



Neighborhood Health Annual Needs Assessment for 2022

Updated Draft: March 7, 2022

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1.0 Overview & Summary

Neighborhood Health annually re-evaluates our service area boundaries and updates our needs assessment.¹ We typically conduct this review each year after we submit our Uniform Data Set (UDS) to our federal counterparts at the Health Resource and Services Administration (HRSA) within the U.S. Department of Health and Human Services.² More generally, our needs assessment is incorporated into our strategic planning process. It helps us set both short-term and longer-term goals. It also guides us in developing new services, new target populations, and new sites.

In terms of key updates since 2021:

- **Access to Care and Health Care Utilization**
 - **Public Transit:** WeGo (formerly Nashville MTA) has proposed to extend bus route 79 to come down Due West Avenue in Madison. If WeGo moves forward with its [proposal](#), this bus line extension would make our Madison Clinic even more accessible to patients. Because transportation remains such a large barrier to our patients, this move by WeGo could make a big difference.
 - **East Side Clinic Re-opening:** We plan to re-open medical operations at our East Side Clinic in the first half of 2022. This clinic was destroyed by the EF3 tornado that hit Nashville on March 3, 2020.
- **Demographic Summary**
 - **TennCare Coverage:** Statewide enrolled in TennCare increased to 1.65 million in January 2022, but we expect that number to decrease as TennCare proceeds with redetermination (which it suspended during the pandemic).
 - **Low Unemployment Rate:** The [unemployment rate](#) for the metropolitan Nashville area decreased from 3.7% in July 2021 to 2.7% in December 2021.
- **Health Status and Disparities**
 - **Opioid Deaths:** Fatal opioid overdoses [increased](#) again in Nashville during the past year, with a total of 712 deaths in 2021. The number of fatal opioid

¹ This is required by HRSA; see [Chapter 3](#) of the Health Center Compliance Manual.

² For reference, UDS submissions for the prior year are generally due February 15th of following year.

overdoses during the pandemic may be roughly equal to the number of COVID-19 deaths.

- **Pharmacy Access:** Patients, particularly self-pay/uninsured patients, continue to struggle to access medications. Fortunately, [CoverRx](#), the state's pharmacy assistance program, expanded eligibility up to 138% of the federal poverty level. Because of our advocacy efforts, CoverRx also started covering smoking quit aids in 2021. While we are making efforts to enroll patients, there is still a 1-2 lag between the time an individual submits an application and when their approval is visible to the retail pharmacy. In addition, patients without an SSN are ineligible for this program.

- **Unique Care Needs & Factors Affecting Health Status**

- **Oral Health:** State funding for the Smile on 60+ program will sunset, which will reduce access to care for patients aged 60 or older. However, TennCare is implementing a dental benefit for pregnant women – and has proposed a broader adult dental benefit for adult enrollees (who are aged, blind disabled, or parent/caretaker relatives.)

- **Special Populations**

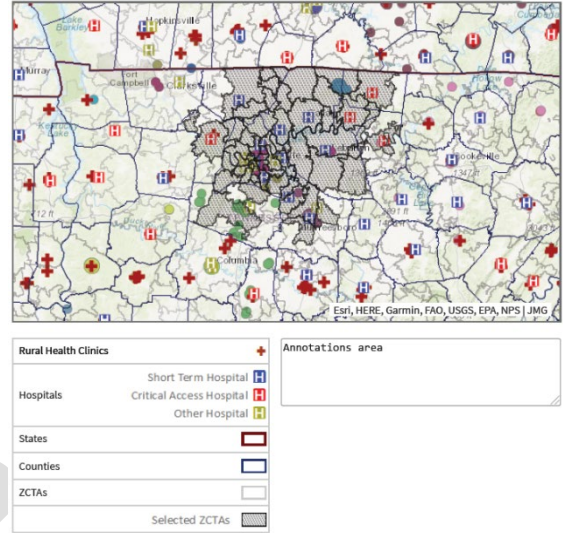
- **Number Experiencing Homelessness:** Nashville did not complete an outdoor point-in-time count of unsheltered individuals in January 2021 because of the pandemic. Nashville did complete a point-in-time count in January 2022, and Metro will release these data later this Spring.
- **Transportation to Cold Weather Shelter:** Nashville implemented a new transportation program to help individuals experiencing homelessness to get to the new emergency cold weather shelter on nights when Metro opens the shelter. Currently, Metro opens the shelter when the temperature is at or below 28 degrees. This helps to reduce risks of hypothermia, but the congregate shelters are also a potential opportunity for transmission of COVID-19 and other communicable diseases. The latter is a particular concern, but our advocacy efforts with Metro have had limited success.

1.1 Service Area Boundaries & Description

Service Area Definition

Neighborhood Health defines the service area to include ZIP codes in which at least 75% of our patients live. Within this area we have defined our target population as low income, that is, under 200% of poverty. The primary service area is comprised of 56 ZIP codes and over 1.4 million residents. These ZIP codes are primarily in Nashville/Davidson County and Wilson County where Neighborhood Health has clinics, but the service area also includes adjacent locations in 16 other counties.

Our service area includes virtually all of Nashville/Davidson County, Wilson County, and Trousdale County. Nashville/Davidson County is a large combined city and county jurisdiction of nearly [695,000](#) residents. Metropolitan Nashville/Davidson County is the second largest urban population center in Tennessee. It is over 500 square miles and while the core is urban and many areas are suburban, the northwest part of the county remains quite rural. Wilson County is a more rural county of [145,000](#) residents. The western end of Wilson County has developed into a suburb for people who work in Nashville. Trousdale County is about 50 miles from Nashville and is further east than Wilson County. It is a small rural county of about [11,000](#) people. Contrasting sharply from urban Nashville, Trousdale County is Tennessee's smallest county and has only 117 square miles.



As noted above, United Neighborhood Health Services (d/b/a and hereinafter “Neighborhood Health”) is a current Health Center Program grantee (H80CS00394) applying to continue to serve our current service area.

ZIP Codes

As required by federal standards,³ we annually review the ZIP code distribution of the patients we served in the prior year.

1. We take all ZIP codes with at least 500 patients to determine whether patients in these ZIP codes comprise at least 75% of total patients we serve. If so, we report this list of ZIP codes below. If not, we report the list of ZIP codes (sorted in descending order by patient volume) that comprise at least 75% of the total patients we serve. In 2020, these ZIP codes (all of which had 500 or more patients) were:

Table 1: ZIP Codes with ≥ 500 Patients

ZIP Code	Patients	In Scope?
37115	2,970	Yes
37207	2,475	Yes
37203	2,302	Yes
37211	1,905	Yes
37013	1,816	Yes
37206	1,430	Yes
37087	1,150	Yes
37210	1,073	Yes
37217	1,006	Yes
37072	689	Yes

³ See [Chapter 3: Needs Assessment](#) of the *Health Center Program Compliance Manual*.

37216	637	Yes
37208	572	Yes
37209	557	Yes
37076	528	Yes

Subtotal (a)	19,110
Total Patients (b)	24,464
(a)/(b)	78.1%

2. We then take all ZIP codes with 500 or more patients to ensure they are in our approved scope of project. If any ZIP is outside the scope of project, we request the Board approve a change in scope to add the ZIP code to one or more health center locations. In 2021, all ZIP codes that had 500 or more patients are in our approved scope of project (or service area).
3. Finally, we take all ZIP codes with 40-499 patients to determine whether they are in our scope of project. If any ZIP is outside the scope of project, we may request the Board approve a change in scope to add the ZIP code to one or more health center locations. The decision to request a change in the scope of project may depend on whether a ZIP code is contiguous to our area and yields a rational service area we could appropriately manage. In 2021, two ZIP codes with 40-499 patients (i.e., 37042 and 37040 in Clarksville) are outside of our approved scope of project (or service area). We do not recommend adding these ZIP codes to our service area.

1.2 Assessing Services Area/Target Population Need

Methods

Neighborhood Health conducts a needs assessment at least annually to evaluate the health needs of the communities served. In the process of this review we may identify emerging needs and emerging populations that require services. In some cases, emerging needs develop or are identified as targets outside of this planned assessment. After consideration a new target population or health need may be identified that Neighborhood Health believes it should incorporate as part of its health services.

In conducting the needs assessment, many sources of data are used. The state and local departments of health have data on many health concerns. The [CDC](#) is also consulted for information as is the [US Census](#). Other sources are [America's Health Rankings](#), [Kid's Count](#) and other organizations that pull comparative information together.

Access to Care and Health Care Utilization

Key updates since 2021:

- **Public Transit:** WeGo (formerly Nashville MTA) has proposed to extend bus route 79 to come down Due West Avenue in Madison. If WeGo moves forward with its [proposal](#), this bus line extension would make our Madison Clinic even more accessible to patients. Because transportation remains such a large barrier to our patients, this move by WeGo could make a big difference.

- **East Side Clinic Re-opening:** We plan to re-open medical operations at our East Side Clinic in the first half of 2022. This clinic was destroyed by the EF3 tornado that hit Nashville on March 3, 2020.

- **Geography and Transportation:** There are three low-income Medically Underserved Areas in Nashville/Davidson County and two HPSAs. Trousdale and Wilson Counties are also low-income MUAs. Neighborhood Health provides care in all of these areas.

The clustering of providers in the towns and in Nashville in the urban core means that those needing primary care must travel, often long distances. Often with unreliable personal transportation and cars, people must rely on public transportation and friends or family. In urban Nashville/Davidson County, heavy traffic congestion and poor supporting infrastructure makes it difficult for low-income residents to access health care resources. Those who rely on public transit are challenged with long bus rides and tight appointment windows. Nashville's public transportation system is structured on a classic hub and spoke design. This requires passengers to make all transfers at the Metropolitan Transit Authority's downtown Music City Central facility. With frequent stops along each inbound corridor, public transit can be a time-consuming and costly process for riders.

Wilson County has one hospital in Lebanon and primary medical services cluster there and in Mount Juliet on the western edge. Again, there is no public transportation. The Mid-Cumberland Human Resource Agency serves both of these counties with demand-response vans shuttle service. This is curb-to-curb service with 24-hour advanced reservation required. It is a cumbersome service and not able to meet the demand.

- **Factors Specific to Homelessness:** Nashville's area homeless tend to cluster near downtown service agencies, near the banks of the Cumberland that flows through Nashville and at area lunch programs. This provides them walking access to shelter at the Downtown Rescue Mission as well as food and day services at the Room at the Inn. It is for this reason that Neighborhood Health located its clinic in the area and provides transportation for additional health services.

A [study](#) completed by Nashville's Metropolitan Homeless Commission shows Nashville's homeless actually have less mobility due to lack of transportation, physical disabilities, and need stay close to places that meet their basic needs. A vulnerability index study completed by the Commission shows 31% of area homeless have physical limitations that reduce their mobility and limit their ability to access health services outside the immediate area.

There are few services in Wilson County, and individuals experiencing homeless often leave the area.

- **Factors Specific to Public Housing:** Geographic and transportation factors that impact public housing residents also include transportation barriers, and time-in-transit. The Nashville Metropolitan Transit Authority's average bus ride time (point-to-point) is over 30 minutes, and with roundtrip tickets [costing](#) \$4.00 public transportation is often unaffordable. Wilson County also has public housing on the fringe of Lebanon with medical services about 8 miles away. Neighborhood Health located its clinic near to

public housing so that people can access services walking and in Nashville is embedded in public housing over-coming these barriers.

- **Clinic Changes:** In October 2019, Neighborhood Health consolidated the Hartsville Clinic with the Lebanon location due to continued low patient volume in Hartsville. Neighborhood Health had operated the Hartsville Clinic since 1980. Also in October 2019, Neighborhood Health relocated the smaller Southern Hills clinic to a nearby larger location at 419 Welshwood Drive. In the midst of the pandemic in June 2020, we consolidated the small My House Clinic with the Welshwood Clinic. On March 3, 2020, the East Side Clinic was destroyed by a tornado; it is currently being rebuilt. Later that same month, Metro Public Health requested that we convert the Mission Clinic space to a quarantine area; that space continues to be used for pandemic-related activities, and we anticipate re-opening there in Summer 2022. We launched a Street Medicine program in telehealth initiative in 2020 to address some of the access concerns arising during the pandemic.
- **Metro Leadership & Finances:** Since becoming the third Mayor in as many years in September 2019, Mayor Cooper presided over a fiscal crisis and implemented substantial cuts in Metro spending and significant tax increases. The leadership at the Metro Public Health Department experienced similar turnover during this same period. Director Bill Paul left in December 2018, Director Wendy Long resigned in August 2019 after less than eight months on the job; Director Michael Caldwell started in March 2020 but was effectively removed in December 2020. Interim Director Gill Wright has since led the Department.
- **Nashville General:** Beginning in September 2017, Nashville General Hospital's outpatient clinics began to decline in patient volume, and this trend accelerated in the debate over the potential closures of the Hospital in early 2018. Neighborhood Health absorbed many of these patients who could not get appointments as more providers at Nashville General left. Since that time, hospital finances have stabilized.

Demographic Summary

Key updates since 2021:

- **TennCare Coverage:** Statewide enrolled in TennCare increased to 1.65 million in January 2022, but we expect that number to decrease as TennCare proceeds with redetermination (which it suspended during the pandemic).
- **Low Unemployment Rate:** The [unemployment rate](#) for the metropolitan Nashville area decreased from 3.7% in July 2021 to 2.7% in December 2021.

- **Unemployment:** In March 2021, the unemployment [rate](#) in Metro Nashville was 4.6%, and 4.0% in Wilson County, which was substantially higher than in March 2020. Statewide weekly unemployment [claims](#) have remained roughly constant since October 2020 after increasing substantially in the early part of the pandemic.

The aggregate unemployment rate does not reflect the reality of the youngest of those in the workforce, or the experience of minority women and men or those without a high school education. They still suffer relatively [higher rates](#) of unemployment.

- **Income Level:** The extreme poverty of many in our area limits access and utilization in many ways and contributes to the poor health status of the low-income target population. [Data](#) from the US Census Bureau have been used to establish these percentages. Neighborhood Health clinics are in the poorest census tracts within these areas where poverty rates often exceed 75%. The lack of income itself limits access because of inability to pay for care, medications and other health services. For example, recent [survey results](#) indicate 56.4% of uninsured Nashvillians couldn't afford medications and 60% could not get medical care.
- **Educational Attainment:** Education has a great impact on employment and income and thereby on health access, utilization and health status. Achieving high school and post-secondary education degrees helps position individuals for future success and employment. This also provides opportunities for individuals to participate in employer-based health coverage for themselves and family members.

The high school graduation rate in Nashville/Davidson County is 80%. For low-income individuals this is even lower. About 40% of Nashville/Davidson County residents have obtained a bachelor's degree or higher. The Wilson County School District graduates 96% of their high school students. Only 30% obtained a bachelors degree or higher.

- **Health Insurance Status:** About [13.1%](#) of the non-elderly population in Nashville/Davidson County in 2019 is uninsured. The rate is roughly comparable for Trousdale County but slightly lower in Wilson County. Among the target population, the rate is near 47%. Recent [survey evidence](#) also suggests 30% of LGBTQ+ residents and 33% of Hispanic residents are uninsured. There are several reasons for this, including the fact that while many are employed, they are often in low wage jobs that do not allow them to purchase health insurance or it is not available from their employer. In addition, many are below poverty and so do not qualify for the insurance exchange. As a state that has chosen not to expand Medicaid, Medicaid enrollment in Tennessee is not an option. In the absence of insurance, individuals and families are limited in options for care and in access. This also contributes to the poor health status of Tennesseans.

TennCare [data](#) indicate enrollment declined from a statewide total of above 1.57 million in November 2016 to below 1.35 million in January 2019 – a decrease of about 15%. TennCare aggregate payments to safety net clinics have fell in a commensurate fashion – even though these safety net clinics continue to serve these Tennesseans who have lost TennCare. By way of illustration, roughly 128,000 children in Tennessee have lost TennCare coverage over the period. Enrollment as of April 2021 back to about 1.57 million – but this number will likely start to decrease again as TennCare resumes redetermination, which it had suspended during the pandemic.

Note: We also rely in part county health [rankings](#) and [Small Area Health Insurance Estimates](#) in our summary above.

Causes of Morbidity and Mortality

Key updates since 2021:

- None to report at this time.

Using [data](#) from the Tennessee Department of Health, we list below the five most prevalent health conditions that resulted in death. Ranked in order, they include:

Metro Nashville/Davidson County: (by race/ethnicity)

- African-Americans: Heart Disease, Cancer, Accidents, Stroke, Alzheimers, Diabetes
- White (Non-Hispanic): Heart Disease, Cancer, Accidents, Respiratory Disease, Alzheimers, and Accidents
- Hispanic/Latino (statewide): Cancer, Accidents, Heart Disease, Assaults, Suicides, Stroke

Wilson County: (All race/ethnic groups)

- Cancer
- Heart Disease
- Accidents
- Respiratory Disease
- Stroke

Note: The State no longer report ranked causes of death for counties less than 20,000 residents, including Trousdale County.

The major condition for all and for men and women is heart disease. The high rate of lung disease and cancer in Wilson and Trousdale Counties is due to unusually high smoking rates among adults. This area is one of the major producers of tobacco products and it is part of the culture of the area.

A few related observations:

- Preliminary data indicate COVID-19 may be a leading cause of death in 2020 and have a disproportionate impact among persons of color, particularly once we control for difference in the age distributions of the subpopulations.
- Alzheimer's Disease is becoming a growing cause of death, particularly in Nashville.
- Among Hispanic residents statewide, assaults (homicides) and suicides increased in rank in causes of deaths. We are unclear whether this is true in our service area.

Health Status and Disparities

Key updates since 2021:

- **Opioid Deaths:** Fatal opioid overdoses [increased](#) again in Nashville during the past year, with a total of 712 deaths in 2021. The number of fatal opioid overdoses during the pandemic may be roughly equal to the number of COVID-19 deaths.
- **Pharmacy Access:** Patients, particularly self-pay/uninsured patients, continue to struggle to access medications. Fortunately, [CoverRx](#), the state's pharmacy

assistance program, expanded eligibility up to 138% of the federal poverty level. Because of our advocacy efforts, CoverRx also started covering smoking quit aids in 2021. While we are making efforts to enroll patients, there is still a 1-2 lag between the time an individual submits an application and when their approval is visible to the retail pharmacy. In addition, patients without an SSN are ineligible for this program.

The health status and health disparities of residents of the service area and target population reflect the poor health status of Tennesseans as a whole. In the 2019 state [ranking](#) for health by United Health Foundation in their Americas Health Rankings report, Tennessee ranked 44th and has regularly been among the least healthy states in the country. Poverty and the economic and social conditions discussed have taken a toll on the health of all Tennesseans and most particularly the poor and minorities. Nashville/Davidson County and Wilson County health status and health disparities show similar problems. The poor health status and health disparities can be seen in many health status indicators.

- **Cardiovascular Disease:** Given the obesity rates in our area, it is no surprise that the proportion of adults with a diagnosis of high blood pressure in Tennessee is [39.7%](#), which is substantially above the national average of 32.5%. Heart disease remains a leading cause of mortality for us.
- **Cancer:** Women's breast and cervical cancer screening in our area appears to have kept pace with national benchmarks, though it has been noted that the mortality rates for African American women are above those for other population groups. The highest disparity is with [colorectal cancer](#), which is associated with a higher death rate among African Americans.
- **Diabetes:** Like other Southern states, overweight and obesity contribute to high rates of diabetes. Tennessee ranks [47th](#) in the nation for adult diabetes, with 13.8% prevalence rate in the state compared to 10.8% nationally. The rate is even higher (17.1%) among African Americans in Tennessee. Tennessee also ranks 45th in terms of adult obesity, with 36.5% of Tennesseans qualifying as obese compared to 31.9% nationally. The rate is especially high among African Americans (47.5%). Childhood obesity rates are also comparatively [high](#).
- **Prenatal and Perinatal Health:** Tennessee has a high occurrence of low birthweight among newborns. About [9.3%](#) compared to the national rate of 8.3%. This frequency is even [higher](#) among African American newborns. The high rate of [tobacco use](#) in the state and other factors likely contribute to this issue.
- **Child Health:** As noted in the discussion of diabetes and cardiovascular health, obesity is a problem of youth in Tennessee and in our area. Again poverty, food deserts, food insecurity, violent neighborhoods, unhealthy school lunches, sedentary lifestyles and the myriad of factors in the lives of children lead to this and result in the high rate of premature death due to chronic conditions.
- **Behavioral Health and Substance Abuse:** Behavioral health needs are great in our area. The indicators often are not helpful in identifying the issues because of strong religious and other cultural beliefs which have an impact on the forms of the expression of need. The service area does not show higher than national medians like suicide and

binge drinking except among very specific populations. Nonetheless, a concern we see in our clinics is the prevalence of depression. In 2019 [25%](#) of adults in Tennessee reported a professional told them they were depressed, which compares to 19.9% nationally. The rates for women were even higher. In terms of race and ethnicity, [recent survey results](#) from Nashville suggest African American females and Hispanic males and Hispanic females reported 6-7 days per month were poor mental health days in which they felt stress, depression and problems with emotions, which is substantially higher than total population.

An ongoing and worsening issue in Tennessee is substance use and opioid abuse. Tennessee has the [third](#) highest rate in the nation for per capital prescription of pain relievers and ranks [13th](#) highest in the number of drug-related deaths. Nashville itself experienced a short-term spike in opioid overdoses in the downtown corridor in February 2019, primarily among persons who are experiencing homelessness. Unfortunately, the trend continued: Nashville [reports](#) a 32% increase in overdose fatalities in 2020 compared to 2019, and the number in the first two quarters of 2021 remains even higher. Despite our best efforts, the treatment capacity for opioid use disorder in Middle Tennessee is severely limited, leaving uninsured patients with few if any treatment options.

Unique Care Needs & Factors Affecting Health Status

Key updates since 2021:

- **Oral Health:** State funding for the Smile on 60+ program will sunset, which will reduce access to care for patients age 60 or older. However, TennCare is implementing a dental benefit for pregnant women – and has proposed a broader adult dental benefit for adult enrollees (who are aged, blind disabled, or parent/caretaker relatives.)
- **Language:** Language continues to be a significant issue affecting Nashville’s residents’ ability to access and utilize healthcare. Growth in immigrants and refugees has been due to a strong economy. Nashville is a popular refugee resettlement location and very attractive to immigrants, particularly from Mexico. [Data](#) from the US Census puts the number of Hispanics in our area at 10% and the number of foreign born at over 12%, with 50% having settled in Nashville since 2000. The primary locations of origin are Latin American (Mexico), Asia (Iraq) and Africa (Somalia). Those who prefer to speak in another language are 7% of the total population of the service area or about 63% of those who are foreign born. Metro schools document about 25% of students having English as a second language with another language spoken at home.

Wilson County has only about 1% speaking another language at home.

Our service area does have an unknown number of Migrant/Seasonal workers. Classified at 100% rural, Trousdale County relies the most on migrant/seasonal agriculture workers. Tobacco is the largest agricultural crop in production in Trousdale County, and is the 13th largest producer of the crop in the Tennessee. Cultivation and harvesting tobacco are very labor intensive. Migrant/seasonal workers are used heavily for this and comprise the bulk of agricultural labor during the harvest and post-harvest

season. Migrant crews are also used extensively to strip tobacco in 400 farms in adjacent counties. This involves working in some of the most physically demanding and toxic agricultural environments in our service area. Our Lebanon Clinic provides medical and dental services to this population.

Between 2016 and 2019, the number of Hispanic patients Neighborhood Health served increased by 46%.

- **Sexually Transmitted Infections:** Nashville/Davidson County has experienced [significant issues](#) around sexually transmitted infections including hepatitis, chlamydia, syphilis, and HIV. This area has the highest rates of primary and secondary syphilis in the state. Nashville also leads the state in chlamydia, and Tennessee's rates are substantially higher than those nationally. With both chlamydia and primary/secondary syphilis, the African American population is disproportionately affected. In the case of syphilis, over 50% of cases are among men who have sex with men, and many of these cases are co-occurring HIV/AIDS.

Currently, there are over 5,000 individuals living with HIV/AIDS across our service area. Half are African Americans. Of the 150-200 newly diagnosed each year, half are African American. The number of new infections is [increasingly concentrated](#) among younger individuals, men who have sex with men, and racial/ethnic minorities. For this reason, Neighborhood Health has championed the use of HIV pre-exposure prophylaxis (PrEP), which is more than 90% effective in preventing HIV transmission. We also provide HIV care to address this health need in our community, particularly among those who are low income and uninsured.

Neighborhood Health has published a separate analysis of HIV in Nashville and a summary of our response, which is available [online](#).

- **Oral Health:** About [41.7%](#) of adults in our area were without a visit to the dentist or dental clinic in the past year (compared to the nationwide rate of 32.4%). The proportion in our area among children is even higher (about 50%). Rates are notably higher among Hispanic residents. Many areas of Wilson and Trousdale Counties do not have fluoridated water contributing to high rates of tooth decay. One third over the age of 65 have lost all their teeth and more than half have lost 6 or more teeth.

Special Populations

Key updates since 2021:

- **Number Experiencing Homelessness:** Nashville did not complete an outdoor point-in-time count of unsheltered individuals in January 2021 because of the pandemic. Nashville did complete a point-in-time count in January 2022, and Metro will release these data later this Spring.
- **Transportation to Cold Weather Shelter:** Nashville implemented a new transportation program to help individuals experiencing homelessness to get to the new emergency cold weather shelter on nights when Metro opens the shelter. Currently, Metro opens the shelter when the temperature is at or below 28 degrees. This helps to reduce risks of hypothermia, but the congregate shelters are also a

potential opportunity for transmission of COVID-19 and other communicable diseases. The latter is a particular concern, but our advocacy efforts with Metro have had limited success.

Neighborhood Health receives funding to provide care to special populations including people experiencing homelessness and residents of public housing. These populations have special healthcare needs and access issues, which we describe below.

- **Persons Experiencing Homelessness:** Neighborhood Health has two clinics and a mobile clinic focused on serving those experiencing homelessness. These are located adjacent to and within shelters in downtown Nashville where large numbers of those who are homeless congregate. The mobile clinic goes to lunch programs and other shelter locations. Neighborhood Health's 11 other clinics also provide care for those who are homeless in other areas in and around Nashville. There are currently no other primary care providers doing outreach to those who are homeless. The only other source of urgent care is emergency rooms. A survey by the Metro Homelessness Commission⁴ in 2013, designed to identify those homeless most vulnerable, found that 59% of those in shelters and on the street suffered from a health condition that was identified with a high risk of mortality.⁵

It is very difficult to define exactly how many individuals are experiencing homelessness in our area. As a southern city and a transportation hub, Nashville has many resident homeless and many who move through the city. The most recent 2020 [count](#) in time identified 2,016 individuals in shelters or staying in encampments or on the street. While the estimate is dated and likely an undercount, Nashville Davidson County schools previously identified [3,407](#) children enrolled in Metro schools who were homeless at some time during the. Estimates are that over the course of a year there may be as many as [20,000](#) who are homeless using a variety of services. The count of those in shelters and in point-in-time counts has remained relatively stable over several years, but the true number of individuals who experience homelessness during each year may be growing.

The pandemic appears to have disproportionately affected persons experiencing homelessness as well as those living in the southern part of Nashville/Davidson County. Many of these individuals have moved further from the urban core, particularly as the Mission, Room in the Inn, and other homelessness services providers shifted or curtailed services. Thus, number and density of encampment areas across Nashville/Davidson County has increased.

There are several shelters for those experiencing homelessness. This includes:

- Downtown Rescue Mission for men serving about 400/night
- Downtown Rescue Mission for women and children 12 and under serving about 400/night

⁴ The Commission staff became the Homeless Impact Division of Metro Social Services, and the Commission itself is superseded by Nashville-Davidson County Continuum of Care Homelessness Planning Council.

⁵ See *also* the March 2016 [report](#) entitled "Nashville Homeless System Assessment Report & Recommendations," which was commissioned by the Metropolitan Homelessness Commission, Metropolitan Development and Housing Agency, and the Frist Foundation.

- Salvation Army for women and children serving 100/night
- Room in the Inn provides non-medical respite care and a Guest House for roughly 40 individuals, and it works with area churches to provide temporary cold weather shelter to 1,500 persons experiencing homelessness who are usually on the street during the winter season.
- Three women's shelters for women and children who are victims of domestic violence, prostitution and addiction serving about 100 a night.
- A family shelter serving 40 families a night.

Many who are without secure housing are in inexpensive motels. Others sleep in cars and stay with family and friends, often circulating through homes of those who will help.

There are several transitional housing options available for those completing other programs. In addition, the Homeless Impact Division has implemented a housing initiative for those identified as chronically homeless. Through programs such as these and programs with the Veterans Administration and HUD, several hundred veterans have been provided housing in the year. In late 2018, Nashville launched a "[90-on-90](#)" campaign to house 90 homeless veterans in as many days; however, they were only able to find enough units to house [59](#) people.

Metro Nashville Social Services Department has identified poverty, the lack of affordable housing, and domestic violence as critical factors in the growing homelessness of women and children. More than [44%](#) of Nashville residents pay more than 30% of their income on housing and are considered burdened. Housing is the top need for calls to Metro Social Services and the 211 Community Help Line. From 2008-2016 rents have increased substantially while wages have not. The current waiting list for Section 8 housing varies from 500-3,000 families. This structural problem of lack of affordable housing, rising rents and low wages continues to be the driver for increased hidden homelessness.

- **Residents of Public Housing:** Neighborhood Health has two clinics within the largest and oldest public housing developments in Nashville, each with over 700 housing units. Neighborhood Health also has a clinic in Wilson County very close to public housing (in Lebanon's 354 housing units). Our locations provide easy access for women and children often isolate and lacking transportation options.

The security situation in some of these communities is distressing. In 2017, Neighborhood Health's clinics at Cayce Place and in the Napier/Sudekum public housing communities experienced a surge in incidents requiring us to lockdown the clinic. These incidents declined in mid-2018 and have remained relatively lower. However, a recent surge in violence near the Napier Clinic is threatening our ability to staff that site and maintain the only medical, dental, and pharmacy access point.

Nearly 10,000 reside in public housing in our area. The demand for public housing by female-headed households is great and the waiting list is from 500 to 3,000 with long extended waits. Nashville's housing authority has occasionally re-opened waiting lists for four properties, but the waiting lists are typically only open for 1-2 days. This is not likely to change the number receiving services in the short term.

The number of units remains unchanged despite the region's growth. Until about 2010, there was an emphasis on improving public housing developments, which often resulted

in the rebuilding of fewer units and individuals provided section 8 housing. This trend has evolved in recent years through the “Envision” process in which the housing authority seeks to replace traditional public housing units with mixed-income, mixed-use developments.

As the inner-city has become more attractive in Nashville, gentrified areas have grown around each public housing development and residents are concerned about their future of the public housing. Despite the drawbacks of the poorly designed communities, cramped housing and often rampant violence, there is a desire on the part of residents to preserve what they have. As change continues in these inner-city communities the voice of the residents will be loud and clear and have an impact on the community’s future.

Recent growth and changing demographics make Nashville a particularly challenging housing market for any family. A 2017 [report](#) showed a 23.5% increase in population between 2005-15 and projected a 11.7% population increase between 2016-26. However, housing stock had only grown 5% in the previous five year – and 30% of Nashville residents were unable to afford the cost of housing. Thus, Nashville has few affordable alternatives to the limited number of public housing and Section 8 vouchers available. Partly for this reason, Nashville’s housing authority received Section 8 applications from over 15,000 households when the agency reopened the waiting list in 2015. However, a substantial fraction ([reportedly 29%](#)) of the Section 8 vouchers issued in 2015 were not used because the number of landlords accepting Section 8 dropped drastically.

1.3 Impact of COVID-19 Pandemic

As the extent of the COVID-19 pandemic became more fully understood early last year, Mayor Cooper issued a “Safer at Home” order effective March 23, 2020. Governor Lee issued a “stay-at-home” order that took effect April 2, 2020. This resulted in the suspension of elective dental and other services, the closure of both dental and medical practices across the region. It also required us to transition to telehealth as a critical way to deliver services.

We summarize below the impact of the COVID-19 pandemic on our patient population and our service delivery system:

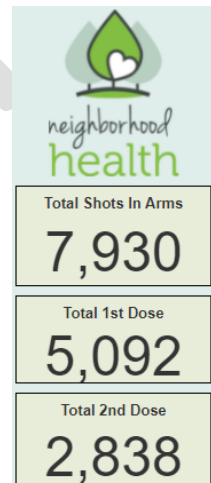
- **Deconcentration of Homeless:** The pandemic has disproportionately affected persons experiencing homelessness as well as those living in the southern part of Nashville/Davidson County. Many of these individuals have moved further from the urban core, particularly as the Mission, Room in the Inn, and other homelessness services providers shifted or curtailed services. Thus, number and density of encampment areas across Nashville/Davidson County has increased. This led us to and launch of our Street Medicine program in July 2020 to better serve our patients experiencing homelessness who moved from shelters and the downtown corridor to more isolated encampments.
- **Access to COVID-19 Testing:** As soon as we were able to access COVID-19 testing supplies, we concentrated our testing efforts on high density and congregate housing settings for more vulnerable individuals. We conducted onsite COVID-19 testing at homeless shelters and encampments, high-rise apartment buildings for the elderly and

disabled, and in neighborhoods with and facilities serving immigrants and refugees. We also offered walk-up/drive-up testing at our clinics.

We recently expanded services at our Welshwood Clinic such this month that we offer both COVID-19 testing (and vaccinations) every weekday. Our expanded operations at our Welshwood location mirrors the approach we have offered at Inglewood Clinic and Downtown Clinic. This ensures we have testing (and vaccinations) available without appointment in East Nashville, downtown, and South Nashville. Recent developments, though, are cause for concern: Even with the recent increase in COVID-19 cases and the increasing positivity rate among those being tested, Metro Government closed the COVID-19 testing center at Nissan Stadium near downtown in mid-July.

- **COVID-19 Vaccinations:** After launching COVID-19 testing operations in 2020, we pivoted to COVID-19 vaccinations in January 2021. As state and local public health authorities rolled out the COVID-19 vaccination efforts in early January 2021, Neighborhood Health [advocated](#) vociferously for a more equitable distribution in order to address lack of access among persons of color and the underserved.

COVID-19 vaccination is our highest organizational priority. We took delivery of our first doses of the Moderna vaccine on January 26, 2021 and administered our first vaccination to a 79-year-old homeless patient the following day. As March 7, 2022, we have administered almost 8,000 vaccinations to almost 5,100 people. We have also achieved a degree of success in ensuring individuals complete their full vaccination series: 91% of our patients receiving their first dose of the Moderna vaccine receive their second dose. We continue to offer the single dose Johnson & Johnson vaccinations to every patient age 18+ whom we see in clinic. We also now offer walk-up/drive-up vaccinations at three clinics (in East Nashville, downtown, and South Nashville); see above.



Working with Metro Public Health and 18 other organizations, we achieved our [goal](#) of ensuring 100% of persons experiencing homelessness have the chance to get their COVID-19 vaccination by Memorial Day 2021. The population experiencing homelessness [appears](#) to have a vaccination rate at or above the total adult population in Nashville. We continue to offer walk-up COVID-19 vaccinations with the single-dose Johnson & Johnson vaccine every weekday morning at our Downtown Clinic, and our Street Medicine team will continue to provide vaccinations in encampments and similar settings.

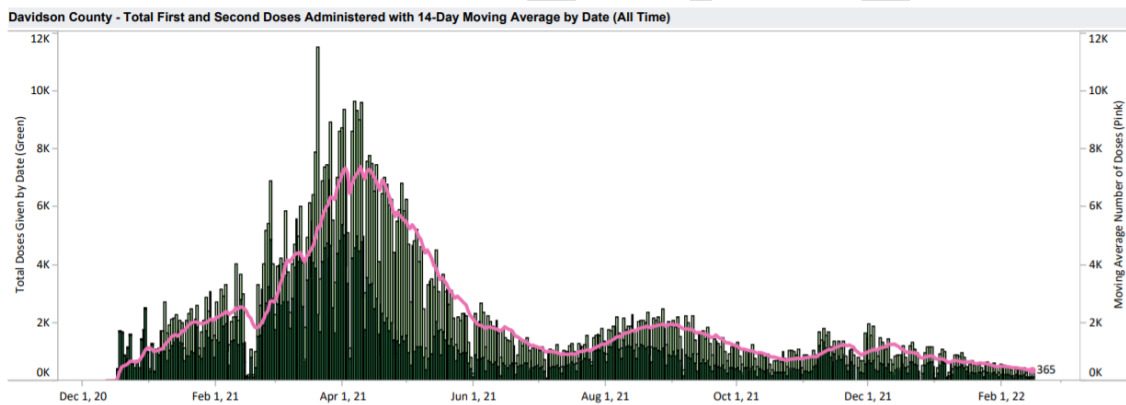
We also worked extensively with organizations serving immigrants and refugees to ensure they had access to COVID-19 vaccinations. We held several vaccination clinics in partnership with Conexión Américas, the Tennessee Immigrant & Refugee Rights Coalition, and the Hispanic Family Foundation at Casa Azafrán and other locations. Because of our collective efforts, Tennessee [reports](#) 54% of (relatively younger) Hispanic residents have received at least one dose as compared to 51% of (relatively older) non-Hispanic residents of Tennessee (who, because of their older age, have had access to COVID-19 vaccines for a longer period of time).

- **Ongoing Focus on Underserved:** With regard to race, at least 30% of our COVID-19 vaccinations are among African Americans (compared to 16% [locally](#) and 12%

[statewide](#)). In terms of ethnicity, 23% of our COVID-19 vaccinations are among Hispanic patients (compared to 10% locally and 5% statewide).

Racial and ethnic disparities in COVID-19 vaccination rates persist. For example, only about 38% of African American residents in Tennessee (all ages) have received at least one dose, which compares to 41% of white residents. Some of the difference is explained by the fact that the African American population may be somewhat younger, but we continue to worry that access and barriers to care are depressing vaccination rates. The disparities may be wider in Nashville than statewide.

- **Decrease in Vaccination Demand:** We are now averaging about 30-40 vaccinations per week, which reflects a continued decrease in demand for vaccination. This parallels the overall trend in COVID-19 vaccination in Nashville, which has declined substantially since the peak in early April 2021. This challenge is compounded by developments in state government. As widely reported in the national media, the Tennessee Department of Health [fired](#) the chief vaccination officials and has experienced [turnover](#) of key staff in the vaccination program; it also temporarily [halted](#) all vaccine outreach (for all vaccines, not just the COVID-19 vaccines).



- **Continued Provision of Core Services:** During the past 22 months, we at Neighborhood Health survived a devastating tornado that destroyed our largest health center, a global pandemic that affected every aspect of our operations, the racial justice reckoning in the Summer 2021 that affected us deeply, a Christmas day bombing that shook many of our patients, and a series of deadly floods in March 2021 that displaced so many we serve. During this time, we set up COVID-19 testing operations, a new Street Medicine program, and championed COVID-19 vaccination efforts. Yet, we never strayed from our core mission of providing medical, dental, and behavioral health care to the underserved. To maintain these critical services lines, we implemented a robust telehealth program in March/April 2020, and we provided roughly 50% of medical services and 90% of behavioral health services via telehealth at the height of the pandemic. We also expanded our “Getting to Goal” disease management program and expanded our childhood vaccination program during this period.