Tennessee Housing Development Agency Issue Brief:
THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS
& THE ROLE OF HOUSING PROVIDERS

By Laura Swanson, May 2018

The Community Health Needs Assessment (CHNA) is completed by not-for-profit hospitals every three years as a requirement for maintaining tax-exempt status. The CHNA process is a relatively new tool that offers community members, health and social service agencies the opportunity to discuss the health status of the community and offer input on the driving forces behind health issues. Ideally, the process results in strategies and partnerships between community agencies and the hospital to target the most pressing community health problems and their underlying causes.

This brief seeks to highlight the Community Health Needs Assessments as a tool that can be used by housing and health professionals to address the policy intersections between the two. By understanding the CHNA process and obligations, Tennessee housing professionals may be better prepared to participate or partner with hospitals in their local community. The most recent CHNA for each not-for-profit hospital in Tennessee is evaluated for housing provider participation, housing-related priorities and actions, along with the priority health issues and implementation strategies adopted. Lastly, successful partnerships between hospitals, housing and support service organizations in Tennessee and in other states are described to inform future collaboration.

Where We Live Matters to Our Health

Where people live, work and play often determines risk for, and outcomes related to, the most common health conditions. The "social determinants of health" are conditions in the environment that impact a variety of health and quality-of-life outcomes and risks. The World Health Organization identifies five key areas that comprise the social

determinants of health: economic stability, education, social/community environment, health/health care access, and neighborhood/physical environment. Safe and affordable housing is linked to economic stability, the social/community environment and the neighborhood and physical environment.
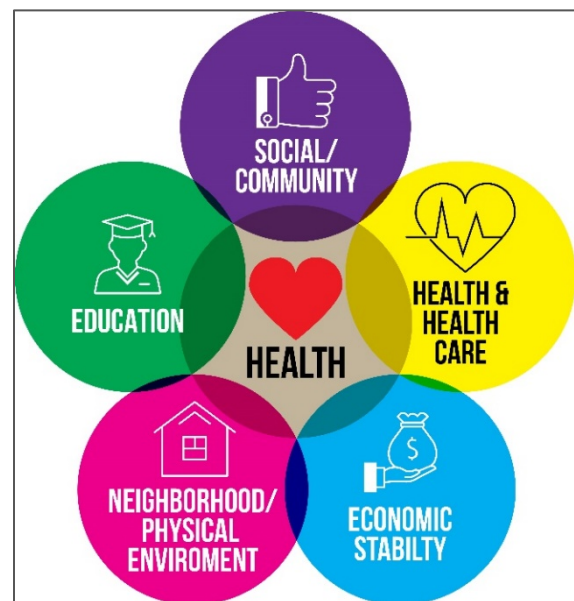
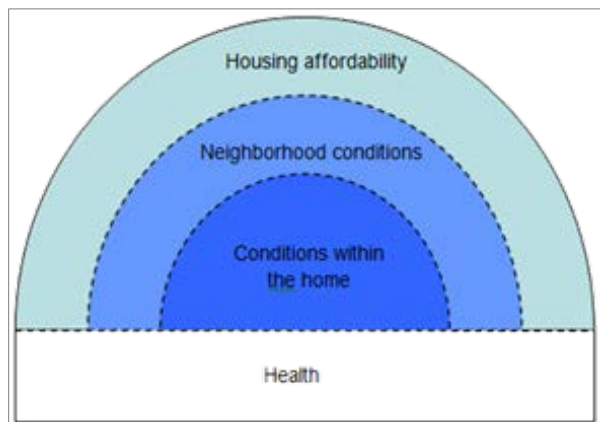Adapted from: Healthy People 2020 Social Indicators

Healthy and affordable housing strengthens physical, mental and emotional health. Conversely, poor quality or unsafe housing may increase the risk of a wide range of health conditions, including chronic and infectious diseases and injuries. Housing is often the greatest single expenditure for a family. When a family spends a disproportionate amount of their monthly income on housing-related costs, other necessities that contribute to good health may be neglected[1]. The need for lower cost housing may limit choice and drive lower income families to neighborhoods with limited access to

---

[1] The Root Cause Coalition, 2016

healthy food, primary care physicians, exercise and economic opportunities. Lower income families are more likely to live in substandard housing with exposure to environmental hazards (such as lead or mold),[2] and to live in neighborhoods with concentrated poverty, which in turn experience higher rates of violence or other unsafe conditions[3].

Research shows that individuals who lack safe or stable housing have worse health outcomes and higher health care costs. Homelessness is a worst case housing need. Persons who are experiencing homelessness and those without stable housing are more likely to be uninsured, hospitalized more frequently, have longer lengths of stay in the hospital, be re-admitted within 30 days and use more high-cost services[4].

The Robert Wood Johnson Foundation focuses on building healthy communities and has explored the relationship between the social determinants, including housing, and health outcomes in a series of publications. The image below (reprinted with permission) illustrates the inter-related or layered manner that different housing factors have on health outcomes. Different types of housing issues or problems influence and build upon one another (and other social determinants) and may impact an individual's health individually or collectively.

Reprinted with Permission, Robert Wood Johnson Foundation[5]

The Community Health Needs Assessment Process & Requirements

In 2010, the Affordable Care Act (ACA) began requiring not-for-profit hospitals to conduct a CHNA to determine the highest priority community health needs and report on their community benefit activities[6]. The purpose of a CHNA is to evaluate the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify resources that are available in the community to address the health needs of the population.

The Internal Revenue Service (IRS) issues guidance to hospitals on conducting a CHNA, but there is variation in how the process is conducted by each individual hospital and in the structure of the reports[7]. Generally, hospitals are required to complete an assessment every three years, and develop an implementation strategy that addresses the community health needs identified.

Hospitals are required to seek input from persons representing the broad interests of the community, including at least one state, local or regional public health department; members of the medically underserved, low-income and minority populations in the community or individuals serving or representing the interests of that population.

Data on demographic and key health indicators for the defined community is gathered early in the process from reputable national and government sources,[8] along with surveys and other primary data from the community and key stakeholders. Public health departments complete Community Health Assessments routinely as part of their accreditation, and these assessments often inform or are incorporated into hospital CHNAs.

---

[2] Maqbool, Viveiros & Aulth, 2015

[3] HUD PDR, 2016

[4] Health Research & Educational Trust, 2017

[5] The Robert Wood Johnson foundation has published a series of informative issue briefs on the social determinants of health, including the May 1, 2011 brief where this image appears. Go to: *https://www.rwjf.org/en/our-focus-areas/topics/social-determinants-of-health.html*

[6] Public Law 111-148, in part, established the federal requirements under Internal Revenue Code Section 501(r).

[7] The requirements are detailed in Appendix 1.1, IRS Notice 2011-52 (http://www.irs.gov/pub/irs-drop/n-2011-52.pdf).

[8] Common data sources include: Healthy People 2020, U.S. Census Bureau, University of Wisconsin Population Health Institute, the Robert Wood Johnson Foundation, CDC's Behavioral Risk Factor Surveillance Survey, and America's Health Rankings (State and County)

Once data is collected and analyzed, key community health priorities are identified. Often focus or advisory groups are held where data is shared with key community stakeholders, who in turn work with hospital officials to identify key community health priorities. The last step in the process is developing an Implementation Strategy or Community Health Improvement Plan (CHIP) to outline actions that will be taken to address the community health priorities selected. Once completed, the assessment and implementation strategy must be made widely available to the public (most are posted on the hospital website).

Key Steps in the CHNA Process

1. Identify & Engage Stakeholders
2. Define the "Community"
3. Collect & Analyze Data
4. Select Priority Community Health Issues
5. Finalize & Disseminate Assessment
6. Create Improvement/Implementation Strategies

Tennessee Hospitals, Community Health Needs Assessments & Housing Issues

Most not-for-profit hospitals, including those in Tennessee, have completed at least two needs assessments since the requirement was passed in 2010. The most recent CHNA available for each not-for-profit hospital in Tennessee was reviewed for purposes of this brief. In total, 53 CHNAs were reviewed.

The Tennessee hospital CHNAs varied considerably in structure and methods across the hospital organizations and made comparison difficult at times. Some CHNAs cover a regional area where more than one hospital is in the hospital network, while others cover a single hospital (even when that hospital was part of a larger network or alliance). Where a CHNA covered more than one hospital within a network, often individual Implementation Strategy or Community Health Improvement Plans (CHIPs) were developed for each hospital within the

larger network. Some hospitals include their Implementation Strategy within the CHNA, and/or include outcomes from prior implementation strategies in the CHNA. Data sources and methods vary in the reports, but typically include at least a partial statistical review of community demographics and key health indicators, including those related to the social determinants of health.

Housing-related issues (safe, affordable housing, homelessness and poor housing conditions) were most commonly included in the Tennessee CHNAs as part of the data analysis for physical or environmental health factors (census data for pre-1950 housing & severe housing problems). However, even where data showed a significant rate of severe housing problems, housing problems were rarely linked to health outcomes, priorities or implementation strategies. Some of the CHNAs list housing authority health fairs or local housing programs as a community resource.

About half of the Tennessee CHNAs included a survey of the general community or patients[9]. Affordable housing, homelessness and/or housing quality was included as an important health determinant by the general community feedback (through public or patient surveys) in nine of the 53 CHNAs. Most of the CHNAs, even those that did not include general community feedback, involved key community stakeholder feedback on critical community health problems and their driving forces. In the majority of the CHNAs, the health priorities eventually adopted by the hospital reflected the health issues prioritized by key community stakeholders or focus/advisory groups.

Housing-related issues were not frequently included in key community stakeholder (including focus and advisory group) discussion or feedback. This may relate to the relatively low participation rate of housing organizations. Only eight of the CHNAs specifically list organizations with a housing mission (e.g. Public Housing Authorities, non-profit housing agencies, supportive housing organizations, etc.) as a participant in their community feedback (three in West Tennessee, two in East and two in Middle)[10].

---

[9] Survey content was not always included in the CHNA. It is unclear in some cases whether housing related issues or questions were included in potential survey responses.

[10] Most of the CHNAs included a list of the individuals or organizations that participated in community feedback. However, in some cases, the participants or their professional

Typically, hospitals weighed several factors when deciding whether to adopt a specific health priority or develop an implementation strategy around a health issue, such as: (1) Can the hospital adequately impact the health need? (2) Does the health need align with the facility's strengths or mission? (3) Is the identified need likely to be addressed through initiatives intended to impact other, prioritized community health needs (e.g., addressing physical inactivity and poor nutrition as a means to impacting obesity)? Often, hospitals selected to focus on health priorities where existing programs, resources, and expertise were available to address the issue or where the hospital was aware of an existing opportunity to partner with another organization or agency in the community.

Priority Health Issues in Tennessee CHNAs by Frequency

1. Substance Abuse, inc. Neonatal Abstinence Syndrome
2. Access to/ Affordability of Care/Prescriptions
3. Obesity
4. Mental, Emotional, Behavioral Health
5. Smoking/ Tobacco Use
6. Cancer
7. Diabetes
8. Inactivity/Access to Safe Exercise Spaces
9. Heart Conditions/Cardiovascular Disease
10. Nutrition/Access to Healthy Food
11. Wellness, Education, Prevention
12. Chronic Disease Management, Prevention

Housing as a Need & as a Solution

Housing-related issues were included as an overall health priority by only a few hospital organizations. One, Vanderbilt University Medical Center, which serves Nashville-Davidson County and several other counties in Middle Tennessee, included affordable housing in their broader health priority, "social determinants of health," for Davidson and Rutherford Counties. A "street medicine program" is included as an implementation strategy in Davidson County, where the hospital partners with several local non-profits to provide psychiatric
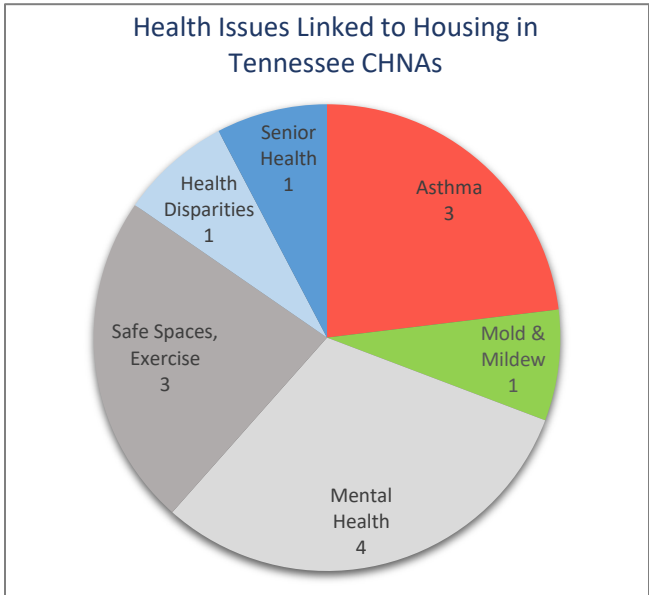
outreach and basic medical care, along with some social services for persons experiencing homelessness. The program employs a full-time "homeless navigator" to assist individuals with housing. As of early 2018, 29 individuals had been assisted with disability benefits and housing.

In the CHI Memorial Hospital of Chattanooga CHNA, the community stakeholder focus group identified the lack of affordable housing as one of the greatest barriers to improving health in the next three years (along with lack of access to healthcare and medications). However, housing-related issues were not directly included as a health priority. The need for affordable senior living facilities was connected to the priority, "aging/senior care," and housing/ neighborhood was linked less specifically to the "crime & violence prevention" priority. In the Implementation Plan, the hospital does not include strategies that specifically involve housing solutions.

Pathways, a behavioral hospital associated with the Jackson/Madison Memorial network of hospitals, identified the need for safe, affordable housing for homeless persons with mental or behavioral health diseases (though housing was not selected as a priority). "Safe, affordable housing for individuals or families with mental illness, or co-occurring disorders" was listed in all of the Jackson/Madison Memorial network hospital CHNAs as a potential implementation strategy. The priority was specifically discussed in the Pathways CHNA where a list of available housing options was included, and a notation was made that Pathways is able to offer limited housing options.

Most Tennessee CHNAs that include links between housing and health consider the direct relationship between the physical condition of the home or the neighborhood. A few also consider the relationship between mental health issues and access to safe or affordable housing. See graph below.

role were unclear; thus, housing organization participation may be underreported.

Health Issues Linked to Housing in Tennessee CHNAs

Pie chart segments:
- Senior Health: 1
- Health Disparities: 1
- Asthma: 3
- Mold & Mildew: 1
- Mental Health: 4
- Safe Spaces, Exercise: 3

Health initiatives in local communities throughout the state, including those resulting from the CHNA process, may benefit from greater consideration of both the direct and indirect links between housing related issues and health. As an example, the American Diabetes Association recently found that 70 percent of U.S. health costs are related to "obesity-associated chronic diseases[11]." These diseases are linked to inactivity and poverty, which are impacted by both the affordability of housing and neighborhood conditions, such as access to healthy food or safe spaces to exercise.

Hospitals/Health Care Organizations Partnering to Create Safe, Affordable Housing Opportunities

The recognition that improving housing opportunity and/or quality may lead to improved health has led some hospitals and managed care organizations to fund or partner with housing or social service organizations to provide housing interventions as a way of treating patients by improving their social and physical environment. The vast majority of these hospitals include housing in a meaningful way in their CHNA discussion or identify housing related issues as a health priority. Some notable examples of different types of housing and health collaboration are described below.

Many of the efforts show significant reductions in emergency room visits, hospitalizations and other health care costs. The net savings (reduction in costs considering the funds spent on housing efforts) are not always explicit. Often, however, the goal of a housing-related health strategy is not just cost savings for the hospital but improvements in a patient's or the community's quality of life and health care experience.

Housing First- Supportive Housing Programs
The University of Illinois Hospital & Health Sciences System (UIH) in Chicago partnered with the Chicago Housing for Health Program (CHHP) and initially committed $250,000 to a pilot called Better Health through Housing (BHTH) designed to serve homeless patients identified as "super-utilizers" of the hospital system.
- UIH partners with CHHP to place eligible patients into temporary or permanent housing based on availability. Housing is paid through an existing HUD grant.
- UIH partners with local social service agencies for case management and contributes $1,000 per month for each eligible patient to receive support services.
- The program was continued after its first demonstration year, assisting 41 people so far.
  - UIH reports a 60 percent decrease in in-patient hospital stays and a 62 percent decrease in emergency visits among participants in the program[12].
  - On average, health care costs for participants decreased by 18 percent each month[13].

Due to the success of the UIH program, other hospitals in the Chicago area, including Swedish Covenant, Rush Hospital and Cook County Hospital Systems, are replicating UIH's program or partnering with social service organizations to link chronically homeless and medically vulnerable patients to housing and support services.

In Atlanta, the United Way has partnered with Grady Hospital and supportive housing organizations to administer the Hospital to Home Program. The program's goal is a reduction in the excess use of hospital emergency services through

---

[11]Levine, November 2011
[12] Center for Housing & Health Program website, March 2018

[13] Peters, Adele, January 29, 2018

long-term housing and medical stability. The program targets persons experiencing homelessness who also frequent emergency rooms for health conditions that could be managed through primary care. Hospital-to-Home permanently housed over 350 individuals in 2017. After approximately six months in the program, a study of participants showed an 82 percent reduction in emergency visits, resulting in a potential cost savings of over $2.5 million[14].

Florida Hospital of Orlando began targeting homelessness in central Florida in 2014 by committing $6 million over three years. The hospital's commitment was augmented by the City of Orlando ($4 million) and Orange County ($13.5 million) over the same three-year period.
- The city partnered with the Corporation for Supportive Housing (CSH), a national non-profit organization, to identify high users of emergency rooms and other high cost public services.
- A local non-profit also donated property to the Florida Hospital. The hospital in turn leased the property to Ability Housing for $1 per year, using Orange County funding to redevelop it into permanent housing (and potentially some transitional care units) for homeless patients discharged from Florida Hospital[15].
- The hospital estimated cost savings of $2.5 million related to just six high-utilizing individuals that were placed in housing[16].

Housing affordability and/or homelessness was determined to be a significant concern or priority issue in Florida Hospital of Orlando's 2013 and 2016 CHNA. However, because of the previous $6 million investment in housing, the most recent CHNA taskforce did not select homelessness as a priority issue in their implementation strategies. The lack of affordable housing was not chosen because it was determined the hospital did not have the resources to effectively meet this need.

Affordable Housing Development or Rehabilitation
UnitedHealthcare focuses on serving the Medicaid eligible (including dual Medicaid/Medicare)

population in 26 states, including Tennessee. Through its Affordable Housing Investment Program[17], the organization has helped finance the creation of more than 2,700 units of affordable housing in Tennessee and 13 other states since 2011 through the dedication of more than $350 million of equity. UnitedHealthcare works with affordable housing investment partners and accesses Low Income Housing Tax Credits (LIHTC) to ensure affordability. Many of the properties created serve persons experiencing homelessness and those with mental illness and offer support services through partnerships with local agencies. Some of the properties are further targeted to special populations, such as seniors or veterans. In Tennessee, UnitedHealthcare provided $7.7 million in Low-Income Housing Tax Credit (LIHTC) equity in partnership with U.S. Bank, who provided a construction loan and first mortgage, for an 80 unit property targeted to residents 55 and older in Clarksville.

Cincinnati Children's Hospital has invested more than $10 million since 2014 in the Avondale neighborhood, which is the impoverished neighborhood where the hospital is located, in partnership with Avondale Community Council, Avondale Comprehensive Development Corp and other developers. The Avondale Home Improvement Program (AHIP) helps to improve the health and safety of neighborhood families and children by rehabilitating and preserving their homes. Families may apply for up to $35,000 in interest-free, forgivable loans, with no payments required for five years. The loan is fully forgiven if the family stays in the home for five years. The hospital is also investing $1.5 million in grants to non-profits working in the neighborhood over five years to improve child and community health, along with workforce development[18]. Both the Avondale Comprehensive Development Corp and the Avondale Community Council participated in the most recent hospital CHNA.

Bon Secours Health System in Baltimore was one of the earlier investors in affordable housing. Starting

---

[14] See the United Way website at: https://www.unitedway atlanta.org/ program/hospital-to-home/. United Way Atlanta staff also provided information.
[15] Butcher, February 13, 2017
[16] Butcher, January 5, 2017

[17] Visit UnitedHealth Group website: http://www.united healthgroup.com, along with Urban Institute, July 2017.
[18]Cincinnati Children's Hospital 2016 Community Benefit Report (https://www.cincinnatichildrens.org) and Cincinnati Business Courier, May 12, 2016

more than thirty years ago, the hospital began purchasing vacant lots and building affordable units, as well as rehabilitating existing properties to improve the overall health and quality of the neighborhood where the hospital is located. The hospital system now owns 720 units of affordable housing and serves as an anchor institution for community development. Housing has become part of the hospital system's mission.[19] Bon Secours' most recent CHNA includes a goal associated with building a healthy economy to "support the creation and preservation of affordable housing opportunities for families, seniors and special populations through the development of additional affordable housing units[20]".

Healthy Homes Initiatives

The problems caused by poor housing conditions are often preventable. The improvement of a few target areas, such as making homes lead-safe, dry, pest-free, well-ventilated and energy-efficient, may significantly impact health. The National Center for Healthy Housing cites cost savings of $17-$221 for each dollar invested in lead paint hazard control, and $5.30 to $14 dollars for each dollar invested in asthma home-based interventions that include education and remediation results[21]. Researchers from the Cincinnati Children's Hospital (mentioned above) mapped housing code violations and children's health indicators in a 2014 research paper. The report showed, that without regard to neighborhood poverty levels, children hospitalized for asthma who live in census tracts with higher numbers of housing code violations were twice as likely to be re-hospitalized or visit the emergency room[22].

In Tennessee, the Memphis metropolitan area ranks last among 45 major metro areas for unhealthy housing according to the National Center for Healthy Housing[23]. LeBonheur Children's Hospital in Memphis recognized the connection between this substandard housing and child health outcomes. In 2013, using a Centers for Medicaid and Medicare

Services (CMS) Innovation grant, LeBonheur launched the CHAMP -Changing High-Risk Asthma in Memphis through Partnership program to help manage their more than 3,500 annual asthma visits. The program brings together asthma educators, nurses and social workers to support families with children at greatest risk in their homes and communities, and includes environmental interventions.

CHAMP, which is included as an implementation strategy in the most recent LeBonheur Hospital CHNA, has multiple goals: To improve the health and quality of life of children with high risk asthma; to improve the health care experience; and to reduce asthma-related health care costs. To date[24]:

- The hospital has enrolled more than 600 children.
- Among these CHAMP participants, hospitalizations have decreased by 70 percent.
- Utilizing TennCare data to analyze the program outcomes, the hospital found the average CHAMP enrollee's asthma-related TennCare costs reduced from $3,812 before enrollment to $1,648 after.
- Health care savings were estimated at more than $4 million by June 2015.

Further, in 2014 LeBonheur Hospital was involved with establishing a coalition called the Healthy Homes Partnership (HHP) with the city's Division of Housing and Community Development, the University of Memphis and other agencies. Building on the success of the HHP partnership and CHAMP program, in 2017, leadership from Memphis and Shelby County established an agreement with 25 partners in government, health, housing and social service organizations to work together on Tennessee's first Green & Healthy Homes Initiative (GHHI). The GHHI goal is to work together to break the link between unhealthy housing and unhealthy children[25].

---

[19] Butcher, January 5, 2017
[20] Bon Secours Hospital Community Health Needs Assessment. https://bonsecours.com/library/community-involvement/baltimore/bsbhs-chna-report_20160725_final.pdf?la=enwebsite
[21] National Center for Healthy Housing website

[22] Cincinnati Children's Hospital Newsroom, November 3, 2014
[23] Schilling, January 4, 2018
[24] See LeBonheur's website at: http://www.lebonheur.org/our-services/le-bonheur-in-the-community/champ/
[25] To learn more about GHHI, visit: http://www.greenandhealthyhomes.org/

Conclusion

Research has consistently established a link between health and housing affordability, quality, location, and neighborhood conditions. The CHNA process is a way for hospitals, health care providers, social service agencies, and members of the community to learn to speak each other's language; identify the most significant social determinants of health in their local service community and coordinate solutions to positively impact health outcomes. Where improving the housing and neighborhood conditions for patients leads to reduced hospitalizations, hospitals and health care companies may benefit from partnering with housing and other community organizations who already work toward this purpose.

The results of this review suggest that housing organizations, especially those who serve low-income and minority populations, have an opportunity to benefit the CHNA process as key community stakeholders. Housing experts can offer input on existing affordability and physical quality problems in the community and affordable housing opportunities.

Housing experts may also bring a richer dialogue to the indirect links of housing and health and to the interrelationship of housing and other social determinants (e.g. connections between housing and access to care; between safe spaces to exercise and obesity, etc.). Perhaps the greatest benefit of housing organization participation in the CHNA process is the ability align local housing objectives with community health priorities and foster partnerships between housing organizations and hospitals.

Entities and individuals who are interested in participating in the CHNA process should visit the website of their local not-for-profit hospital; review the current CHNA and find out about how to participate in future community input.

Citations & Further Reading

Bon Secours Hospital. Community Health Needs Assessment. Accessed March 5, 2018 at https://bonsecours.com/library/community-involvement/baltimore/bsbhs-chna report_20160725_final.pdf?la=en

Butcher, Lola. January 25, 2017. "Why Hospitals Are Housing the Homeless." *Hospital & Health Networks*. Accessed at https://www.hhnmag.com/articles/7818-why-hospitals-are-housing-the-homeless

Butcher, Lola. February 13, 2017. "Housing Programs Lay Foundation for Health". *Trustee*. Accessed at https://www.trusteemag.com/articles/1182-housing-programs-lay-foundation-for-health

Cincinnati Children's Hospital. Revitalizing a Neighborhood, One Home at a Time. Accessed February 5, 2018 from https://www.cincinnatichildrens.org/about/community/community-benefit/avondale-home-improvement-program

Cincinnati Business Courier, May 12, 2016. "Children's to invest millions in Avondale." Accessed at https://www.bizjournals.com/cincinnati/news/2016/05/12/children-s-to-invest-millions-in-avondale.html

Cincinnati Children's Hospital. Community Health Needs Assessment. 2016. www.cincinnatichildrens.org/about/ community/health-needs-assessment

Cincinnati Children's Hospital. November 3, 2014. "Study Recommends Integrating Housing Data with Health Data to Improve Patient Medical Care." https://www.cincinnatichildrens.org/news/release/2014/housing-health-data-10-30-2014

Health Research & Educational Trust. August, 2017. Social determinants of health series: Housing and the role of hospitals. Accessed at www.aha.org/housing

Department of Housing & Urban Development (HUD). Summer 2016. "Neighborhoods & Violent Crime." Evidence Matters. https://www.huduser.gov/portal/ periodicals/em/summer16/highlight2.html

Levine, James. November 2011. "Poverty & Obesity in the U.S." *Diabetes Journal*. Accessed at http://diabetes.diabetesjournals.org/content/60/11/2667

Nabihah Maqbool, Janet Viveiros, and Mindy Aulth. April 2015. "The Impact of Affordable Housing on Health". Insights from Housing Policy Research: Center for Housing Policy. Accessed at https://community-wealth.org/content/impacts-affordable-housing-health-research-summary

National Center for Healthy Housing. State Healthy Housing Profiles. Accessed March 5, 2018 at http://www.nchh.org/Policy/StateandLocalPolicy/StateHealthyHousingProfiles.aspx

Peters, Adele. January 29, 2018. "Why Hospitals Are Subsidizing Apartments For The Homeless". *Fast Company*. Accessed at https://www.fastcompany.com/ 40516121/why-hospitals-are-subsidizing-apartments-for-the-homeless

Robert Wood Johnson Foundation. May 1, 2011. "Housing and Health." https://www.rwjf.org/en/library/research/ 2011/05/housing-and-health.html

Scally, Corianne Payton, Elaine Waxman, and Ruth Gourevitch. July 2017. "A National Insurer Goes Local." Urban Institute. https://www.urban.org/sites/default/files/publication/91966/2001419_uhc_case_study_3.pdf

Schilling, Joe. January 4, 2018. "Reconnecting Health and Housing Policy: Preliminary Insights from Action Research in Memphis." Accessed at https://howhousingmatters.org/articles/reconnecting-health-housing-policy-preliminary-insights-action-research-memphis/

The Root Cause Coalition. 2016. "Housing and Health: The Connection, and Innovative Steps Health Systems Are Taking to Address Housing to Improve Health." Accessed at http://www.rootcausecoalition.org/wp-content/uploads/2016/11/White-Paper-Housing-and-Health.pdf

Appendix

Hospital Name/County	CHNA Location
Baptist Memorial-Memphis, Women's Memphis, Collierville, Tipton, North TN	https://www.baptistonline.org/about/chna
Bolivar General Hospital	http://www.wth.org/assets/uploads/content_images/CHNA_-_Hardeman_County.pdf
Bristol Regional Medical Center	https://www.balladhealth.org/sites/balladhealth/files/documents/Bristol-Regional-Medical-Center-Community-Health-Needs-
Camden General Hospital	http://www.wth.org/assets/uploads/content_images/CHNA_-_Hardeman_County.pdf
CHI Memorial Healthcare System (Chattanooga/Hamilton)	https://www.memorial.org/assets/pdf/CommunityHealthNeedsAssessment_0616.pdf
Claiborne Medical Center	https://www.claibornemedicalcenter.com/wp-content/uploads/sites/17/2016/04/Claiborne-HNA-Final-2-1-17-1.pdf
Cumberland Medical Center	https://www.cmchealthcare.org/about-cumberland-medical-center/community-benefit-report/
Cumberland River Medical Center (Jackson)	http://cumberlandriverhospital.com/about-crh/community-health-needs-assessment
East Tennessee Children's Hospital (Knox)	https://www.etch.com/Community/Community-Health-Needs-Assessment.aspx
Erlanger Medical Center (Hamilton/Chattanooga)	https://www.erlanger.org/impact/health-needs-assessment
Fort Loudon Medical Center (Loudon)	https://www.ftloudoun.com/wp-content/uploads/sites/6/2016/03/Loudon-HNA-FINAL.pdf
Fort Sanders Medical Center (Knox)	https://www.fsregional.com/about-us/regional-hna-final-merge/
Franklin Woods Community Hospital (Washington)	https://www.balladhealth.org/sites/default/files/documents/FY2015%20Community%20Health%20Needs%20Assessment%20JCMC.pdf
Hardin Medical Center	https://www.hardinmedicalcenter.org/sites/www/Uploads/files/Downloads/CNAfinal2013.pdf
Hawkins County Memorial Hospital	https://www.balladhealth.org/sites/balladhealth/files/documents/Hawkins-County-Memorial-Hospital-Community-Health-Needs-Assessment-CHNA-2016.pdf
Holston Valley Medical Center (Sullivan)	https://www.balladhealth.org/sites/balladhealth/files/documents/Holston-Valley-Medical-Center-Community-Health-Needs-Assessment-CHNA-2016.pdf
Indian Path Medical (Sullivan)	https://www.balladhealth.org/sites/default/files/documents/FY2015%20Community%20Health%20Needs%20Assessment%20IPMC.pdf
Jackson-Madison County General Hospital	http://www.wth.org/about-us/community-health-need-assessments
Johnson City Medical Center	https://www.balladhealth.org/sites/default/files/documents/FY2015%20Community%20Health%20Needs%20Assessment%20JCMC.pdf
Johnson County Community Hospital	https://www.balladhealth.org/sites/default/files/documents/FY2015%20Community%20Health%20Needs%20Assessment%20JCCH.pdf
Laughlin Memorial Hospital (Greene)	https://www.balladhealth.org/sites/balladhealth/files/documents/Laughlin-Memorial-Hospital-Community-Health-Needs-Assessment-2016-CHNA.pdf
Leconte Memorial Hospital (Sevier)	https://www.lecontemedicalcenter.com/about-leconte-medical-center/leconte-hna-final/
Marshall Medical Center	http://www.mauryregional.com/community-health-events/community-health-needs-assessment
Maury Regional Medical Center	http://www.mauryregional.com/community-health-events/community-health-needs-assessment
Memorial Hixson-Bradley	https://www.memorial.org/assets/pdf/MHCSCHNA_Report_0313.pdf
Methodist Healthcare-LeBonheur (Shelby)	http://www.methodisthealth.org/files/CHNA_Report_2016.pdf
Methodist Medical Center of Oakridge	https://www.mmcoakridge.com/?s=2016+community+health+needs+assessment
Milan General Hospital	http://www.wth.org/assets/uploads/content_images/CHNA_-_Gibson_County.pdf
Morristown Hamblen Hospital Association	https://www.morristownhamblen.com/about/hamblen-hna-final/
Northcrest Medical Center (Robertson)	https://www.northcrest.com/wp-content/uploads/2017/02/NorthCrest-CHNA-Report-2016.pdf

Hospital Name/County	CHNA Location
Parkwest Medical Center (Knox)	https://www.treatedwell.com/about-parkwest/parkwest-hna-final-merge/
Pathways Behavioral Hospital (Madison)	http://www.wth.org/about-us/community-health-need-assessments
Regional One Health (Shelby)	https://2niclm3gsnws424jc01y5t6l-wpengine.netdna-ssl.com/wp-content/uploads/2014/02/Final-Summary-Report-Regional-One-2016-CHNAtt.pdf
Rhea Medical Center (Rhea)	http://www.rheamedical.org/downloads/6.29.2016CHNAFINALRhea.pdf
Roane Medical Center (Roane)	https://www.roanemedical.com/about-us/roane-hna-final-2/
Midtown/West Hospital (Nashville) Rutherford, Riverpark (Warren), Highlands (White), Stones River (Dekalb)	https://www.sthealth.com/en/About-Us/Mission-Integration/Community-Health/Community-Health-Needs-Assessment
St. Jude Research Hospital (Shelby)	https://www.stjude.org/about-st-jude/financials/community-health-needs-assessment.html
Sweetwater Hospital Association (Monroe)	http://www.sweetwaterhospital.org/CHNA.pdf
Sycamore Shoals Hospital (Carter)	https://www.balladhealth.org/sites/default/files/documents/FY2015%20Community%20Health%20Needs%20Assessment%20SSH.pdf
Takoma Regional Hospital (Greene)	https://www.balladhealth.org/sites/balladhealth/files/documents/Takoma-Regional-Hospital-Community-Health-Needs-Assessment-CHNA-2016.pdf
Tennova Health Care Clarksville	https://www.tennova.com/Uploads/Public/Documents/all-new-documents/division-3/tennova-healthcare/Community%20Health%20Needs%20Strategic%20Plan.pdf
Three Rivers Medical Center (Humphreys)	http://www.threerivershospital.com/images/Health%20Summit%20Results.pdf
Unicoi County Memorial Hospital	https://www.balladhealth.org/sites/default/files/documents/FY2015%20Community%20Health%20Needs%20Assessment%20UCMH.pdf
University of Tennessee Medical Center (Knox)	https://www.utmedicalcenter.org/about-us/community-benefit/
Vanderbilt University Medical Center (Davidson)	https://vanderbilt.thehcn.net/content/sites/vanderbilt/CHNA_FINAL.pdf
Wayne Medical Center	http://www.mauryregional.com/community-health-events/community-health-needs-assessment