportation funding and reliance on gas tax; stewardship of natural resources, with potential threats of the political climate, diminished air, water and land; and, population increase, including density and sprawl, with potential threats of loss of existing green space, more traffic, overcrowding, increased crime, pollution, tension between generations living amongst each other, and stress on government resources.

# Assessments

## Community Health Status Assessment

The Community Health Status Committee, a diverse group of epidemiologists, academics, researchers, and public health practitioners, met over the course of four months to answer the overarching Community Health Status Assessment questions:

- How healthy are our residents?
- What does the health status of our community look like?

In order to answer these questions, the committee determined what topics needed to be considered in order to understand the health status of the residents of Davidson County using a facilitated brainstorming process – Technology of Participation (ToP) facilitation methods. The broad indicator topic areas resulting from the consensus workshop are as follows:

- Choices and Health
- Well-Being
- Access & Systems
- Evolving Family Systems
- Health Indicators
- Politics & Policy
- Demographics: Who Are We?
- Social Determinants
- Environments (Social, Natural, Built)

Following the consensus building process, the committee developed an action plan for gathering and analyzing data using the ToP Action Planning Workshop facilitation process. Three sub-groups were formed during this process to find indicators, with existing data, for their respective topic areas. HealthyNashville.org, a health and quality of life data web portal, was the main source for finding existing analyzed data. Many data also came from the American Community Survey, County Health Rankings, and other specialized sources of mental health and substance abuse, crime, motor vehicle, and environmental indicators.

Each indicator was vetted using a process recommended by the National Association of City and County Health Officials (NACCHO). Sub-groups used the following criteria for selecting indicators:

**Meaningful, Relevant and Actionable** – The indicator is meaningful (it provides information valuable for community members to understand important aspects of their quality of life) and useful (it offers a sense of direction for additional research, planning and action toward positive changes and a means for assessing progress).

**Validity and accuracy** – If the indicator trend line moves upward or downward, a diverse group of people in the community would agree on whether the quality of life or health of the community is improving or declining.

**Stability, reliability, and timeliness** – Data for the indicator can be collected, compiled, and calculated in the same way and in the same manner.

**Outcome-oriented** – Where possible, the indicator measures the actual condition of the community quality of life and health.

The resulting slate of indicators chosen by the committee was vetted for representativeness of the health status of Davidson County. That is, taken together, the indicators measure the major elements of the health and quality of life in Nashville.

An initial prioritization of the indicators, also using a NACCHO recommended process was conducted, once context and demographic indicators were removed from consideration. Context and demographics indicators were those that the committee members felt could not reasonably be impacted by any policy, program or systemic change undertaken by the local public health system. From the initial 200+ indicators, there were 88 indicators included for consideration in the



initial prioritization process. These indicators were scored by each sub-group, rated on a scale from 0-10 for feasibility (weighted x 1), population impacted (weighted x 2) and seriousness of health impact (weighted x 3).

The mean and median score for the indicators was a total score of 37, and this was used as the cutoff point for being considered for the final prioritization of the health issues for Davidson County to rank. 45 indicators were scored as the mean/mean or above. The 45 indicators were then prioritized into

15 health issues at the final Community Health Status Committee meeting, with representation from Metro Public Health Department's Executive Management Team and the MAPP Core Support Team also weighing in on the priority health indicators for Davidson County. All of the indicators were reviewed, with trend and disparities information provided as available, and then the participants were asked to nominate priority issues. Participants then anonymously voted on their top priorities from that point. The resulting 15 priority indicators are provided in the tables below.

## Issue 1: Access to Physical Activity Opportunities

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark
<b>Miles of bike lanes (ratio of total bike lanes length to total street length)<sup>i</sup></b>	157 miles (.046:1)	N/A	N/A		
<b>Miles of sidewalks (ratio of total sidewalk length to total street length)<sup>ii</sup></b>	1,134 miles (.33:1)	N/A	N/A		
<b>% of residents living within ½ mile of a park (2010)<sup>iii</sup></b>	40%	18%			

## Issue 2: Air Quality

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark
<b>Annual PM2.5<sup>1</sup> mean, 3 yr avg (2010-2012)<sup>iv</sup></b>	10.9 ug/m3	12.2 ug/m3 (Middle TN: 10.9 ug/m3)			NAAQS: 12 ug/m3 National Benchmark (County Health Rankings) 8.8 ug/m3 (90th percentile)
<b>Ozone Data<sup>2</sup>: Annual 4<sup>th</sup> highest daily maximum 3 yr average (2010-2012)<sup>v</sup></b>	0.074 ppm	0.079 ppm (Middle TN: 0.079 ppm)			NAAQS: 0.075 ppm


<sup>1</sup> For more information the significance of PM 2.5 particulate matter, visit the EPA page: <http://www.epa.gov/airquality/particulatepollution/>

<sup>2</sup> For more information on the significance of ground level ozone pollution, visit the EPA page: <http://www.epa.gov/airquality/ozonepollution/>

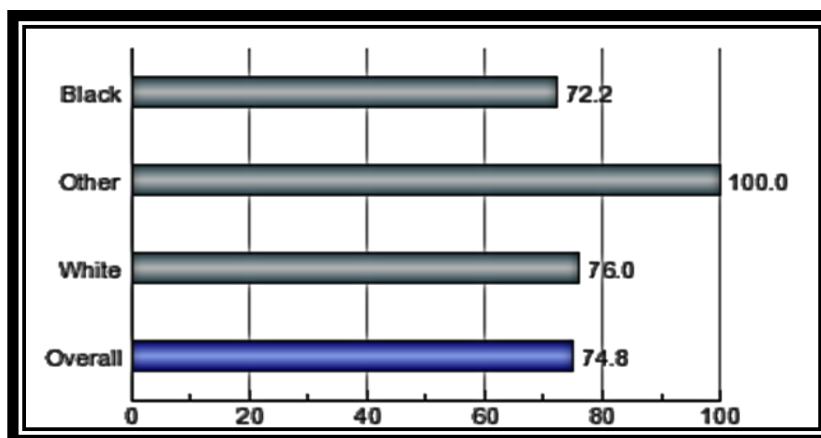
### Issue 3: Homelessness

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark
<b>Homelessness Count (Point-in-Time Shelter and Street Count) (2013)</b> <sup>vi vii</sup>	2,335 people				

### Issue 4: Immunization Status


Indicator Description	Davidson County	State of TN	US	Trend	Benchmark
<b>Influenza Vaccine 65+ (2010)</b> <sup>viii ix x</sup>	72.7%	66.6%	67.5%		Healthy People 2020 Target: 90%
<b>Immunization Status of 24 Month Old Children (2012)</b> <sup>xi xii xiii</sup>	74.8%	75.3%			TDH Target: 90%

### Local Evidence of Disparity




Immunization Status of 24-Month Old Children

## Issue 5: Mental and Emotional Health

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark (Healthy People 2020, etc.)
<b>Adults with a Major Depressive Episode (2008-2010)<sup>xiv xv</sup></b>	7.0%	6.9%	6.6%		Healthy People 2020 Target: 6.1%
<b>% Adults with any Mental Illness in the Past Year (2008-2010)<sup>xvi</sup></b>	22.2%	22.2%	19.9%		
<b>% Adults with Serious Mental Illness in Past Year (2008-2010)<sup>xvii</sup></b>	4.5%	5.2%	4.8%		

## Issue 6: Motor Vehicle Deaths

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark (Healthy People 2020, etc.)
<b>Age-Adjusted Death Rate due to Motor Vehicle Collisions (2009)<sup>xviii</sup></b> <small>xi xxx</small>	10.8/ 100,000 population	Median for TN Counties is 19.6/ 100,000 population	11.1 deaths/ 100,000 population		HP 2020: 12.4/100,000 population
<b>Fatalities in Tennessee Traffic Crashes Involving an Alcohol Impaired Driver (BAC=0.08+) (2010)<sup>xxi xxii</sup></b>	4.14/ 100,000 population	6.22/ 100,000 population			


## Issue 7: Obesity

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark (Healthy People 2020, etc.)
<b>Adults who Are Obese (2010)<sup>xxiii</sup></b> <small>xxiv</small>	27%	31.7%	27.5%		HP 2020 Target: 30.6%
<b>Adults with Diabetes (2010)<sup>xxv</sup></b> <small>xxvi</small>	10.3%	11.3%	8.7%		

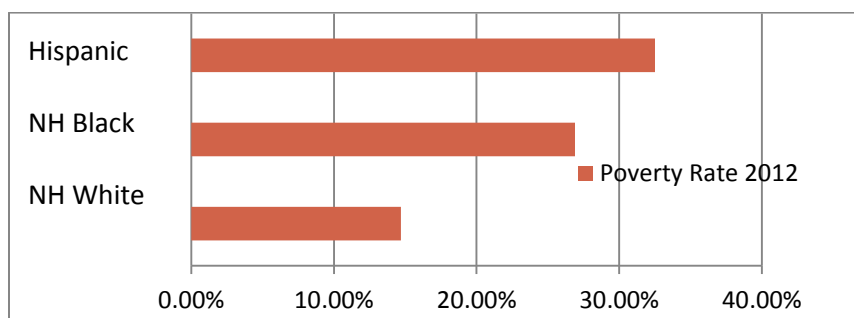
## Local Evidence of Disparity

Recent reports show that substantial differences exist in obesity prevalence by race/ethnicity, and these differences vary by sex and age. For example, according to 2005–2008 data from the National Health and Nutrition Examination Survey, 51% of non-Hispanic black women aged 20 years or older were obese, compared with 33% of whites. Among females aged 2–19 years, 24% of non-Hispanic blacks and 14% of whites were obese. Davidson County data from 2010 shows that 22.3% non-Hispanic white persons are obese compared with 41.1% of non-Hispanic black persons. Non-Hispanic blacks are 1.8 times more affected than non-Hispanic whites. Also, non-Hispanic blacks were 47% more likely to report having diabetes.

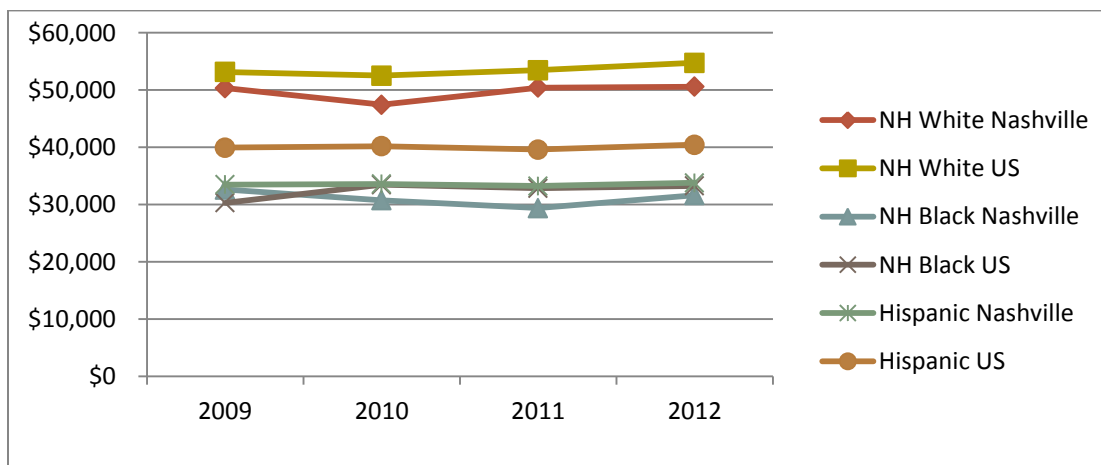
## Issue 8: Poverty

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark (Healthy People 2020, etc.)
<b>Poverty Rate (2012)</b> <sup>xxvii xxviii</sup>	18.9%	17.9%	15.9%		
<b>Children in Poverty (2012)</b> <sup>xxix xxx</sup>	29.4%	25.8%	22.6%		

## Local Evidence of Disparity



Poverty Rate 2012



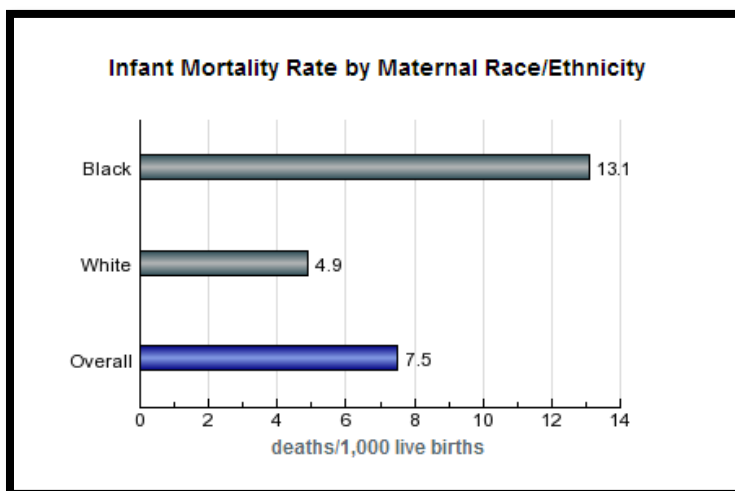
Household Income by Race/Ethnicity – Nashville and US

## Issue 9: Reproductive Health

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark (Healthy People 2020, etc.)
<b>Percent of Low Birth Weight Births (2012)</b> <sup>xxx</sup>	9.2%	8.5% Median of Tennessee Counties			HP 2020 Target: 7.8%
<b>Percent of Preterm Births (2009)</b> <sup>xxxii</sup>	9.7%	11.2% Median of Tennessee Counties		↓	HP 2020 Target: 11.4%
<b>Infant Mortality per 1,000 Live Births (2012)</b> <sup>xxxiii xxxiv</sup>	7.1/1,000 live births	7.2/1,000 live births			HP 2020 Target: 6.0/1,000 live births
<b>Unmet Demand for Contraception (Terminated Pregnancies)</b>	226.9:1,000 live births (2011)		227:1,000 live births*; different measurement period (2009)		

### Local Evidence of Disparity

Preterm birth and infant mortality rates are higher among blacks than whites. There is also evidence of significant disparity in unmet demand for contraception in Davidson County. In 2012, the abortion ratio for whites was 132.1:1,000 live births and for nonwhites 370.3:1,000 live births.



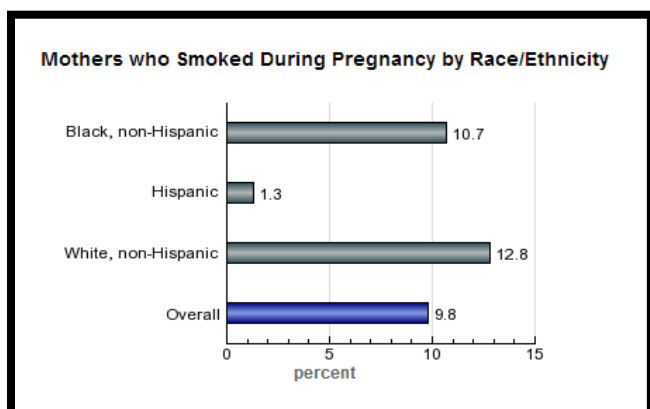
*Infant Mortality Rate by Maternal Race/Ethnicity 2011*



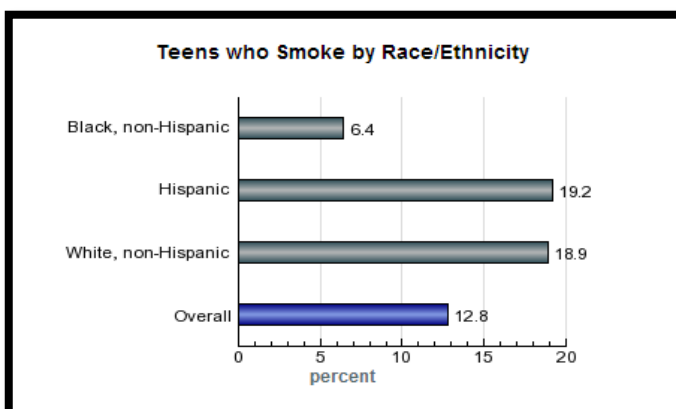
## Issue 10: Smoking

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark (Healthy People 2020, etc.)
% of Adults who Smoke Cigarettes (2010) <sup>xxxv xxxvi xxxvii</sup>	16.3%	20.1%	17.3%	↓	HP 2020 Target: 12.0%
Mothers who Smoke During Pregnancy (2010) <sup>xxxviii</sup>	9.8%			↓	HP 2020 Target: 1.4%
Teens who Smoke (9 <sup>th</sup> – 12 <sup>th</sup> grades) <sup>xxxix</sup> *not same measurement period; 2010 and 2011 respectively	12.8% (2010)	21.6%* (2011)		↓	HP 2020 Target: 16%

### Local Evidence of Disparity



*Mothers who Smoked during Pregnancy by Race/Ethnicity 2010*



*Teens who Smoke by Race/Ethnicity 2010*

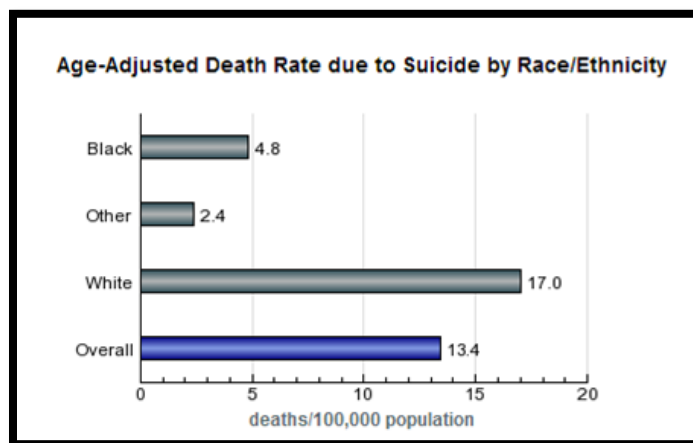
## Issue 11: Substance Abuse

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark (Healthy People 2020, etc.)
% with Drug/Alcohol Dependence/Abuse 18+ (2008-2010) <sup>xl</sup>	9.0%	8.0%	9.1%		

## Issue 12: Suicide

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark (Healthy People 2020, etc.)
<b>Age Adjusted Suicide Rate (2009)</b> <sup>xli xlii xliii</sup>	13.4/ 100,000 population	14.7/ 100,000 population	11.8/ 100,000 population		HP 2020 Target: 10.2/100,000 population

### Local Evidence of Disparity




*Age-Adjusted Death Rate due to Suicide by Race/Ethnicity*

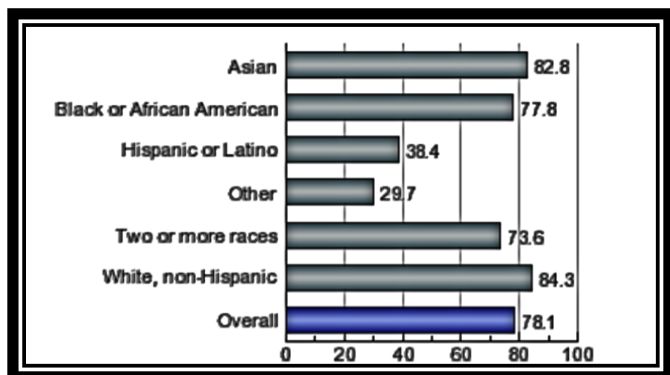
## Issue 13: Transportation Options

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark (Healthy People 2020, etc.)
<b>Percent of households within ¼ mile of a transit stop</b> <sup>xliv</sup>	56%	N/A	N/A		
<b>% of Population who Bike to Work</b> <sup>xlv</sup>	0.2%	0.1%	0.6%		
<b>Percent of workers commuting by public transportation (2012)</b> <sup>xlvi xlvii</sup>	2%	0.8%	5%		HP2020 Target: 5.5%

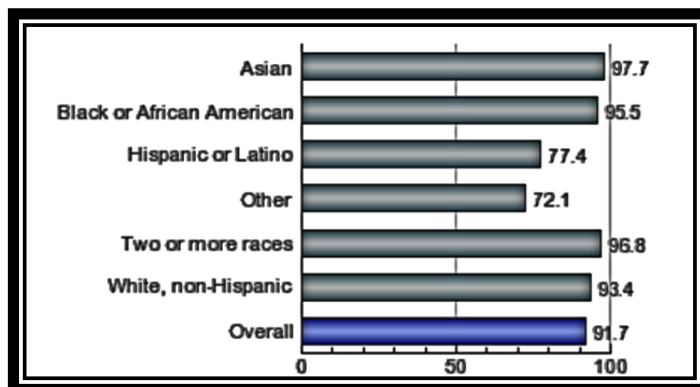
## Issue 14: Uninsured

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark (Healthy People 2020, etc.)
<b>Percent of Adults 18-64 with Health Insurance (2012)</b> <sup>xlvi xlix</sup>	78.1%	80%	79.4%		HP2020 Target: 100%
<b>Percent of Children with Insurance (2012)</b> <sup>i</sup>	91.7%	94.3%	92.8%		HP2020 Target: 100%
<b>Number of uninsured residents connected to primary care through Project Access Nashville</b> <sup>ii</sup>	4,408	N/A	N/A		

### Local Evidence of Disparity




*Adults with Health Insurance  
by Race/Ethnicity 2013*



*Children with Health Insurance  
by Race/Ethnicity 2013*

## Issue 15: Violent Crime

Indicator Description	Davidson County	State of TN	US	Trend	Benchmark (Healthy People 2020, etc.)
<b>Violent Crime Rate (2008-2010)</b> <sup>lii</sup>	1201.5 crimes/ 100,000 population	359.2/ 100,000 population (Median Distribution)	429.4/ 100,000 population		

These fifteen issues and accompanying indicators, as well as the demographics and context indicators removed from prioritizations, were included as data points for strategic issue development.

## Community Themes and Strengths Assessment

The Community Themes and Strengths (CTS) committee, a diverse group with representation from social services, community and neighborhood organizations, and non-profit organizations met over the course of four months to answer the overarching CTS assessment questions:

- What is important to our community?
- How is quality of life (QoL) perceived in our community?
- What assets do we have that can be used to improve community health?

The CTS committee was charged with gathering community thoughts, opinions, concerns, and solutions, as well as feedback about QoL and community assets. Recognizing that any single approach could be insufficient in reaching a broad cross-section of such a diverse population, the subcommittee selected the following three methods to answer the assessment questions:

- Electronic QoL Survey
- Community Listening Sessions
- Creation of Asset Maps Using 2-1-1 Data

Committee members used the consensus building workshop, a Technology of Participation (ToP) facilitated brainstorming process, to provide answers to the question, “What are the factors that ensure optimal quality of life for all?” Similar responses were grouped together and given a descriptive title. In total, 11 groups were created and they are:

1. Healthy Natural Resources
2. Accessible and Affordable Transportation
3. Meaningful Employment
4. Self-Determination
5. Equal Access to Basic Human Needs
6. Equal Access to Optimal Education
7. Affordable and Safe Housing
8. Physical and Mental Health
9. Connected and Engaged Community
10. Safe Community
11. Recreational Opportunities

The survey was open to the public for approximately one month. The committee chose to use a convenience sample to collect information from readily-available respondents. Although the committee recognized that the results of this type of sample could not be generalized to the entire population, effort was made to target specific groups that otherwise might have been underrepresented. The survey was open to all Davidson County resident ages 18 years and older. A total of 1,038 surveys were completed.

The CTS committee recognized the value of community listening sessions to gain a more in-depth understanding of the issues that were most important to the community. Listening sessions were also viewed as an effective tool to acquire meaningful input from community members who may have been less likely to respond to the survey, such as those without access to a computer. The CTS committee chose to conduct four community listening sessions in three targeted areas of Davidson County. In order to promote consistency in data collection and reporting, a facilitation guide was developed and included standardized language. In total, 32 Davidson County residents participated in the listening sessions.

The final data collection method used by the CTS committee was the creation of asset maps using 2-1-1 data. With assistance from United Way and the Metropolitan Department of Planning, the CTS committee was able to create asset maps that showed where gaps in services exist. These asset maps helped to identify potential gaps in service as well as areas that are saturated with providers.

Once all of the data were analyzed, the CTS committee members were asked to identify issues, assets, and perceptions that stood out in the data. The results are provided in the tables below.

Assets	Information from Asset Map	Information from QoL Survey
<b>Greenways and green spaces</b>		<ul style="list-style-type: none"> <li>I have access to parks and greenways where I can be physically active. <ul style="list-style-type: none"> <li>71% of respondents either Agreed or Strongly Agreed</li> </ul> </li> </ul>
<b>Healthcare rich in Nashville</b>	<ul style="list-style-type: none"> <li>Located mostly in urban core, fewer assets in North and West Nashville</li> <li>Structural access does not ensure life circumstances provide access (e.g. work hours may not permit)</li> </ul>	

Issues	Information from Listening Sessions	Information from QoL Survey
<b>Lack of adequate recreational opportunities, especially for teens</b>	<ul style="list-style-type: none"> <li>Need more camps that are free for low-income families</li> <li>Create exercise opportunities that are fun and engaging for all ages</li> <li>Need to do more for Senior Citizens. They often don't have the transportation they need and are not able to "age in place"</li> </ul>	
<b>Access to mental health / substance abuse resources</b>		<ul style="list-style-type: none"> <li>I have access to high quality mental health services in Davidson County. <ul style="list-style-type: none"> <li>37% of respondents selected Neither Agree nor Disagree</li> </ul> </li> <li>I have access to high quality substance abuse services in Davidson County. <ul style="list-style-type: none"> <li>58% of respondents selected Neither Agree nor Disagree</li> </ul> </li> </ul>
<b>Meaningful employment</b>	<ul style="list-style-type: none"> <li>"We need more jobs in our area. Any kind of job."</li> <li>"We need access to Wi-Fi so that we can search for jobs."</li> <li>Youth jobs programs so they can be prepared for the real world</li> <li>Need help for people looking for jobs, e.g. interview skills and resume writing</li> </ul>	<ul style="list-style-type: none"> <li>I am able to find employment in my preferred area of interest <ul style="list-style-type: none"> <li>24% of respondents either Disagreed or Strongly Disagreed</li> </ul> </li> <li>There are enough employment opportunities in Davidson County? <ul style="list-style-type: none"> <li>43% of respondents either Disagreed or Strongly Disagreed</li> </ul> </li> </ul>
<b>Access to basic human needs – Access to affordable food</b>	<ul style="list-style-type: none"> <li>Food in low-income areas is more expensive</li> <li>\$3 for a half gallon of milk as opposed to \$1.99 in other areas</li> <li>Need better transportation options to access fresh fruits and vegetables</li> <li>Fifty Forward provides transportation to seniors</li> <li>Nashville Mobile Market comes, but their stuff is too expensive</li> </ul>	



<b>Transportation (Public Transit)</b>	<ul style="list-style-type: none"> <li>Needs to lower the cost to ride and add additional routes</li> <li>The bus stop at Martha O'Bryan has been moved</li> <li>Some bus stops are dangerous because they are right on the road</li> <li>Some trips are very long because you have to go downtown first to get a different bus</li> </ul>	<ul style="list-style-type: none"> <li>I have enough access to affordable public transportation options in my neighborhood. <ul style="list-style-type: none"> <li>51% either Disagreed or Strongly Disagreed</li> </ul> </li> <li>I have enough access to affordable public transportation options in Davidson County. <ul style="list-style-type: none"> <li>52 % either Disagreed or Strongly Disagreed</li> </ul> </li> </ul>
<b>Transportation (Walkability)</b>	<ul style="list-style-type: none"> <li>Lack of sidewalks / lack of connectivity</li> <li>"Cars have no regard for kids going to school and seniors crossing street to go to grocery store, the cars almost run them over. People in wheelchairs have gotten hit."</li> </ul>	<ul style="list-style-type: none"> <li>My neighborhood has well lit sidewalks for me to use. <ul style="list-style-type: none"> <li>65% of respondents either Disagreed or Strongly Disagreed</li> </ul> </li> </ul>
<b>Transportation (Bikeability)</b>	<ul style="list-style-type: none"> <li>"Why does the Gulch have bikes and we don't?"</li> <li>Bikes provide additional transportation options to go to work or to the store</li> </ul>	

Perceptions	Information from Listening Sessions	Information from QoL Survey
<b>Inequalities perceived by MDHA residents, specifically residents who are senior citizens</b>	<ul style="list-style-type: none"> <li>"Caucasians moved out but now they are coming back. Eventually, they are going to be coming back into OUR area and there's nothing that we can do about it. Where are we going to go? There aren't any jobs in the area!"</li> <li>Lack of respect for senior citizens.</li> <li>Senior citizens get very little in food stamps, can't afford fruits and vegetables.</li> </ul>	
<b>Communities desire opportunities for inter-generational connectedness</b>	<ul style="list-style-type: none"> <li>Mentoring opportunities</li> <li>Help kids stay out of trouble</li> <li>"Easy for kids to get into trouble, but it's really hard for them to get out of it!"</li> </ul>	
<b>People view Davidson County and their own neighborhood as safe</b>		<ul style="list-style-type: none"> <li>I feel safe in my neighborhood. <ul style="list-style-type: none"> <li>76% of respondents either Agree or Strongly Agree</li> </ul> </li> <li>I feel safe in Davidson County. <ul style="list-style-type: none"> <li>64% of respondents either Agree or Strongly Agree</li> </ul> </li> </ul>

These assets, issues and perceptions were included as data points during strategic issue development.

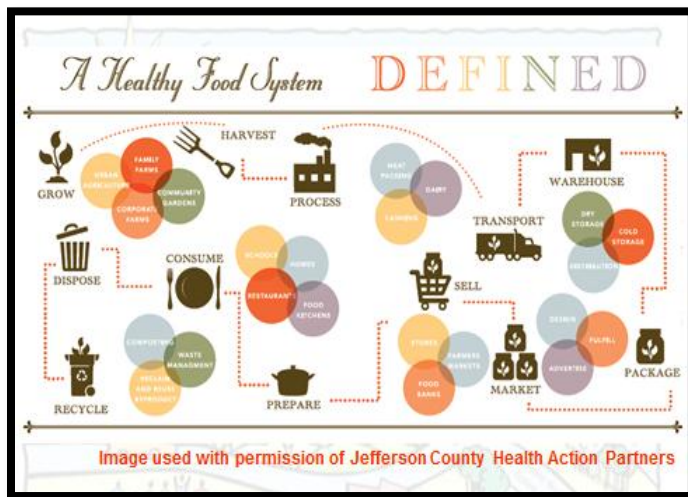
## Food System Assessment Report

The Food System Assessment was completed as an adjunct assessment to the standard MAPP assessments as an effort to engage the community to understand the food system and its health impact in Nashville. Metro Public Health Department (MPHD) MAPP staff partnered with the Nashville Food Policy Council (NFPC) to conduct the Food System Assessment. The Food System Assessment committee met over the course of several months to answer the overarching assessment questions:

- What is the state of Nashville's food system?
- How well is it functioning?

This assessment was used alongside the other four MAPP assessments to inform the strategic priorities for Nashville to address during the next three-five years.

This assessment began in February 2013 with a determination of the food system definition and components. See the figure below.



*Food System Defined*

The NFPC recruited additional community members to assist with the assessment process, for a total of 20 members on this assessment team. Workgroups completed the assessment

components, resulting in the indicators and policies below.

### *Indicators*

The Indicators Team prioritized four indicators for having a high economic and/or health impact and a high feasibility to address during the next three-five years. These indicators are as follows:

- # of Farmers Markets
- MNPS Food Budget
- # of Food Education Programs
- % of Food Insecure Households

### *Policies*

Four policies were identified as a significant priority and feasible for positive change to the Davidson County food system if addressed within the next three to five years:

- School Food Policy for Buy Local Requirement
- Policy regarding Local Zoning for Land Use
- Waste Management Policy-local, state
- Policy for No Sales Tax to Consumers on Locally Produced Foods

These indicators and policies were included as data points for the strategic issue development.

## Forces of Change Assessment

Seventeen diverse stakeholders, representing the Nashville Chamber of Commerce, Nashville Planning Department, Metro Transit Authority, Metro Nashville Public Schools, Metro Board of Health, Metro Public Health Department, Metro IT, non-profit organizations and others, convened on October 31, 2013 to help answer the assessment questions: "What is occurring or might occur that affects the health of our community or local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The purpose of the FOCA is to identify forces – such as trends, factors, or events – that have the potential to impact the health and quality of life of the community and the work of the local public health system. The following are examples of trends, forces and events:

- Trends – Patterns over time, such as migration in and out of the community or growing disillusionment with government
- Factors – Discrete elements, such as a community's large ethnic population, an urban setting, or proximity to a major waterway
- Events – One time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation

The FOCA took place on October 31, 2013 at Shelby Bottoms Nature Center in Nashville. A facilitated consensus building process was used to generate answers to the following question: "What

is occurring or might occur that affects the health of our community or local public health system?"

Participants brainstormed trends, factors, and events, organizing them into common themes and then providing an overarching 'force' for each of the category columns.

Nine forces were identified and then prioritized in an evaluation survey after the assessment. The forces are listed from highest priority force to lowest:

1. Stress Epidemic
2. Economic Opportunity Gap
3. Impact of Changing Health Policy
4. Shifting Populations
5. Shifts in Mobility Demands
6. Climate Change and Environmental Stewardship
7. Changing Food Environment
8. Increased Need for Relevant and Accessible Educational Opportunities
9. Changing Technology

After the consensus workshop, participants were charged with answering the second assessment question: "What specific threats or opportunities are generated by these occurrences?" Participants generated threats and opportunities for all of the ideas within each force of change category.

## Local Public Health System Assessment

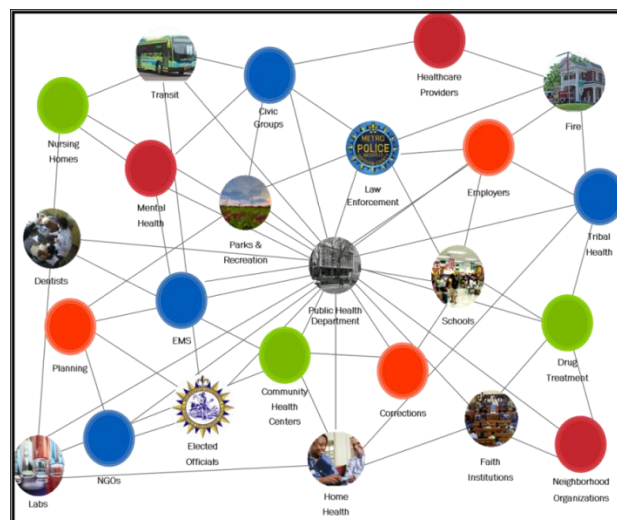
The Local Public Health System Assessment (LPHSA) utilizes the National Public Health Performance Standards Program (NPHPSP) assessment of the Local Public Health System. Fifty-seven of Nashville's key public health system partners, representing multiple government agencies, non-profit organizations, hospitals, and others, convened on August 14, 2013 to help answer the assessment questions: "What are the activities and capacities of our public health system?" and "How well are we providing the 10 Essential Public Health Services in Nashville?" Assessment results represent the collective performance of all entities in the local public health system and not any one organization.

There are three NPHPSP assessment instruments, which are used to assess state public health systems, local public health systems, and local governance. The NPHPSP assessment instruments are constructed using the 10 Essential Public Health Services (EPHS) as the framework. Nashville used Version 2 of the NPHPSP Local Instrument. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. The dialogue that occurred in answering these questions identified strengths, weaknesses and recommendations for performance improvement for each of the 30 Model Standards discussed. The results, including the strengths, weaknesses and recommendations, are provided in the full report.

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which

portrays the highest level of performance or "gold standard" - is being met.

The Local Public Health System Assessment measures the performance of the public health system as a whole, and the scores reflect the whole system's performance, not any one agency's. The diagram below shows a representation of the key groups that comprise the local public health system by delivering one or more of the 10 Essential Public Health Services in Nashville.



**Local Public Health System Web**

Participants responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO	0 or absolutely no activity.
MINIMAL	Greater than zero but no more than 25% of the activity described in the question is being met.
MODERATE	Greater than 25% but no more than 50% of the activity described in the question is being met.
SIGNIFICANT	Greater than 50% but no more than 75% of the activity described in the question is being met.
OPTIMAL	Greater than 75% of the activity described in the question is being met.

**NPHPSP Local Instrument Scoring**

None of the Essential Services received a score of *No* or *Minimal*, which is calculated using the scores from all of the questions asked within each model standard for the Essential Service.

**Essential Services 3 and 7** were scored as *Moderate*, meaning that on average, the local public health systems was performing more than 25% but no more than 50% of the activity within the questions asked.

**Essential Services 1, 4, 5, 8, 9 and 10** all were scored as *Significant*, meaning that on average, the local public health system was performing more than 50% but not more than 75% of the activity within the questions asked.

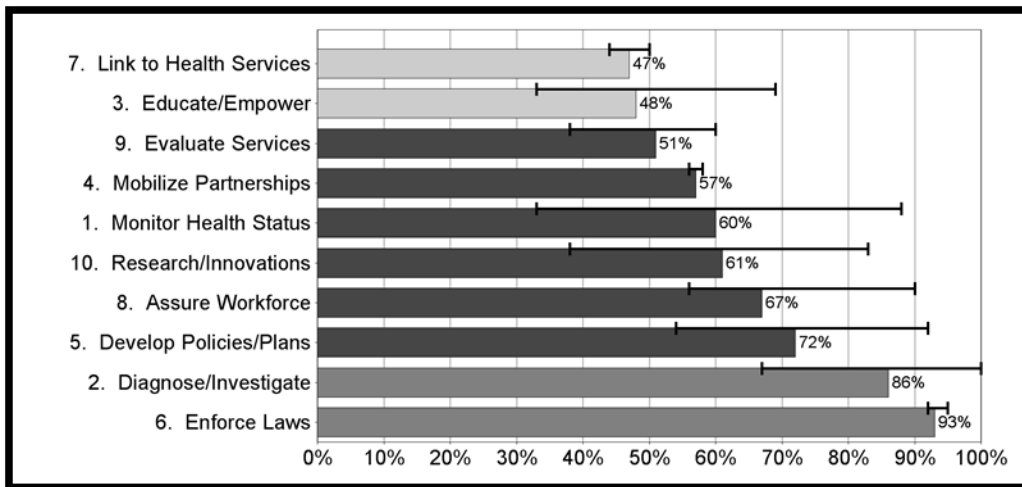
**Essential Services 2 and 6** received the score of *Optimal*, meaning that on average, the local public health system was performing more than 75% of the activity within the questions asked.

The table below provides the overall score for each of the 10 Essential Public Health Services. Also included is the overall score for the Local Public Health System Assessment for Nashville-Davidson County 2013.

Local Public Health System Assessment Essential Service Performance Scores			
Essential Service Number	Essential Service	Overall Score	Rating
ES #1	Monitor Health Status To Identify Community Health Problems	60	Significant
ES #2	Diagnose And Investigate Health Problems and Health Hazards	86	Optimal
ES #3	Inform, Educate, And Empower People about Health Issues	48	Moderate
ES #4	Mobilize Community Partnerships to Identify and Solve Health Problems	57	Significant
ES #5	Develop Policies and Plans that Support Individual and Community Health Efforts	72	Significant
ES #6	Enforce Laws and Regulations that Protect Health and Ensure Safety	93	Optimal
ES #7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	47	Moderate
ES #8	Assure a Competent Public and Personal Health Care Workforce	67	Significant
ES #9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	51	Significant
ES #10	Research for New Insights and Innovative Solutions to Health Problems	61	Significant
Overall Performance Score: 64 (Significant)			



The table below shows the rank ordered performance scores, from lowest performance to highest, for the 10 Essential Services. The line segments show the range of performance scores for each of the model standards within the 10 Essential Services.



*Essential Public Health Services Results with Ranges*

## Appendix A: Demographics Profile

This profile was compiled from the 2013 American Community Survey 1-year estimates.

<b>Nashville Demographics Profile</b>	
<b>Age, Sex and Race/Ethnicity</b>	
<b>Total population</b>	648,295
<b>Population born outside the United States</b>	74,126
<b>Male</b>	48.4%
<b>Female</b>	51.6%
<b>American Indian and Alaska Native</b>	0.02%
<b>Asian</b>	3.30%
<b>Black or African American</b>	28%
<b>Native Hawaiian and Other Pacific Islander</b>	0
<b>White</b>	61.50%
<b>Some other race</b>	4.60%
<b>Two or more races</b>	2.30%
<b>Hispanic or Latino (of any race)</b>	9.9%
<b>Under 5 years</b>	7.0%
<b>5 to 17 years</b>	14.8%
<b>18 to 24 years</b>	10.9%
<b>25 to 34 years</b>	18.8%
<b>35 to 44 years</b>	13.6%
<b>45 to 54 years</b>	12.9%
<b>55 to 64 years</b>	11.3%
<b>65 to 74 years</b>	6.0%
<b>75 years and over</b>	4.7%
<b>Median age (years)</b>	33.9
<b>Households</b>	
<b>Female householder, no husband present, family</b>	13.6%
<b>With own children under 18 years</b>	7.6%
<b>Educational Attainment</b>	
<b>Population 25 years and over</b>	436,034
<b>Less than high school diploma</b>	12.7%
<b>High school graduate (includes equivalency)</b>	24.3%
<b>Some college or associate's degree</b>	26.0%
<b>Bachelor's degree</b>	23.5%
<b>Graduate or professional degree</b>	13.5%
<b>High school graduate or higher</b>	87.3%

Employment Status	
<b>Population 16 years and over</b>	519,436
<b>In labor force</b>	68.6%
<b>Employed</b>	62.6%
<b>Unemployed</b>	5.9%
Poverty Rates for Families and People for whom Poverty Status is Determined	
<b>All families</b>	14.0%
<b>With related children under 18 years</b>	23.3%
<b>With related children under 5 years only</b>	18.7%
<b>Married-couple family</b>	6.9%
<b>With related children under 18 years</b>	11.6%
<b>With related children under 5 years only</b>	5.8%
<b>Female householder, no husband present, family</b>	30.3%
<b>With related children under 18 years</b>	39.3%
<b>With related children under 5 years only</b>	42.7%

## Appendix B: Participating Organizations

Thank you to all of the individuals from the following organizations who contributed their time and expertise to the MAPP Community Health Assessment process.

### Participating Organizations

Alignment Nashville  
American Heart Association  
American Red Cross  
Council on Aging  
Fisk University  
HCA  
Lipscomb University  
Martha O'Bryan Center  
Matthew Walker Comprehensive Health Center  
Meharry Medical College  
Meharry Pediatrics  
Meharry Youth Health and Wellness Center  
Meharry-Vanderbilt Alliance  
Mental Health America  
Nashville Area Chamber of Commerce  
Nashville Civic Design Center  
Nashville General Hospital at Meharry  
Neighborhood Resource Center  
Organized Neighbors of Edgehill  
Peabody College at Vanderbilt University  
Progresso Community Center  
Saint Thomas Health  
Siloam Family Health Center  
Tennessee Department of Health  
Tennessee Poison Center  
Tennessee Public Health Association  
Tennessee State University  
United Neighborhood Health Services  
United Way  
Urban Green Lab  
Vanderbilt Children's Hospital  
Vanderbilt Institute for Medicine and Public Health  
Vanderbilt Medical Center  
YMCA of Middle Tennessee

### Participating Metro Government Agencies

Davidson County Sheriff's Office  
Mayor's Office  
Mayor's Office of Emergency Management  
Mayor's Office of Innovation  
Mayor's Office of Neighborhoods  
Metro Council  
Metro ITS  
Metro Legal  
Metro Nashville Public Schools  
Metro Public Health Department  
Metro Social Services  
Metro Water Department  
Metropolitan Planning Organization  
Nashville Career Advancement Center  
Nashville Fire Department  
Nashville Planning Commission  
Transportation Licensing Commission

## Appendix C: Committee Members

Thank you to all of the committee members who participated in the MAPP assessment process. The following committee members brought a range of backgrounds, knowledge and expertise to support committee work.

### **Food System Assessment Committee**

\*\* Nashville Food Policy Council Member

Diana Andrew  
Jeremy Barlow\*\*  
Dr. Alicia Batson  
Mark Bixler  
Emily Burchfield  
Tifinie Capehart\*\*  
Tanna Comer  
Karen Grimm  
Sarah Johnson\*\*  
Sarah Kraynak\*\*  
Nancy Murphy\*\*  
John Patrick  
Alan Powell\*\*  
Tom Sharp\*\*  
Jeff Themm\*\*  
Nikkole Turner\*\*  
Dr. John Vick  
Julius Witherspoon\*\*

### **Community Themes and Strengths Committee**

Bryn Bakoyema  
Reverend Theo Bryson  
Tanya Evrenson  
Billy Fields  
Gary Gaston  
Dinah Gregory  
Laura Hansen  
Doug Hausken  
Donna Kenerson  
Dr. Celia Larson-Pearce  
Brenda Morrow  
Dr. Freida Outlaw  
Janie Parmley  
John Patrick  
Renee Pratt  
Chris Taylor  
Yolanda Vaughn  
Courtney Wheeler  
Dr. Kimberlee Wyche

### **Community Health Status Committee**

Dr. Sanmi Areola  
Jeff Blum  
Dr. Mary Bufwack  
Roslyn Gooch  
Dr. Marie Griffin  
Laura Hansen  
Dr. John Harkey  
Nancy Lim  
Dr. Marybeth Shinn  
Yvette Spicer  
Dr. Sandra Thomas-Trudo  
Phillip Vest  
Dr. John Vick  
Dr. Lynn Walker  
Dr. Robert Wingfield





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