



VANDERBILT



HEALTH



2025 COMMUNITY HEALTH NEEDS ASSESSMENT

A Joint Community Health Needs Assessment for
Vanderbilt University Hospitals, Vanderbilt Bedford
County Hospital, Vanderbilt Tullahoma-Harton
Hospital, Vanderbilt Wilson County Hospital, and
Vanderbilt Stallworth Rehabilitation Hospital

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Executive Summary

Introduction

As mandated by the 2010 Patient Protection and Affordable Care Act, non-profit hospital organizations such as Vanderbilt University Medical Center (VUMC) must complete a Community Health Needs Assessment (CHNA) and an accompanying Implementation Strategy (IS) every three years. VUMC designed its CHNA process to identify community needs and assets through systematic, comprehensive data collection in communities of focus. ***The needs identified through the CHNA process are used to develop strategies for improving community health outcomes. Driving improvements in community health is the fundamental goal underlying both the CHNA and IS.***

The six counties where VUMC conducted this CHNA, Bedford, Coffee, Davidson, Rutherford, Williamson, and Wilson counties, are varied in terms of demographics, health risks and health outcomes. The CHNA sought to better understand community concerns related to health and healthcare, the social, environmental, and behavioral factors that impact health, the greatest needs and assets in communities, and strategies for improving community health and well-being. VUMC's CHNA report outlines the needs assessment process, shares the results, describes how the community prioritized needs, and amplifies solutions the community recommended. The accompanying IS outlines the strategies and programs VUMC plans to implement to address the prioritized needs.

Collaborations

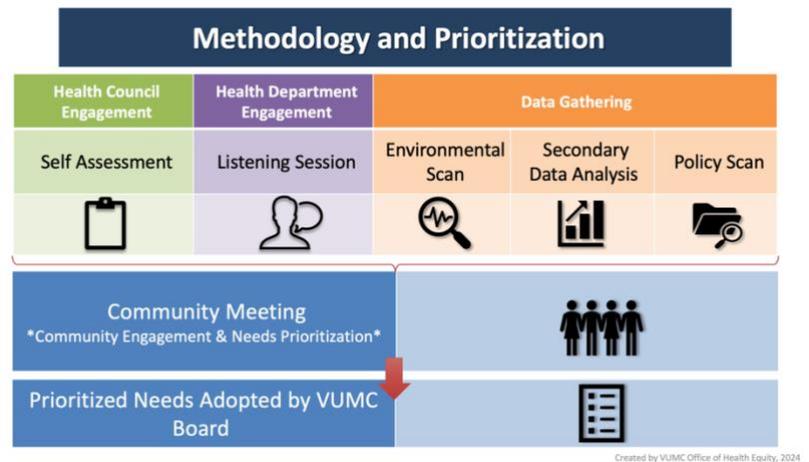
County health councils and health departments were critical to the needs assessment in all six counties. In Davidson, Rutherford, and Williamson counties, VUMC also worked with Ascension Saint Thomas (AST), a local non-profit hospital system, to design and conduct the CHNA. While VUMC and AST completed the CHNA process jointly, each hospital system's report applies to their own non-profit hospital(s) and health system. Detailed accounts of collaborations can be found in the county-specific sections of this report.

Methodology

The CHNA approach relies on primary data from community organizations, local health departments, and community leaders as well as publicly available secondary data. VUMC and its collaborators received input from many individuals and organizations who shared their perspectives and experience, helping VUMC identify significant health needs in the communities served. This CHNA assessment process was also guided by the needs that were prioritized in 2022 and 2023. This allowed communities to reflect on those needs, ongoing solutions, and barriers.

The CHNA assessment methods included: 1) an environmental scan of 12 county-specific reports, 2) six listening sessions with local health department directors and their staff, 3) facilitated sessions called self-assessments with health councils in all six counties to better understand overall

progress on community needs, and 4) a scan of local and statewide policies outlining a range of policy options for improving health and reducing differences in health outcomes. Additionally, VUMC completed an in-depth review of secondary data using indicators recommended by the County Health Rankings Roadmap Model, the Catholic Health Association, and Healthy People 2030 to describe the health status of the community.



These results were shared with county health councils to prioritize the health needs. Figure 1.1 provides an overview of the primary and secondary data methods and prioritization process.

Findings and Prioritized Needs

Figure 1.1. CHNA Methods Prioritization Process (2025)

The CHNA findings provide insight into the needs in Bedford, Coffee, Davidson, Rutherford, Williamson, and Wilson counties. Each county’s ranking process generated its own set of prioritized needs with commonalities across counties. VUMC consolidated each county’s prioritized needs into four overarching categories to serve as its institutional prioritized needs:

- Reduce differences in health outcomes by addressing health-related social needs,
- Prevent chronic conditions and enhance preventative care,
- Increase access to quality healthcare, and
- Enhance delivery of and access to behavioral health services.

Introduction

Vanderbilt University Medical Center (VUMC) is located in Nashville, Tennessee, primarily serving Tennessee, northern Alabama, and southern Kentucky. VUMC owns and operates six hospitals. Of the six hospitals VUMC owns and operates, the Vanderbilt University Hospital (VUH), Monroe Carell Jr. Children’s Hospital at Vanderbilt (Monroe Carell), and Vanderbilt Psychiatric Hospital (VPH) operate under a single hospital facility license and are collectively referred to as “Vanderbilt University Hospitals.” VUMC also owns and operates Vanderbilt Tullahoma-Harton Hospital (VTHH), Vanderbilt Wilson County Hospital (VWCH), and Vanderbilt Bedford County Hospital (VBCH). As part of a joint venture with Encompass Health Corporation, VUMC owns 50% of Vanderbilt Stallworth Rehabilitation Hospital (Stallworth).

The 2025¹ VUMC Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) is a joint CHNA that covers the licensed hospital facilities of Vanderbilt University Hospitals (Monroe Carell, VPH, and VUH), VTHH, VWCH, VBCH and Stallworth. Throughout this report, these entities are collectively referred to as “VUMC.”

As a non-profit hospital system, VUMC and all licensed facilities complete a CHNA and accompanying IS every three years in compliance with the 2010 Patient Protection and Affordable Care Act. As required under applicable federal law and regulations, this report aims to do the following:

- Describe the communities served and their demographics
- Provide a foundation for promoting health and well-being by utilizing a comprehensive assessment of health needs, input from the community (including those with expertise in public health), and publicly available secondary data.
- Present a data summary of all methods used in identifying and prioritizing significant health needs and identify available resources to address those health needs.

The CHNA serves as a health profile for the community and describes significant health needs identified collaboratively with the community and gaps between current and desired health status. VUMC previously published CHNA/IS reports in 2013, 2016, 2019, 2022, and 2023 and ensured they are accessible to the public via VUMC’s [Community Health](#) and [Stallworth](#) websites. VUMC also solicits ongoing feedback from the public on our CHNA/IS through a public comment portal on the Community Health website homepage. The portal for comments is regularly monitored so comments can be addressed.

¹ In June 2025, this CHNA and accompanying IS were adopted. The adoption was during VUMC’s 2025 fiscal year, which is also the tax year 2024 per the Return of Organization Exempt from Income Tax, Schedule H, 990 Form. To be consistent with CHNA/IS reporting on Form 990, Schedule H, these documents are referred to hereinafter as the “2025 CHNA” and “2025 IS.”

Description of Hospitals

VUMC is a growing academic health system anchored by Vanderbilt University Hospitals in Nashville. VUMC is one of the largest and most prominent academic medical centers in the Southeast, with seven hospitals and more than 180 clinics across Tennessee and neighboring states.

In fiscal year 2024, VUMC delivered value-driven and cost-effective care through 3.3 million patient visits including 226,314 telehealth visits, 81,000 surgical cases, 80,000 hospital discharges, 213,000 emergency department visits, and 3,400 LifeFlight air transports. It also provided nearly \$1 billion in total community benefit and investment, including patient financial assistance, medical research, health professional education, community grants, and unreimbursed costs for government health programs.

VUMC provides the community with specialized services including the regions Level 1 Trauma Center and Burn Center. Furthermore, Vanderbilt- Ingram Cancer Center is the only National Cancer Institute designated Comprehensive Cancer Center in the region and the only one in Tennessee caring for adults and children. Additionally, in fiscal year 2024, VUMC performed a record 809 organ transplants.

Vanderbilt University Hospital (VUH)

VUH is a resource for patients and clinicians throughout Tennessee and beyond to provide advanced care for complex and rare conditions. VUH is fully accredited by the state of Tennessee and the Joint Commission and is a recognized Magnet hospital through the American Nurses Credentialing Center. VUH contains many programs unique to Tennessee and the region, including a Level 1 Trauma Center, a Comprehensive Solid Organ Transplant Center, LifeFlight (emergency medical transport services), and more. In fiscal year 2024, VUH had more than 45,000 patient discharges.

Monroe Carell Jr. Children’s Hospital at Vanderbilt (Monroe Carell)

Monroe Carell is nationally recognized as a leading provider of pediatric healthcare services. In addition to providing care, Monroe Carell is an essential training and research center for children’s health specialists across the country.

Monroe Carell operates a Level 1 Pediatric Trauma Unit, is home to the state’s highest-level Neonatal Intensive Care Unit (NICU) and serves as Nashville’s Comprehensive Regional Pediatric Center. In fiscal year 2024, Monroe Carell had more than 16,000 patient discharges.

Vanderbilt Psychiatric Hospital (VPH)

Vanderbilt Psychiatric Hospital offers a wide range of care options, including intensive outpatient and inpatient treatment and partial hospitalization programs to provide the most appropriate level of care for each patient’s unique needs. In addition to providing adult care, VPH is the

only inpatient mental health provider for young children (ages 4-12) in Middle Tennessee and offers highly specialized services for children and teens (ages 13-17). VPH serves patients with various conditions, including those with mood disorders, thought disorders, alcohol and substance use disorders, and psychotic disorders. VPH also provides individuals enrolled in TennCare with psychiatric services, including medication assessment and management. In fiscal year 2024, VPH had 4,394 patient discharges.

Vanderbilt Behavioral Health (VBH) is the programmatic umbrella for a sizable portion of VUMC's work on mental illness and substance use. In the 2023-2024 academic year, VUMC collaborated with approximately 34 Davidson County schools to provide 21 full-time clinicians for mental health counseling to children and youth with TennCare in elementary and middle schools. Services provided include individual, family, and group therapy.

Vanderbilt Tullahoma-Harton Hospital (VTHH)

Vanderbilt Tullahoma-Harton Hospital is a 135-bed facility and had 3,926 patient discharges in calendar year 2022. It has received the Joint Commission Seal of Approval and full accreditation as a Chest Pain Center from the American College of Cardiology.

VTHH was named among the top maternity hospitals in the nation and received an "A" (Hospital Safety Grade) from Leapfrog in the fall of 2022. This national distinction recognizes achievements in protecting patients from preventable harm and error.

Vanderbilt Wilson County Hospital (VWCH)

Vanderbilt Wilson County Hospital is a comprehensive 245-bed acute care facility fully accredited by the state of Tennessee and the Joint Commission. It has also received national quality awards, including designation as an accredited chest pain center, stroke center, sleep center, and comprehensive weight loss center. With the addition of the Vanderbilt-Ingram Cancer Center at Wilson County, VWCH is bringing high-quality care closer to home.

VWCH is one of the Wilson County community's largest employers. No person, adult or child, with an emergency medical condition is denied care based on limited ability to pay. As part of the VUMC community of hospitals and clinics, VWCH is the only provider of inpatient medical services in Wilson County resulting in 6,019 patient discharges in calendar year 2022.

Vanderbilt Bedford County Hospital (VBCH)

Vanderbilt Bedford County Hospital is a 60-bed facility that employs approximately 350+ physicians, nurses, and staff. The hospital offers a range of inpatient and outpatient medical and surgical services. VBCH has received certification through the American Heart Association and is Joint Commission accredited.

The Shelbyville main campus includes an Emergency Department, surgical services, imaging services, physical therapy, and a wound care clinic. Within Bedford County, VBCH provides care with four primary care clinics, urgent care, and a sleep lab. In calendar year 2022, VBCH discharged 1,109 patients as the only provider of inpatient medical services in Bedford County.

Vanderbilt Stallworth Rehabilitation Hospital (Stallworth)

Stallworth is an 80-bed inpatient rehabilitation hospital that offers comprehensive inpatient rehabilitation services designed to return patients to leading active and independent lives. Stallworth opened in November of 1993 and is a joint venture between VUMC and Encompass Health, one of the nation's leading rehabilitation service providers.

In calendar year 2022, Stallworth discharged 1,178 patients. The most substantial number of patient discharges from Stallworth came from Davidson, Williamson, and Rutherford Counties.

In addition to caring for general rehabilitation conditions, including organ transplant recipients, orthopedic, pulmonary, and cardiovascular, Stallworth specializes in inpatient programs for stroke, brain injury, spinal cord injury, amputations, hip fractures, and neurological conditions.

Stallworth stroke rehabilitation program has earned Disease-Specific Care Certification from The Joint Commission. Stallworth has also achieved the Joint Commission's Gold Seal of Approval for disease-specific certification for its spinal cord injury and traumatic brain injury rehabilitation programs. Stallworth was the state's first rehabilitation center to achieve spinal cord certification.

Community Served

The first step in the CHNA process is clarifying the geography of the CHNA and understanding community demographics. VUMC serves individuals and communities across the Southeast and from around the world. However, much of VUMC's patient population resides in six counties in Middle Tennessee: Bedford County, Coffee County, Davidson County, Rutherford County, Williamson County, and Wilson County. These counties are part of the Nashville metropolitan area adjacent to VUMC's main campus and/or where VUMC operates hospitals. These six counties are the "community served" for this CHNA.

Demographics At-A-Glance²

The section below outlines demographic data for each county, including population size, population growth, household income, and insurance coverage. Each county's detailed demographics and additional data are included in the county-specific reports.

Bedford County

The 2023 population of Bedford County is estimated to be 53,055. From 2020 to 2023, the population of Bedford County increased by 5.3% ([Census](#), 2023). The percentage of people under age 65 without health insurance is higher in Bedford County (15%) than in the state (12%) and the Healthy People 2030 Target (7.6%) ([CHR](#), 2021). The median household income of Bedford County (\$59,955) has been increasing. However, the Bedford County median household income value is lower than the overall median household income in Tennessee (\$64,035) and the U.S. (\$75,149) values ([ACS 5-year](#), 2018-2022).

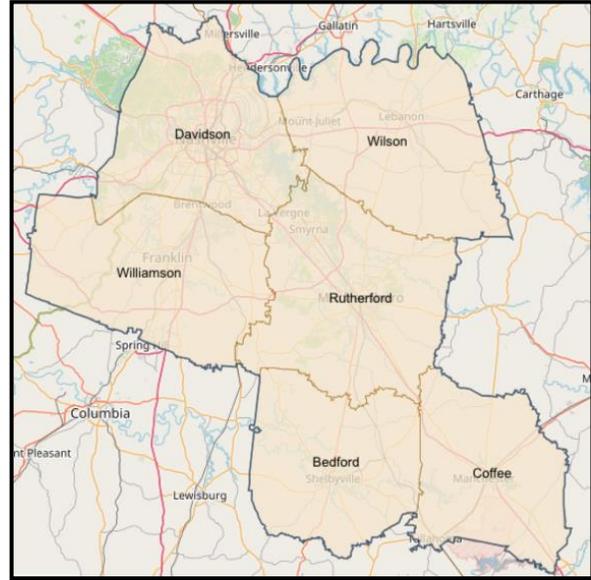


Figure 1.2. VUMC's "Community Served." (2023)

Coffee County

The 2023 population of Coffee County is estimated to be 60,633. From 2020 to 2023, the population of Coffee County increased by 4.3% ([Census](#), 2024). The percentage of people under age 65 without health insurance in Coffee County (13%) has been decreasing since 2020 and is currently on par with the state value (12%) but lower than the Healthy People 2030 Target (7.6%) ([CHR](#), 2021). The median household income in Coffee County (\$57,424) is lower than the state (\$64,035) and national (\$75,149) values ([ACS 5-year](#), 2018-2022).

Davidson County

The 2023 population of Davidson County is estimated to be 712,334. ([Census](#), 2023). Davidson County has experienced rapid growth over the last decade. Over time the population has increased, however there was a dip in population 2020-2021. So, while the total population increased in Davidson County from 2010 to 2020 (+14.2%), the population from 2020-2023 decreased by 0.5% ([Census](#), 2024). The percentage of people under age 65 without health insurance in Davidson County (14%) is

² Demographic data was pulled from the VUMC hosted [Healthy Communities Data Platform](#). An in-depth analysis of each county is in the county-specific reports.

higher than in the state value (12%) and the Healthy People 2030 Target (7.6%) ([CHR](#), 2021). The median household income in Davidson County is \$71,863 which is above the state (\$64,035) but lower than the U.S. (75,149) values ([ACS 5-year](#), 2018-2022).

Rutherford County

The 2023 population of Rutherford County is estimated to be 367,101, and it is one of the fastest-growing counties in Tennessee. ([Census](#), 2023). From 2020 to 2023, the total population increased by 6.9% ([Census](#), 2024). The percentage of people under age 65 without health insurance in Rutherford County (10%) is lower than in the state (12%) but higher than the Healthy People 2030 Target (7.6%) ([CHR](#), 2021). The median household income in Rutherford County (\$78,291) is above the state (\$64,035) and U.S. (\$75,149) values ([ACS 5-year](#), 2018-2022).

Williamson County

The 2023 population of Williamson County is estimated to be 264,460, and it is one of the fastest-growing counties in Tennessee ([Census](#), 2023). The total population increased in Williamson County from 2020 to 2023 by 6%. ([Census](#), 2024). The percentage of people under age 65 without health insurance in Williamson County (6%) is lower than in the state (12%) and meets the Healthy People 2030 target (7.6%) ([CHR](#), 2021). Ranking as the state's wealthiest county, the median household income in Williamson County (\$125,943) well exceeds the state (\$64,035) and U.S. (\$75,149) values ([ACS 5-year](#), 2018-2022).

Wilson County

The 2023 population of Wilson County is estimated to be 163,674. From 2020 to 2023, the total population increased by 10.1%, outpacing any other county in our community served ([Census](#), 2023). The percentage of people under age 65 without health insurance in Wilson County (10%) is lower than in the state (12%) but does not yet meet the Healthy People 2030 target (7.6%) ([CHR](#), 2021). The median household income in Wilson County (\$89,462) is the second highest in Tennessee, exceeding the state (\$64,035) and national (\$75,149) values ([ACS 5-year](#), 2018-2022).

Collaborations

VUMC's Community Health team collaborates with individual community members, local health departments, non-profit organizations, and external health systems to assess the needs of these counties. Then supports and amplifies collaborations, resources, and programs that address the needs prioritized by the community.

VUMC connects with various entities throughout Bedford, Coffee, Davidson, Rutherford, Williamson, and Wilson Counties to conduct the CHNA. Each county's health councils and health departments were critical in all aspects of conducting the CHNA. Additionally, in Davidson, Rutherford,

and Williamson Counties, VUMC also worked with Ascension Saint Thomas (AST)³, a local non-profit hospital system, to design and conduct the CHNA.

During the CHNA process, efforts were made to include broad multi-sectorial perspectives on health and healthcare – with a focus on including viewpoints from underrepresented groups which may have limited access to healthcare and social resources.

Our Approach

The health needs and assets for each county were determined using primary and secondary data and community input on the identified and significant needs. Input from people representing the broad interests of the community, and those with expertise in public health was obtained through partnerships with county health departments and health councils.

The CHNA approach also recognized that individual and population health is determined by numerous factors, most of which are outside of healthcare delivery. According to research funded by the Robert Wood Johnson Foundation, social and economic factors contribute 40%, health behaviors 30%, the physical environment 10%, and finally health/clinical care 20% to overall health outcomes (ICSI, 2014). Healthy People 2030 emphasizes that “just promoting healthy choices will not eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take [coordinated] action to improve the conditions in people’s environments” (Healthy People, 2030).

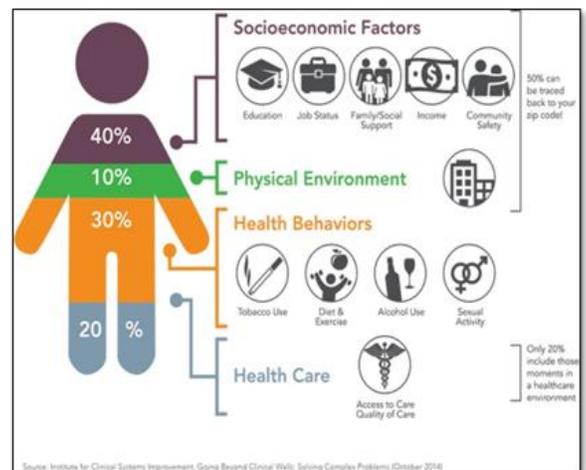


Figure 1.3. Social Determinants of Health, Institute for Clinical-Systems Going Beyond Clinical Walls Solving Complex Problems (2014)

VUMC and collaborators reviewed data comprehensively, including secondary data where indicators were stratified by demographics and geography, whenever possible. VUMC continuously solicits written feedback on the most recent CHNA/IS on the VUMC Community Health website and is committed to addressing any concerns.

³Throughout the report, “AST” will be used to refer to the following hospitals encompassing Ascension Saint Thomas: Ascension Saint Thomas Hospital Midtown, Ascension Saint Thomas Hospital West, Ascension Saint Thomas Hospital for Specialty Surgery, Ascension Saint Thomas Behavioral Health Hospital, Ascension Saint Thomas Rehabilitation Hospital, and Select Specialty Hospital Nashville.

Methodology

Environmental Scan

VUMC conducted an environmental scan to examine existing reports that identify strengths, assets, relationships, and areas where improvement might be considered regarding health and healthcare in the community. The environmental scan honors community organizations' existing work and reduces burden on community members by analyzing and amplifying existing research and reports. The environmental scan included reports published in or after 2021 that had alignment with prioritized community health needs and local/county-specific data from or about Bedford, Coffee, Davidson, Rutherford, Williamson, and/or Wilson counties. Reports meeting the criteria for multiple counties were included in each county's environmental scan.

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

Geography Represented	Total Count
Bedford County	4
Coffee County	5
Davidson County	8
Rutherford County	4
Williamson County	4
Wilson County	4

Secondary Data Analysis

VUMC considered indicators from the County Health Rankings Roadmap Model, Healthy People 2030 Targets, and the Catholic Health Association to describe the health status and factors affecting health. Data was reviewed and analyzed in May of 2024 for all six counties. Indicators were organized

into the following categories: demographics, social and economic factors, health outcomes, healthcare access, and health behaviors. Publicly available data were pulled from the VUMC-hosted Healthy Communities Data Platform and County Health Rankings. Additional indicators were pulled in Davidson County with support from the Metro Public Health Department.

Each county-specific report gives a complete list of the data and sources used. Any differences in health-related outcomes identified for indicators are captured and reported within the CHNA county-specific reports.

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

Health Council Self-Assessment

In each county, health council workgroups are dedicated to improving a specific prioritized need and were convened to participate in a facilitated discussion called a Health Council Self-Assessment. Workgroup members were asked about their priority health need of focus providing insights into what has been achieved and strategies that are working well, barriers that have been experienced when working to address the need, and the areas for strategic improvement to address the need. Each workgroup also received the health council health improvement plan to encourage them to consider existing work, and how its progress may be impacting prioritized needs.

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

Health Department Listening Session

In each county, local health department directors were asked to identify patient-facing staff and department leaders who had a deep understanding of the needs of the communities they served. The identified staff members, along with the health department director, participated in a listening session between March and April 2024. The listening session included five open-ended questions focused on the community assets of each county, the health needs and how they had changed, barriers that are experienced when working to address the need, and recommendations for improvement related to the current prioritized needs.

Each listening session was recorded and transcribed. Assessment transcripts were reviewed and coded independently for themes by two CHNA team members. Both coders met to discuss their analysis and where there was a high level of agreement. Any inconsistent themes were discussed and

the final agreed on themes were used by both coders. Discussion notes were summarized by county to provide an overview of the themes and can be found in the county-specific sections of the report.

Policy Scan

Many factors impact the health of a community, including the policies that guide how that community works. Therefore, tackling the CHNA priority health needs may require changes to public policy. The policy scan for this CHNA involved a systematic review of existing policies related to prior CHNA needs and themes from community input. It involved identifying, analyzing, and summarizing current policies to understand the landscape, identify gaps, and inform future policy efforts.

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

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

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

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

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

In addition, Vanderbilt University School of Medicine students explored policy options in areas of mental and behavioral health, substance use and healthcare access for Bedford, Coffee, and Wilson counties. The policy options presented in [Appendix B](#) include considerations from the Sycamore Institute for Davidson, Rutherford, and Williamson counties and from Vanderbilt University School of Medicine students. The options presented are based on approaches from other communities and do not represent the views of any particular person or organization, including VUMC.

Identifying and Prioritizing Community Needs

Identifying Significant Health-Related Needs

The CHNA process identified a broad set of significant needs impacting the health and well-being of community members. Significant needs were informed by themes that arose from community input, the environmental scan, and policy scan as well as population data trends and differences in each county.

During the prioritization process, the community reviewed these themes, trends, and differences and used criteria along with their lived and professional experience to prioritize a subset of needs. These community prioritized needs across all counties were consolidated and approved as the VUMC prioritized needs to be addressed in the IS. Significant and community prioritized needs are further explored within the county-specific reports and are noted in the visual below.



Figure 1.4. Significant and Priority Need Flowchart

County	Bedford	Coffee	Davidson	Rutherford	Williamson	Wilson
SIGNIFICANT HEALTH -RELATED NEEDS	Mental Health	Mental Health	Whole Person Focused Health	Premature Death	Mental Health	Premature Death
	Economic Opportunity	Economic Opportunity	Housing	Infant Mortality	Economic Opportunity for All Persons	Mental Health
	Access to Healthcare	Access to Healthcare	Transportation	Mental Health	Attainable Housing	Economic Opportunity
	Substance Use	Preventive Care	Food Access and Food Insecurity	Economic Opportunity	Health Promotion Through Built Environment	Access to Healthcare and Preventive Care
		Substance Use	Economic Opportunity and Job Skill Development	Attainable Housing	Access to Healthcare	Health Literacy
			Built Environment	Access to Healthcare	Substance Use	Housing
			Healthcare Access and Resource Navigation	Substance Use		Transportation

County-Specific Prioritization Process

The prioritization process included facilitated sessions hosted in collaboration with the health council in each county between August and October 2024. The goal of these meetings was to engage health councils and community members in a prioritization process and identify community recommendations for action around each priority need.

County specific results from each health department listening session, health council self-assessment, the environmental scan, and the secondary data analysis were shared prior to the prioritization meetings in Bedford, Coffee, Davidson, Rutherford, Williamson, and Wilson counties.

The prioritization process used a confirmatory versus exploratory approach to understanding and prioritizing needs. Attendees were asked to review data focused on prior CHNA needs and vote to keep, amend, or sunset each one. Participants made decisions about the needs using the data provided, their lived and professional experience and criteria outlined in the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 Handbook ([NACCHO](#), 2023). The criteria used are outlined in the table below.

Relevance	Relevance of the issue to community members.
Impact	Impact of the issue on communities; centering those most proximate to variances in impact.
Feasibility	Availability and feasibility of solutions and strategies to address the issue

County-Specific Needs

While overlapping themes were highlighted across counties, each community meeting named their prioritized needs as outlined below. These county-specific needs were consolidated into broader categories—representative of each of the needs-- that VUMC adopted.

County	Bedford	Coffee	Davidson	Rutherford	Williamson	Wilson	Consolidated Needs*
PRIORITIZED NEEDS	Mental Health	Behavioral Health	Economic Opportunity & Job Skill Development	Mental Health	Mental Health	Mental Health	Health-related Social Needs
	Substance Use		Awareness/ Navigation of Community Resources	Substance Use (opioids)	Substance Use (Opioids, tobacco, and prescription medication)	Access to Healthcare	Chronic Conditions and Preventative Care
			Food Access	Healthcare Access	Health Promotion (Chronic Disease Prevention) Through Built Environment	Health Literacy	Access to Healthcare
			Housing	Attainable Housing	Affordable Housing	Housing & Transportation	Behavioral Health
				Infant Mortality			

*Each county-specific prioritized need was reviewed and grouped thematically into four broader categories of needs. The consolidated needs were approved as VUMC’s prioritized needs.

Figure 1.5. Community-Specific Prioritized Needs and VUMC Consolidated Needs

Summary of VUMC's Prioritized Needs

As noted in Figure 1.5 for VUMC's CHNA and IS, each county-specific need was grouped into four overarching categories of needs for VUMC to address. Our process for consolidating the needs ensured that each county-specific need is addressed within the broader needs. In the description below, the county specific needs within the consolidated needs are also noted. Given the breadth of needs prioritized across six counties, VUMC consulted members of the Community Health Workgroup, a group of VUMC faculty and staff, for guidance and to confirm alignment with all county-specific needs and capacity to address them. Additionally, VUMC presented the prioritized needs to advisory groups of VBCH, VTHH, VWCH, and Stallworth.

	Reduce Differences in Health Outcomes by Addressing Health-related Social Needs
	Prevent Chronic Conditions and Enhance Preventative Care
	Increase Access to Quality Healthcare
	Enhance Delivery of and Access to Behavioral Health Services

Figure 1.6. 2025 VUMC Prioritized Needs

VUMC considers the prioritized needs of equal importance and has not listed them in any order. These four broad need areas guided the development of VUMC's Implementation Strategy. The VUMC Board of Directors adopted the CHNA/IS and the four needs outlined below in April 2025.

- Reduce differences in health outcomes by addressing health-related social needs,
- Prevent chronic conditions and enhance preventative care,
- Increase access to quality healthcare, and
- Enhance delivery of and access to behavioral health services.

Reduce differences in health outcomes by addressing health-related social needs

This prioritized need recognizes the importance of social and economic needs that individuals experience that affect their ability to maintain their health and well-being (CMS, 2025). For example, people who do not have access to grocery stores with healthy foods are less likely to have good nutrition. This limited access raises their risk for health conditions such as heart disease, diabetes, and obesity and even lowers life expectancy relative to people who have access to healthy foods. Health-related social needs were an overarching theme across all counties throughout the CHNA process. This prioritized need includes the following sub-needs identified in each county: transportation, housing, food access, and economic opportunity and job skill development.

Prevent chronic conditions and enhance preventative care

Preventative care greatly reduces the risk of various diseases, improves health outcomes, and increases life expectancy. Access to screenings, vaccinations, and regular well visits are essential to

keeping people of all ages healthy. However, barriers such as costs, lack of health insurance, lack of awareness of existing resources, or living too far away from providers, as well as non-clinical drivers of health, prevent many from receiving preventative care. In turn, incidence rates for health conditions like cancer, diabetes, and mental health disorders are on the rise. This prioritized need includes the following sub-needs identified in each county: healthy living and prevention. This prioritized need includes the following sub-needs identified in each county: health literacy and health promotion through built environment.

Increase access to quality healthcare

Access to care focuses on improving health by helping people get timely, high-quality healthcare services. It encompasses considerations around affordability, acceptability, availability, and accessibility. Access barriers may include health insurance, geographic location, availability of primary care providers, and other social and economic factors. The themes raised around this prioritized need include addressing awareness and navigating existing community and healthcare resources, access to affordable care, and bridging gaps between patients, providers, and other aspects of the community and healthcare ecosystem. This prioritized need includes the following sub-needs identified in each county: healthcare access, awareness and navigation of community resources, and infant mortality.

Enhance delivery of and access to behavioral health services

Behavioral health was seen as a primary topic of concern in the prioritization process. Access to mental and behavioral health services encompasses the affordability, acceptability, availability, and accessibility of timely and high-quality treatment. Barriers to this may include lack of health insurance coverage, geographic location, or availability of providers. Additionally, there is a need for more prevention efforts for younger populations, education to reduce stigma, and initiatives focused on social needs. Enhancing the delivery of behavioral health services through innovative avenues of care, and increasing the awareness of those services, may improve accessibility. This prioritized need includes the following sub-needs identified in each county: mental health, behavioral health, and substance use.

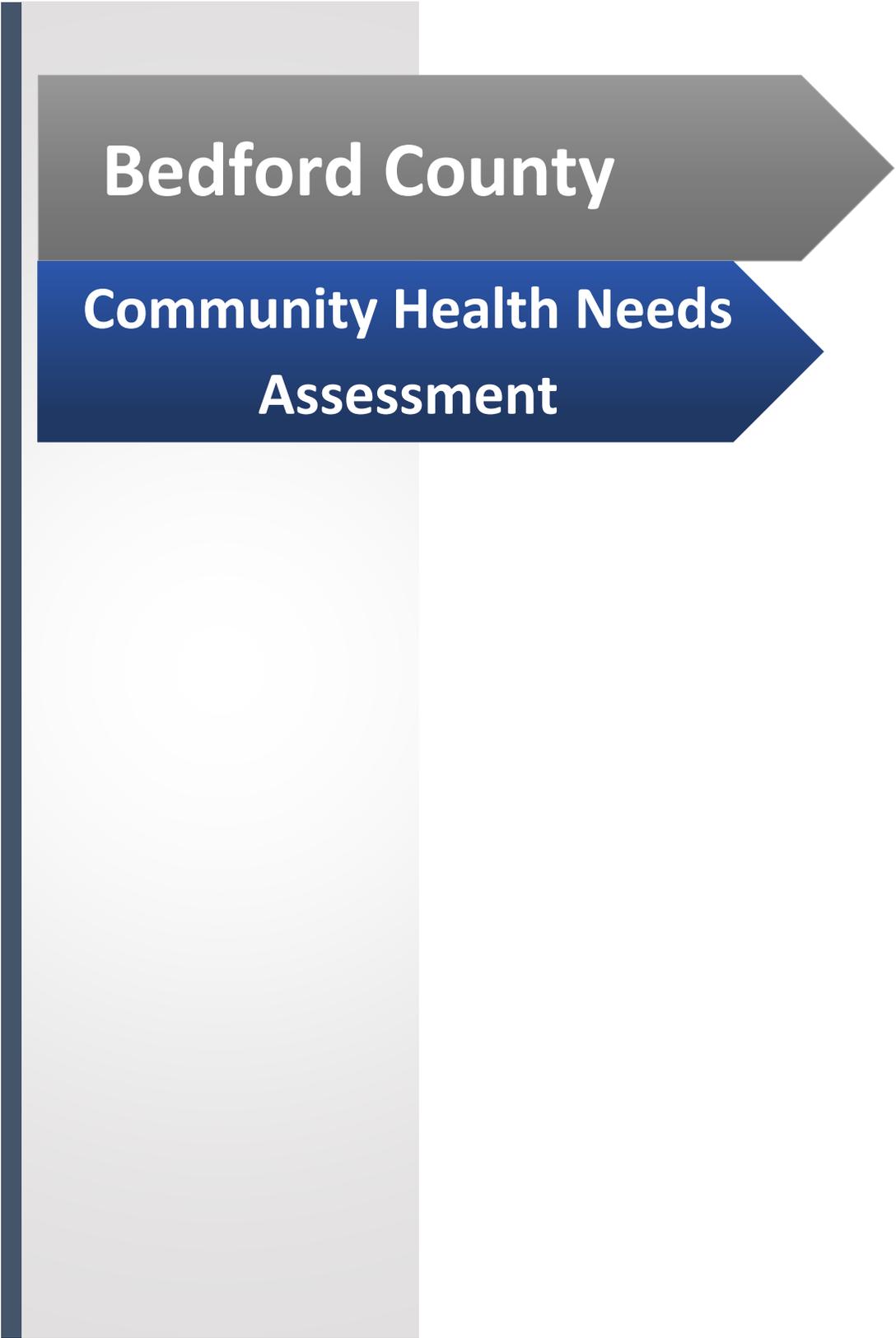
Plan for Next Steps: Implementation Strategy

The needs adopted by VUMC helped guide the development of VUMC's Implementation Strategy. The IS describes the actions VUMC will take to address the prioritized needs. Building and expanding community partnerships are also integral to addressing the prioritized needs.

Limitations and Information Gaps

The objective of the CHNA was to provide a comprehensive assessment of the health needs of Bedford, Coffee, Davidson, Rutherford, Williamson, and Wilson counties. Listed below are a few of the limitations encountered when completing the assessment.

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



Bedford County

**Community Health Needs
Assessment**

Bedford County

Introduction

The Community Health Needs Assessment (CHNA) process in Bedford County sought to gain a greater understanding of community concerns related to health and healthcare, the social, environmental, and behavioral factors that impact health, the greatest needs and assets, and strategies for improving community health and well-being. This Bedford County report outlines the needs assessment process, shares summaries of the results, and describes how the community prioritized the needs.

Collaborations

The Bedford County Health Department and Bedford County Health Council collaborated with Vanderbilt University Medical Center (VUMC) on the CHNA, providing strategic guidance and coordinating community engagement.

The health council is a community-led group that brings together local collaborators, public health experts, and social service providers to advance health priorities for the residents of Bedford County. Through their community relationships, they played a key role in identifying perspectives from the community.

The health department also organized a listening session with patient-facing staff members to better understand the assets, barriers, and needs of community members who receive care at the health department.

Environmental Scan

VUMC completed an environmental scan in Bedford County to examine existing data relevant to community health and to identify strengths, assets, relationships, and areas where improvements might be considered. This scan summarizes health and health-related reports published that included information about Bedford County.

VUMC reviewed four reports submitted by community partners, including reports published in or after 2021 with local, county-specific data about community health needs. Reports used for the environmental scan were analyzed on a rolling basis during the assessment period. The table below lists the organizational lead and organizational focus for reports that were reviewed in the scan.

Environmental Scan Reports Organizational Leads and Focus

Organizational Lead	Organizational Focus
Second Harvest Food Bank of Middle TN (2023)	Food Access
Tennessee Commission on Children and Youth (2023)	Children and Youth
Tennessee Department of Health (2023)	Public Health
Tennessee Health Care Campaign (2024)	Advocacy and Education (healthcare access)

Major Themes

Significant themes from the Bedford County environmental scan were access to care, childcare access, and food access. They are described in more detail below:

- Access to Care:
 - Bedford County’s patient-to-provider ratio is in the top 2/3 of Tennessee counties. This means that there are more providers available per patient with TennCare than in other counties designated as Health Resource Shortage Areas.
 - There are several places to seek care in Bedford County regardless of insurance status. There are two behavioral health safety net locations and several adult primary care clinics that include one Federally Qualified Health Center, and five community or faith-based clinics.
- Childcare Access:
 - From 2010-2022, statewide, there were an average of nine childcare centers per 1,000 children in Tennessee. Bedford is above average for the state, with 10 per 1,000.
- Food Access:
 - Experiencing food insecurity means that someone isn’t sure if they will have enough healthy food to eat or if they can access the food they need in acceptable ways (USDA, 2025). Food Insecurity rates were higher in Bedford County for persons who identified as Black or African American and those who identified as Hispanic or Latino compared to those who identified as white, non-Hispanic or Latino
 - Additionally, 100% of children in households with incomes less than 185% of the Federal poverty level experienced barriers to accessing food.
 - As noted in the report by Second Harvest Food Bank of Middle TN, “there was a lack of data available for several detailed races and ethnicities. For individuals who identify as Asian, Native American, Pacific Islander, or multiple races, local data was unavailable therefore preventing local estimates to be produced”

Conclusion

Bedford County maintains above-average childcare center ratios and established healthcare safety net infrastructure. Strategic enhancement of these resources, especially around food access, can support improved access to services across all populations.

Policy Scan

Many factors impact the health of a community, including the policies that guide how that community works. Therefore, tackling the CHNA priority health needs may require changes to public policy. The policy scan for this CHNA in Bedford County included a systematic review of existing policies related to prior CHNA needs and themes from community input. It involved identifying, analyzing, and summarizing current policies to understand the landscape, identify gaps, and inform future policy efforts.

VUMC's Community Health team worked with medical students from the Vanderbilt School of Medicine (VUSM) during the 2023-2024 academic year. As a part of a class assignment, VUSM students researched state and local policy options that might improve the community's opportunity to be as healthy as possible. This research included interviews with community experts in Bedford on the priority health needs.

Excerpts from student's assignments are summarized in [Appendix B](#). The options presented do not represent the views of VUMC; they are potential levers student projects explored for improving health outcomes related to mental and behavioral health, substance use and healthcare access.

Primary Data: Community Input

To understand the broad interests of the community, VUMC partnered with the Bedford County Health Department and Bedford County Health Council. This approach provided valuable insights for identifying and addressing the county's most pressing health concerns, ensuring that varied perspectives from the community were centered. In developing this process, a concerted effort was made to ensure that individual and organizational representatives from communities facing barriers to optimal health were included.

Health Council Self-Assessment

To gather comprehensive input from the community, VUMC facilitated a self-assessment with the health council. The self-assessment gathered community feedback about the prior CHNA needs, how they have changed, any barriers faced in solution building, and recommendations for future or continued action. The self-assessment focused on the prioritized needs of mental health and substance use.

In Bedford County, 24 individuals participated in the self-assessment and completed a participant survey. The following table summarizes participant demographics, key points, common themes, meaningful quotes, and recommendations from the health council. A summary of organizations in attendance and their sector of focus can be found in [Appendix E](#).

Bedford County Health Council Self-Assessment	
Participant Summary	
<ul style="list-style-type: none"> • Most participants (>85%) lived and/or worked in Bedford County • Most participants attended the health council meeting as part of their professional role (20, 83%); the remainder were either retired or working but attending as a community member only. • Organizations represented included local clinics, schools, family and mental health support agencies, and various Tennessee state agencies. 	
Key Summary Points	
<ul style="list-style-type: none"> • While there has been improvement in mental health resources, various interconnected social barriers can cause delays in seeking care or prevent people from seeking it altogether. • Complicated health benefits information makes coverage difficult to navigate. Even persons with coverage may not get the care they need because they are unable to decipher their benefits. • Substance use, especially among youth, is outpacing current solutions. 	
Themes	Meaningful Quotes
Access to Mental Health Resources	<p>“Transportation and financials [are barriers] especially for my clients. They don’t have the funds to get to appointments and so they rarely show up. I really wish there was a bus system in Bedford County so that clients have a way outside of insurance [provided] transportation to get to appointments.”</p> <p>“Let me tell you what provides a barrier – IDs. A lot of people don't have birth certificates. When they are young people who have an issue and they walk away from home, the last thing they’re thinking about is “I need my birth certificate” or “I need my social security card.”</p>
Health Insurance	<p>“Sometimes I feel like you need a rocket scientist degree to understand the benefits. There’s no plain language for community members to understand what they have when it comes to benefits. They just assume that it’s not covered, but when you get into it, it turns out they really are covered, it’s just navigating who they can and can’t see. It’s really just understanding what benefits they have.”</p>
Youth Substance Use	<p>“[Students] are vaping in the bathroom. Even in elementary school we get calls about them, but we can't really do anything until they’re older other than provide education.”</p>

	“Nobody wants to say my child has an addiction. They’ll say they have diabetes or cancer, but they want to hide [addiction]”
Recommendations for Improving the Needs	
<ul style="list-style-type: none"> • Improve resource communication • Involve and collaborate with impacted community members in seeking/ implementing solutions • Increase advocacy for government/ policy solutions locally 	

Health Department Listening Session

A listening session was conducted with the Bedford County Health Department director, select patient-facing staff and department leaders who had knowledge of the previously prioritized health needs and how they impact community members.

The listening session was conducted by VUMC to gather feedback on the health needs and assets of Bedford County, and on progress on the county’s prioritized needs. It focused on the prioritized needs of mental health and substance use. The listening session transcript was reviewed by the CHNA team to identify common themes. The table below summarizes information from the health department listening session.

Bedford County Health Department Listening Session	
Participant Summary	
<ul style="list-style-type: none"> • Five Bedford County Health Department staff participated in the listening session and completed participant surveys. Participants included care coordinators, clinicians, and administrators. • The participants' years of experience within the Bedford County Health Department range from 1 year to 20 years. 	
Key Summary Points	
<ul style="list-style-type: none"> • Population growth in has surpassed available resources in Bedford County as people travel from other counties seeking services. • Low wages or inconsistent income can lead to difficult choices between healthcare and other essential needs. • Housing shortages and unstable housing persist in the county, increasing the number of people experiencing homelessness and unsafe living conditions. 	
Themes	Meaningful Quotes
Access to health barriers for persons whose primary	<p>“[There is an] increase in language barriers and more miscommunication about community resources and health education for [these] communities.”</p> <p>“When referring [patients] to other places, there may not be interpreters.”</p>

language is not English	
Access to care	<p>“There’s only a very limited number of clinics that are income based and charge [on sliding scale], but not enough.” “And they’ll have a cap on the number [of people] that they’ll [be able to] see.”</p> <p>“A lot of residents work in construction and are impacted by the weather. This causes them to lose out on income, making healthcare less of a priority.”</p>
People experiencing homelessness	“A person experiencing homelessness drowned in a county river. Safety concerns prompted an encampment removal and clean-up.”
County Assets	
Recommendations for Improving the Needs	
<ul style="list-style-type: none"> • Close knit/ strong core support • Communities mental health accessibility 	<ul style="list-style-type: none"> • Support policy that restores access to care for all people in Bedford County • Having a clinic that provides affordable care, and services not offered by the health department

Secondary Data

Bedford County is located in Southcentral Tennessee, southeast of the Nashville metropolitan area. Bedford County is primarily rural and home to an estimated 53,055 individuals, a number that has increased (+5.3%) from 2020 to 2023 ([Census](#), 2024).

Overall, the population of Bedford County is younger, with a greater percentage of people in Bedford under 18 years old (25.2%) compared to the state (22.0%) or the U.S. (21.7%). Yet, the aging population in Bedford County is growing, with 15.1% of the population over age 65, and that number is trending up ([Census](#), 2023). Amongst the population aged 5 and over, 11.6% speak a language other than English at home ([ACS 5-year](#), 2018-2022). Additional demographic data for Bedford County are available below.

Population

Population	Bedford County	Tennessee	U.S.
Total ¹	51,950	7,051,339	333,287,557
Male ¹	50%	49.1%	49.6%
Female ¹	50%	50.9%	50.4%

Source: [Explore Health Rankings - County Health Rankings & Roadmaps¹](#) (These indicators used data from 2022)

Population by Race or Ethnicity

Race or Ethnicity	Bedford County	Tennessee	U.S.
Asian ¹	1.1%	2.1%	6.3%
Native Hawaiian or other Pacific Islander ¹	0.2%	0.1%	0.3%
Black or African American ¹	7.7%	16.4%	12.6%
Hispanic or Latino ¹	14.1%	6.4%	19.1%
American Indian or Alaska Native ¹	1.4%	0.5%	1.3%
White ¹	74.7%	72.9%	58.9%

Source: [Explore Health Rankings - County Health Rankings & Roadmaps¹](#) (These indicators used data from 2022)

In addition to demographics, indicators were considered from publicly available sources to describe the health status of those in the Bedford County community. Secondary data for this report was drawn from the VUMC Healthy Communities Data Platform ([HCI](#)) and the County Health Ranking ([CHR](#)) websites. HCI is a centralized hub for community health data and initiatives available on the VUMC Community Health website.

These data are summarized into tables with icons showing how Bedford County data trends over time and how Bedford compares to other counties, Tennessee, and U.S. values. Differences are noted in red text next to each indicator if reported by the original data source. Below is additional information about how to read the data tables and icons.

Table Legend

<p>Dial Gauge: How the county compares to other counties in the state or U.S.</p> 
<p>Diamond Gauge: How the county value compares to the overall state or U.S. value</p> 
<p>Square Gauge: Shows if the value has increased or decreased over time</p> <ul style="list-style-type: none"> ◦ Solid color = change is statistically significant ◦ Outlined = change not statistically significant 
<p>GREEN=Good, RED=Bad or BLUE=Neutral</p>

For this secondary data overview, health indicators within the following categories were reviewed:

- Health outcomes,
- Social and economic factors,
- Healthcare access, and
- Health behaviors.

Additional community data highlights were drafted based on the prior CHNA needs and significant themes noted from community input in Bedford County. These highlights include mental health, economic opportunity, access to healthcare, and substance use. Understanding how varied access to healthcare and social needs impact different populations in Bedford County was essential during the assessment process. VUMC examined emerging and persisting variances across multiple areas, highlighting differences between population groups and geographic areas. More detail on secondary data sources can be found in [Appendix D](#).

Health Outcomes

Health outcomes reflect a county's overall health status, including the physical and mental well-being of its community members. Health outcome indicators can provide valuable insights into trends in population health, disease factors, and quality of life.

By evaluating key health metrics, we can better understand the complex factors that influence community health and support programs and policies at the local, state, and federal levels that may influence these factors ([CHR, 2024](#)). This section includes indicators related to life expectancy, communicable diseases, quality of life as well as a highlight on mental health which is a priority need in Bedford County.

Life Expectancy and Communicable Disease

Below are indicators of length of life and of communicable disease presence in the Bedford County community.

Indicators	Trend	Bedford	TN	U.S.	Description
Length of Life					
Infant Mortality ²		9.1	 6.9	N/A	Number of all infant deaths (within one year) per 1,000 live births (2015-2021)
Premature death ²	N/A	11,553.7	 11,043.4	 7,971.5	Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2019-2021)
Life expectancy ²	N/A	73.1	 74.1	 77.6	How long the average person is expected to live (2019-2021)
Cancer deaths ²		196.6	 170.4	 149.4	The age-adjusted death rate per 100,000 population due to cancer. (2016-2021)
Fall fatalities. 65+ ²		17	 10.6	 9.8	The age-adjusted death rate per 100,000 population due to falls. (2022)
Communicable Disease					

HIV prevalence ¹	N/A	154	 318	 382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000 (2021)
Sexually transmitted infections ²		475.5	 538.1	 161	Number of newly diagnosed chlamydia cases per 100,000 (2022)
Sources: Conduent Healthy Community Institute - VUMC Community Health Dashboard² <i>(These indicators used data from 2015-2021)</i>					

Health and Quality of Life

Quality of Life represents a community's well-being. It underscores the importance of physical, mental, social, and emotional health from birth to adulthood. Measuring health-related quality of life helps characterize the experience of people with disabilities and those with chronic conditions. In addition to measuring how long people live, it is also important to include measures of how well people live ([CHR, 2021](#)).

Below are indicators measuring various factors that impact one's quality of life.

Indicators	Trend	Bedford	TN	U.S.	Description
Physical Health					
Poor or fair health ¹	N/A	21%	 18%	 14%	Percentage of adults reporting fair or poor health (2021)
Poor physical health Days ¹	N/A	4.4	 4.1	 3.3	Average number of physically unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent physical Distress ¹	N/A	14%	 13%	 10%	Percentage of adults with 14 or more days of poor physical health per month (2010)
Low birth weight ²		10.6%	 9.3%	 8.5%	Percentage of babies born too small (less than 2,500 grams) (2021)
Falls 65+ ³	N/A	N/A	31.2%	N/A	Older adult falls reported (2020)
Morbidity					
Diabetes prevalence ²		12%	12%		Percentage of adults ages 20 and above with diagnosed diabetes (2022)

				10%	
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² Older Adult Falls Data - Fall Prevention Injury Center CDC³ (These indicators used data from 2016-2022)					

Mental Health

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

The 2024 Mental Health Index on the Healthy Communities Data Platform measures socioeconomic and health factors correlated with self-reported poor mental health. All zip codes are indexed from 0 (low need) to 100 (high need). Zip code 37160, covering Shelbyville, has an index value of 80.3, indicating a very high need in this area (HCI, 2024).

Below are some additional indicators that give insight into the state of mental well-being in Bedford County.

Indicators	Trend	Bedford	TN	U.S.	Description
Mental Health					
Poor mental health days ¹	N/A	6	 5.8	 4.8	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent mental distress ¹		19%	19%	 15%	Percentage of adults reporting 14 or more days of poor mental health per month (2021)
Suicide ²		17.6	 17	 13.9	Number of deaths due to suicide per 100,000 (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2021 - 2022)					

Social and Economic Factors

Social and economic factors significantly impact health. They include our education, income, social support and community safety (CHR, 2025). These factors affect our ability to

make healthy decisions, afford medical care, housing, food, or manage stress. Additionally, these factors affect where we live, learn, work, and play. If these environments are poor, it can limit our ability and that of our families and neighbors to live long and healthy lives ([Health People 2030](#)). This section includes indicators related to economic opportunity, education, safety, and physical environment as well as a highlight on economic opportunity which was a theme from community input in Bedford County.

Economic Opportunity and Education

The median household income of an area reflects its relative affluence and prosperity. Areas with higher median household incomes will likely have more educated residents and lower unemployment rates. Since many people receive health insurance coverage through their employer, lower unemployment rates may lead to better access to healthcare and better health outcomes.

Bedford County's median household income has been trending upward, with the current median income of \$59,955. However, this value is lower than the median household income of Tennessee (\$64,035) and the U.S. (\$75,149) overall. There is also a significant difference in the median household income for persons identifying as Black or African American (\$39,272), which is 41% less than the overall Bedford County median household income ([ACS 5-Year, 2018-2022](#)).

Below are selected indicators examining economic opportunity and educational attainment in Bedford County.

Indicator	Trend	Bedford	TN	U.S.	Description
Economic Stability					
Median household income ^{2*}		\$59,955	 \$64,035	 \$75,149	The income at which half of households in a county earn more and half earn less. (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as Two or More Races (\$46,170) or Black or African American (\$39,272) have a lower median household income than the overall value.</i>
Unemployment ¹	N/A	3.4%	 3.4%	 3.7%	Percentage of population ages 16 and older, unemployed but seeking work (2018-2022)
Poverty ²		12.4%	 12.4%	 12.4%	Percentage of population living below the federal poverty line (2018-2022)

			14%	12.5%	
Childhood poverty ²		21.2%	19.2%	16.7%	Percentage of people under the age of 18 who are living below the federal poverty level (2018-2022)
Educational Attainment					
High school completion ²		91.4%	90.6%	86.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent (2018-2022)
Some college ¹	N/A	48%	63%	68%	Percentage of adults ages 25-44 with some post-secondary education (2018-2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2022)					

Social Support and Community Safety

People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated ([CHR, 2024](#)). Community safety reflects not only violent acts in neighborhoods and homes but also injuries caused unintentionally through accidents ([CHR, 2025](#)). The table below highlights a few key social support and community safety indicators.

Indicator	Trend	Bedford	TN	U.S.	Description
Social/Community					
Children in single parent homes ²		30.1%	27.9%	24.9%	Percentage of children who live in a household headed by a single parent (2018-2022)
Social associations ²		7.4	11.0	9.1	Number of membership associations per 10,000 population (2021)
Disconnected youth ²		0.6%	2%	1.8%	Percentage of teens and young adults ages 16-19 who are neither working nor in school (2021)
Teen births ¹	N/A	40	24	17	Number of births per 1,000 female population ages 15-19. (2016-2022)

Violent crimes ²		445.4	 617.5	N/A	Number of reported violent crime offenses per 100,000 population (2022)
Sources: Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018-2022)					

Food Insecurity

Food insecurity is an economic and social indicator of a community's health. Experiencing food insecurity means that someone isn't sure if they will have enough healthy food to eat or if they can access the food they need in acceptable ways (USDA, 2025). Poverty and unemployment are frequent predictors of food insecurity in the United States. Food insecurity is associated with chronic health problems in adults, including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues, including major depression (NIH, 2020).

The following table highlights a few key indicators on food access and food insecurity in Bedford County.

Indicator	Trend	Bedford	TN	U.S.	Description
Access to Healthy Foods					
Food environment index ²		7.5	 6.5	 7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best) (2024)
Food insecurity ²		8.5%	 14%	 13.5%	Percentage of the population who lack adequate access to food (2022)
Limited access to healthy foods ¹		9%	9%	 6%	Percentage of the population who are low-income and do not live close to a grocery store (2019)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2019-2024)					

Physical Environment

The table below highlights a few key indicators of a healthy physical environment including those linked to one's housing.

Indicator	Trend	Bedford	TN	U.S.	Description
Physical Environment					

Severe housing cost burden ¹	N/A	12%	12%	 14%	Percentage of households that spend 50 percent or more of their household income on housing (2018-2022)
Severe housing problems ²		14.6%	 13.3%	 16.7%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities (2016-2020)
Air pollution: particulate matter ¹		7.6	7.6	 7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2019)
Homeownership ²		65.6%	 59.6%	 57.8%	Percentage of occupied housing units that are owned (2018-2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2016-2022)					

Healthcare Access

Access to appropriate high-quality health care helps prevent diseases, maintain health, reduce disease and premature death, and improve quality of life. Access also encompasses the timeliness, accessibility, and affordability of healthcare ([Healthy People 2030](#)). This section includes indicators related to access, hospital utilization, and preventive care. Healthcare access was also highlighted as a theme from community input in Bedford County.

For many, insurance coverage is a significant factor when seeking care and making healthcare decisions, and many rely on employers to provide insurance coverage. Without health insurance, people may be unable to afford medical treatment or prescription medications. They are also less likely to initiate routine check-ups and screenings and will often wait to seek treatment until conditions are more advanced, more challenging, and, most of the time, more costly. The Healthy People 2030 target for people with health insurance is 92.4% ([Healthy People 2030](#)). In 2022, 87.1% of Bedford County residents have health insurance ([CDC-Places, 2022](#)).

Healthcare Access

Below are selected indicators examining access, utilization, and preventive healthcare in Bedford County.

Indicator	Trend	Bedford	TN	U.S.	Description
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Healthcare Access					
Uninsured ¹	N/A	15%	 12%	 10%	Percentage of population under age 65 without health insurance (2021)
Uninsured adults ¹	N/A	18%	 15%	 12%	Percentage of adults under age 65 without health insurance (2021)
Uninsured children ¹	N/A	6%	 5%	 5%	Percentage of children under age 19 without health insurance (2021)
Primary care physicians ¹	N/A	3,410:1	 1,440:1	 1,330:1	Ratio of the population to primary care physicians (2023)
Mental healthcare providers ¹	N/A	1,330:1	 530:1	 320:1	Ratio of the population to mental healthcare providers (2023)
Hospital Utilization					
Preventable hospital stays ²		2,746	 2,841	 2,677	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. (2022)
Preventive Healthcare					
Flu vaccinations ²		48%	 51%	 50%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination (2022)
Mammography screenings ²		45%	 45%	 47%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2021-2023)					

Health Behaviors

Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or increase someone’s risk of disease and premature death. It is important to understand that not everyone has the same opportunities to engage in healthy behaviors (NIH, 2024). One’s ability to engage in healthy behaviors is impacted by social and economic conditions, and access to resources. Health behaviors are driven by the choices

available in the places where people live, learn, work, and play (CHR, 2025). This section includes indicators related to healthy lifestyle and substance use, as well as a highlight on opioid use, which is a priority need in Bedford County.

Healthy Lifestyle

The table below highlights a few key indicators of health behaviors or health-related practices that can support overall wellness.

Indicator	Trend	Bedford	TN	U.S.	Description
Healthy Lifestyle					
Adult obesity ¹	N/A	37%	 36%	 34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or same as 30 kg/m ² (2021)
Physical inactivity ¹	N/A	31%	 27%	 23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity (2021)
Access to exercise opportunities ²	N/A	44.3%	 67.4%	 84.1%	Percentage of population with adequate access to locations for physical activity (2024)
Insufficient sleep ¹	N/A	36.4%	 34.4%	 33%	Percentage of adults who report fewer than seven hours of sleep on average (2022)
Motor vehicle crash deaths ¹		18.6	 16.3	 11.4	Number of motor vehicle crash deaths per 100,000 population (2015-2021)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2015-2024)					

Substance Use

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

In the United States, over 100 drug overdose deaths occur daily. Drug overdose deaths are the leading cause of injury death in the United States. Most of these deaths are due to a

pharmaceutical overdose involving analgesics, such as prescription painkillers ([CDC](#), 2018-2022). Opioids have consistently played a role in drug overdose cases. Common opioids include heroin and prescription medications such as oxycodone, hydrocodone, and fentanyl. In Bedford County, 13 of the 15 overdose deaths in 2022 were caused by opioids, specifically Fentanyl. ([TDH](#), 2022).

The table below highlights substance use and substance use-related death indicators for Bedford County.

Indicator	Trend	Bedford	TN	U.S.	Description
Substance Use					
Adult smoking ¹	N/A	23%	 20%	 15%	Percentage of adults who are current smokers (2021)
Excessive drinking ¹	N/A	15%	 17%	 18%	Percentage of adults reporting binge or heavy alcohol drinking (2021)
Alcohol-impaired driving deaths ²		39.4%	 23.8%	 26.3%	Alcohol-impaired driving deaths (2017-2021)
Overdose deaths: any drug and opioid ²	N/A	30.3	 34.8	 23.5	Age-adjusted rate of drug and opioid-related deaths per 100,000 persons (2018-2020)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2021)					

Identifying and Prioritizing Community Needs

VUMC presented the health department listening session and health council self-assessment findings, environmental scan results, and secondary data analysis to the Bedford County Health Council. The prioritization process in Bedford County involved a facilitated session with the goal of engaging health council and local voices in a streamlined prioritization process and building out of community recommendations for action around each priority need.

Attendees were asked to review data focused on prior needs and vote to keep, amend, or sunset each one. Participants made decisions about the needs using the data provided, their lived and professional experience, and criteria outlined in the MAPP 2.0 Handbook ([NACCHO, 2023](#)). The criteria used are outlined in the table below.

Relevance	Relevance of the issue to community members.
Impact	Impact of the issue on communities; centering those most proximate to variances in impact.
Feasibility	Availability and feasibility of solutions and strategies to address the issue

Significant community needs were informed by themes that arose from community input, the environmental scan, and policy scan as well as population data trends and differences in each county. The significant needs that arose in Bedford County included mental health, economic opportunity, access to healthcare, and substance use.

The community prioritized needs identified and voted for by the Bedford County Health Council are as follows:

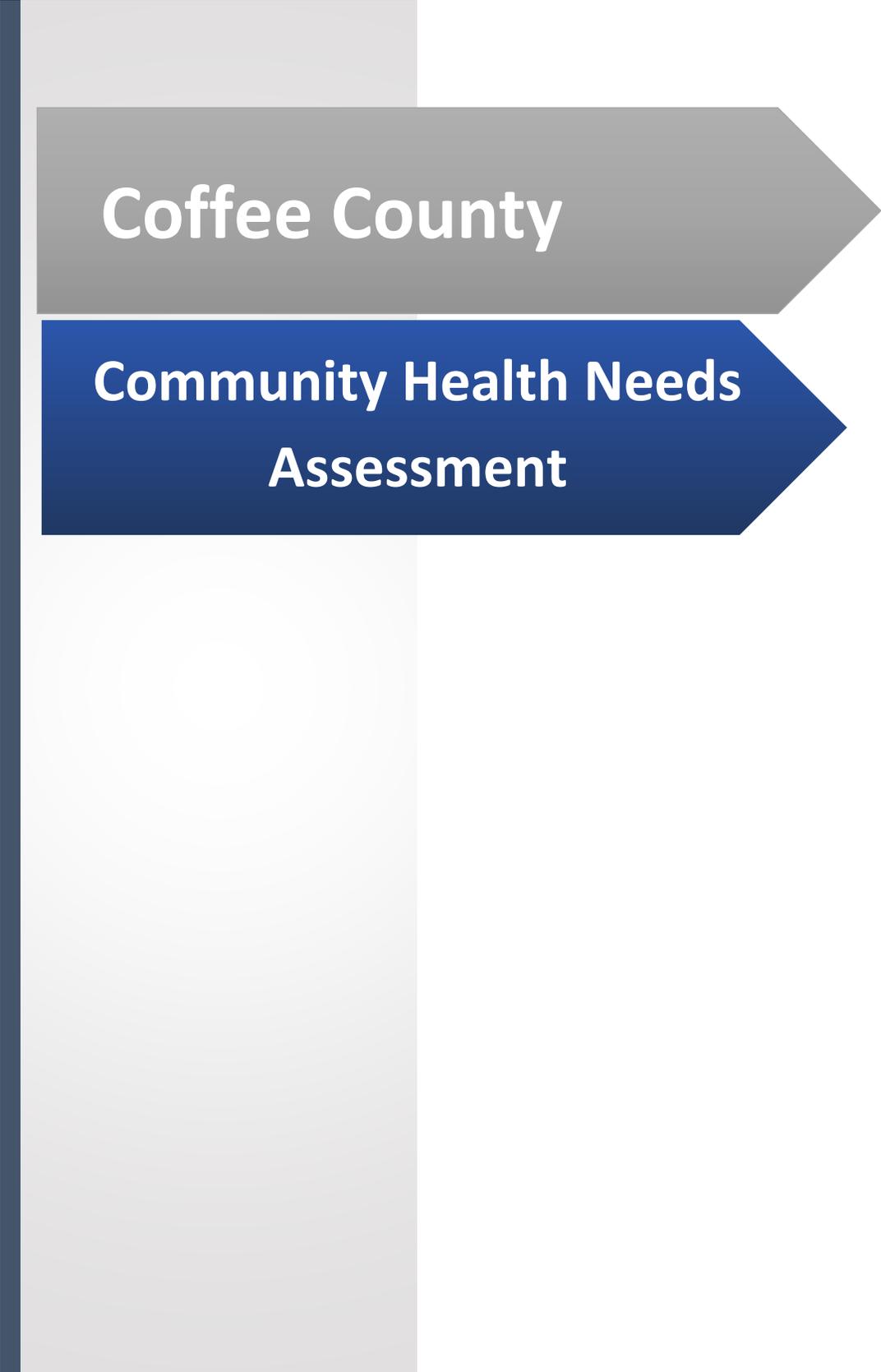
- Mental Health
- Substance Use

Based on insight gained from primary and secondary data analysis and input received from prioritization meetings, the summary tables below outline more about each need. Recommendations for improving the needs that were shared during the prioritization process are summarized in [Appendix D](#).

Summary of Prioritized Needs

Prioritized Need: Substance Use	
Health Council Definition: Increased education regarding nicotine and other substances in the community.	
Why is it Important?	Populations Impacted
Substance use encompasses the excessive use of all substances, including alcohol, tobacco, prescription medications, opioids, and illicit substances. Reducing unhealthy substance use can improve a community's overall health and well-being.	<ul style="list-style-type: none"> • Older adults • Youth, students, and young adults • Persons experiencing homelessness • Persons without a form of identification (ID)

Prioritized Need: Mental Health	
Health Council Definition: Implement, manage, and grow mental health programs in the community and educate community members on mental health.	
Why is it Important?	Populations Impacted
Psychological distress can affect all aspects of daily life and decrease overall health. The occasional “poor mental health day” is typical for most people; however, frequent mental and emotional health concerns can become critical if they are not addressed.	<ul style="list-style-type: none"> • Populations with systemic barriers • LGBTQI+ populations • Older adults • Populations that have been economically marginalized • Teens and young adults • Persons without a form of identification (ID)

The graphic features a vertical dark blue bar on the left side. To its right, there are two overlapping arrow-shaped boxes pointing to the right. The top box is light gray and contains the text 'Coffee County'. The bottom box is dark blue and contains the text 'Community Health Needs Assessment'.

Coffee County

**Community Health Needs
Assessment**

Coffee County

Introduction

The Community Health Needs Assessment (CHNA) process in Coffee County sought to gain a greater understanding of community concerns related to health and healthcare, the social, environmental, and behavioral factors that impact health, the greatest needs and assets, and strategies for improving community health and well-being. This Coffee County report outlines the needs assessment process, shares summaries of the results, and describes how the community prioritized the needs.

Collaborations

The Coffee County Health Department and Coffee County Health Council collaborated with Vanderbilt University Medical Center (VUMC) on the CHNA, providing strategic guidance and coordinating community engagement.

The health council is a community-led group that brings together local collaborators, public health experts, and social service providers to advance health priorities for the residents of Coffee County. Through their community relationships, they played a key role in identifying perspectives from the community.

A listening session was organized with the Coffee County Health Department that included patient-facing staff members to better understand the assets, barriers, and needs of community members who receive care at the health department.

Environmental Scan

VUMC completed an environmental scan in Coffee County to examine existing data relevant to community health and to identify strengths, assets, relationships, and areas where improvements might be considered. This scan summarizes published health and health-related reports that included information about Coffee County.

VUMC reviewed five reports submitted by community partners, including reports published in or after 2021 with local, county-specific data about community health needs. Reports used for the environmental scan were analyzed on a rolling basis during the assessment period. The table below lists the organizational lead and organizational focus for reports that were reviewed in the scan.

Environmental Scan Reports Organizational Leads and Focus

Organizational Lead	Organizational Focus
Partners for Healing (2024)	Healthcare
Second Harvest Food Bank of Middle TN (2023)	Food Access
Tennessee Commission on Children and Youth (2023)	Children and Youth
Tennessee Department of Health (2023)	Public Health
Tennessee Health Care Campaign (2024)	Advocacy and Education (healthcare access)

Major Themes

Significant themes from the Coffee County environmental scan were mental health, access to care, and childcare access. They are described in more detail below:

- Mental Health:
 - Among persons seen between January 1 and December 31, 2023, the “Mental, Behavioral, and Neurodevelopmental Disorder” ICD10 category was one of the top 5 diagnoses categories at a local healthcare provider.
- Access to Care:
 - Safety net clinics offer care to individuals without healthcare or health insurance access. Coffee County has one community faith-based center, yet no Federally Qualified Health Centers that provide primary care for those without healthcare or health insurance access.
 - Coffee County’s TennCare patient-to-provider ratio is 1516:1, which is within the top 2/3 of Tennessee counties. This means that there are more providers available per patient with TennCare than in other counties designated as TennCare Health Resource Shortage Areas.
- Childcare Access:
 - From 2010 to 2022, Tennessee had an average of nine childcare centers per 1,000 children statewide. Coffee County is same as the state average, with nine childcare centers per 1,000 children.

Conclusion

Coffee County maintains state-average childcare access ratios and TennCare provider coverage. Strategic enhancement of mental health services and safety net infrastructure can advance health access for all populations.

Policy Scan

Many factors impact the health of a community, including the policies that guide how that community works. Therefore, tackling the CHNA priority health needs may require changes to public policy. The policy scan for this CHNA in Coffee County included a systematic review of existing policies related to prior CHNA needs and themes from community input. It involved identifying, analyzing, and summarizing current policies to understand the landscape, identify gaps, and inform future policy efforts.

VUMC's Community Health team worked with medical students from the Vanderbilt School of Medicine (VUSM) during the 2023-2024 academic year. As a part of a class assignment, VUSM students researched state and local policy options that might improve the community's opportunity to be as healthy as possible. This research included interviews with community experts in Coffee on the priority health needs.

Excerpts from student's assignments are summarized in [Appendix B](#). The options presented do not represent the views of VUMC; they are potential levers student projects explored for improving health outcomes related to mental and behavioral health, substance use, and healthcare access.

Primary Data: Community Input

To understand the broad interests of the community, VUMC partnered with the Coffee County Health Department and Coffee County Health Council. This approach provided valuable insights for identifying and addressing the county's most pressing health concerns, ensuring that varied perspectives from the community were centered.

In developing this process, a concerted effort was made to ensure that individual and organizational representatives from communities facing barriers to optimal health were included.

Health Council Self-Assessment

To gather comprehensive input from the community, VUMC facilitated a self-assessment with the health council. The self-assessment gathered community feedback about the prior CHNA needs, how they have changed, any barriers faced in solution building, and recommendations for future or continued action. The self-assessment focused on the prioritized needs of behavioral health.

In Coffee County, 13 individuals participated in the self-assessment and completed a participant survey. Additionally, students from the Westwood Middle School Student Advisory Council participated in the self-assessment but did not complete a participant survey. The following table summarizes participant demographics, key points, common themes, meaningful quotes, and recommendations from the health council. A summary of organizations in attendance and their sector of focus can be found in [Appendix E](#).

Coffee County Health Council Self-Assessment	
Participant Summary	
<ul style="list-style-type: none"> • Most participants (>76%) lived and/or worked in Coffee County. • Most participants (>76%) attended the self-assessment meeting as part of their professional role, while the remainder were retired. • Organizations represented included colleges, community partners, schools, and the state of Tennessee. 	
Key Summary Points	
<ul style="list-style-type: none"> • There are limited resources for mental health, especially among Medicaid beneficiaries. • Peer influence and stigma are important factors in behavioral health. • Care for people in active crisis is insufficient • Current care models do not fully address language barriers. 	
Themes	Meaningful Quotes
Mental health resources for Medicaid beneficiaries	<p>“We have limited resources [at our clinic]. Even if they are not a patient, I will seek out every opportunity, but it's especially difficult for Medicare and Medicaid [populations].”</p> <p>“There’s a ton of stipulations around who is taking what insurance right now, especially [for] Medicaid folks.”</p>
Crisis management	<p>“Emergency rooms are not equipped to [treat people in a mental health crisis]. They just opened a crisis stabilization unit in Murfreesboro, but it’s only like 15 beds, so they can’t accommodate a lot of people.”</p>

	“988 has helped a lot. They’re very good about helping someone get somewhere, and I think that has been a positive”
Language barriers	“When [Spanish-speaking adults seek care], it's extremely difficult to find resources, mental health resources, substance use disorder resources, whatever it is <i>in</i> Spanish, it’s like almost impossible.”
Recommendations for Improving the Needs	
<ul style="list-style-type: none"> • Increase bilingual services and staff for health providers. • Establish a standard place to increase knowledge in the population about resources available within the community. 	

Health Department Listening Session

A listening session was conducted with the Coffee County Health Department director, select patient-facing staff and department leaders who had knowledge of the previously prioritized health needs and how they impact community members.

The listening session was conducted by VUMC to gather feedback on the health needs and assets of Coffee County, and on progress on the county’s prioritized needs. It focused on the prioritized needs of behavioral health. The listening session transcript was reviewed by the CHNA team to identify common themes. The table below summarizes information from the health department listening session.

Coffee County Health Department Listening Session	
Participant Summary	
<ul style="list-style-type: none"> • Five Coffee County Health Department staff participated. Participant roles included clinicians, patient care team members, and administrators. • Participants’ experience within the Coffee County Health Department ranged from 1 year to 28 years. 	
Key Summary Points	
<ul style="list-style-type: none"> • Mental Health awareness is increasing in Coffee County, but there is limited access to resources due to the limited number of local mental health providers. • Resources for those who speak languages other than English are not local, creating transportation barriers. • Substance Use has increased; however, stigma in the community prevents resources from being utilized. 	
Themes	Meaningful Quotes

Mental health	<p>“I think the awareness [around mental illness] has been good, but the access has been lacking. [From lived experience], it is very hard to find somewhere to get in that is not a three month wait for your appointment.”</p> <p>“We hear consistently that there just is not enough mental health providers, especially through their insurance. And if you’re uninsured, there’s really nothing at all [that’s affordable].”</p>
Access to care	<p>“We have Partners for Healing over here and then there are more churches that will help if you’re hungry, and that affects your health, to pass out food and things like that”</p> <p>“The Child Health Initiative shifted so that registered nurses can no longer provide well-child visits. It can only be an APN which is very limited in our health department. So maybe we can do one or two [visits] once a week. [...] So, we have taken the health department out of that picture as a resource [for back-to-school well child visits].”</p>
Substance use	<p>“I feel that [substance use disorder] has increased since COVID. I think that may have to do with mental health. Things are not the same as before COVID for some people, and they don’t know what to do”</p> <p>“We’ve had the Narcan available for over a year, no questions asked. And we’ve had a hard time getting it out [into the community].”</p>
County Assets	Recommendations for Improving the Needs
<ul style="list-style-type: none"> • County leadership • Access to care 	<ul style="list-style-type: none"> • Access to a clinic or healthcare without stipulations • Expanded interpreter services

Secondary Data

Coffee County is located in Southcentral Tennessee, southeast of the Nashville metropolitan area. Coffee County is primarily rural and home to an estimated 60,633 people. Over time, the total population has increased significantly in Coffee County. From 2020 to 2023, the total population increased by 4.3% ([Census](#), 2023).

Overall, a greater percentage of people in Coffee are under 18 years old (24.0%) than in the state (22.0%) or the U.S. (21.7%). Yet, the aging population in Coffee County is growing, with 17.8% of the population over age 65, and that number is trending up ([Census](#), 2023). Amongst the population aged 5 and over, 4.7% speak a language other than English at home ([ACS 5-year](#), 2018-2022). Additional demographic data for Coffee County are available below.

Population

Population	Coffee County	Tennessee	U.S.
Total ¹	59,728	7,051,339	333,287,557
Male ¹	49.1	49.1%	49.6%
Female ¹	50.9	50.9%	50.4%

Source: [Explore Health Rankings - County Health Rankings & Roadmaps¹ \(These indicators used data from 2022\)](#)

Population by Race or Ethnicity

Race or Ethnicity	Coffee County	Tennessee	U.S.
Asian ¹	1.3%	2.1%	6.3%
Native Hawaiian or other Pacific Islander ¹	0.1%	0.1%	0.3%
Black or African American ¹	3.9%	16.4%	12.6%
Hispanic or Latino ¹	5.8%	6.4%	19.1%
American Indian or Alaska Native ¹	0.6%	0.5%	1.3%
White ¹	86.3%	72.9%	58.9%

Source: [Explore Health Rankings - County Health Rankings & Roadmaps¹ \(These indicators used data from 2022\)](#)

In addition to demographics, indicators were considered from publicly available sources and describe the health status of those in the Coffee County community. Secondary data for this report was drawn from the VUMC Healthy Communities Data Platform ([HCI](#)) and the County Health Ranking ([CHR](#)) websites. HCI is a centralized hub for community health data and initiatives on the VUMC Community Health website. These data are summarized into tables with icons showing how Coffee County data trends over time and how Coffee compares to other counties, Tennessee, and U.S. values. Differences are noted in red text next to each indicator if reported by the original data source. Below is additional information about how to read the data tables and icons.

Table Legend

<p>Dial Gauge: How the county compares to other counties in the state or U.S.</p> 
<p>Diamond Gauge: How the county value compares to the overall state or U.S. value</p> 
<p>Square Gauge: Shows if the value has increased or decreased over time</p> <ul style="list-style-type: none"> ◦ Solid color = change is statistically significant ◦ Outlined = change not statistically significant 
<p>GREEN=Good, RED=Bad or BLUE=Neutral</p>

For this secondary data overview, the health indicators within the following categories were reviewed:

- Health outcomes,
- Social and economic factors,
- Healthcare access, and
- Health behaviors.

Additional community data highlights were drafted based on the prior CHNA needs and significant themes noted from community input in Coffee County. These highlights include mental health, economic opportunity, access to healthcare, and substance use. Understanding how varied access to health care and social needs impact different populations in Coffee County was essential during the assessment process. VUMC examined emerging and persisting

variances across multiple areas, highlighting differences between population groups and geographic areas. More detail on secondary data sources can be found in [Appendix D](#).

Health Outcomes

Health outcomes reflect a county's overall health status, including the physical and mental well-being of its community members. Health outcome indicators can provide valuable insights into trends in population health, disease factors, and quality of life.

By evaluating key health metrics, we can better understand the complex factors that influence community health and support programs and policies at the local, state, and federal levels that may influence these factors ([CHR, 2024](#)). This section includes indicators related to life expectancy, communicable diseases, quality of life as well as a highlight on mental health which is a key component to the behavioral health priority need in Coffee County.

Life Expectancy and Communicable Disease

Below are indicators of length of life and of communicable disease presence in the Coffee County community.

Indicators	Trend	Coffee	TN	U.S.	Description
Length of Life					
Infant Mortality ²	N/A	6	 7	N/A	Number of all infant deaths (within one year) per 1,000 live births (2015-2021)
Premature death ²	N/A	11,771.9	 11,043.4	 7,971.5	Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2019-2021)
Life expectancy ²	N/A	72.9	 74.1	 77.6	How long the average person is expected to live (2019-2021)
Cancer deaths ²		187.4	 170.4	 149.4	The age-adjusted death rate per 100,000 population due to cancer. (2016-2021)
Fall fatalities. 65+ ²		10.6	 10.6	 9.8	The age-adjusted death rate per 100,000 population due to falls. (2022)

Communicable Disease					
HIV prevalence ¹	N/A	133	 318	 382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000 (2021)
Sexually transmitted infections ²		293	 538.1	 161	Number of newly diagnosed chlamydia cases per 100,000 (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2015 - 2021)					

Health and Quality of Life

Quality of Life represents a community's well-being. It underscores the importance of physical, mental, social, and emotional health from birth to adulthood. Measuring health-related quality of life helps characterize the experience of people with disabilities and those with chronic conditions. In addition to measuring how long people live, it is also important to include measures of how well people live ([CHR](#), 2021).

Below are indicators measuring various factors that impact one's quality of life.

Indicators	Trend	Coffee	TN	U.S.	Description
Physical Health					
Poor or fair health ¹	N/A	19%	 18%	 14%	Percentage of adults reporting fair or poor health (2021)
Poor physical health Days ¹	N/A	4.4	 4.1	 3.3	Average number of physically unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent physical Distress ¹	N/A	13%	13%	 10%	Percentage of adults with 14 or more days of poor physical health per month (2010)
Low birth weight ²		8.6%	 9%	 8.6%	Percentage of babies born too small (less than 2,500 grams) (2021)
Falls 65+ ³	N/A	N/A	31.2%	27.1%	Older adult falls reported (2020)

Morbidity					
Diabetes prevalence ¹	N/A	11%	 12%	 10%	Percentage of adults ages 20 and above with diagnosed diabetes (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² Older Adult Falls Data - Fall Prevention Injury Center CDC³ (These indicators used data from 2016 - 2022)					

Mental Health

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

The 2024 Mental Health Index on the Healthy Communities Data Platform measures socioeconomic and health factors correlated with self-reported poor mental health. All zip codes are indexed from 0 (low need) to 100 (high need). Zip code 37388, better known as Tullahoma, has an index value of 84.8, which indicates a very high need in this area (HCI, 2024).

Below are indicators that give insight into the state of mental well-being in Coffee County.

Indicators	Trend	Coffee	TN	U.S.	Description
Mental Health					
Poor mental health days ¹	N/A	6	 5.8	 4.8	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent mental distress ¹	N/A	19%	 19%	 15%	Percentage of adults reporting 14 or more days of poor mental health per month (2021)
Suicide ²		23.9	 17	 13.9	Number of deaths due to suicide per 100,000 (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2021 - 2022)					

Social and Economic Factors

Social and economic factors significantly impact health. They include our education, income, social support and community safety (CHR, 2025). These factors affect our ability to make healthy decisions, afford medical care, housing, food, or manage stress. Additionally, these factors affect where we live, learn, work, and play. If these environments are poor, it can limit our ability and that of our families and neighbors to live long and healthy lives (Health People 2030). This section includes indicators related to economic opportunity, education, safety, and physical environment as well as a highlight on economic opportunity which was a theme from community input in Coffee County.

Economic Opportunity and Education

The median household income of an area reflects its relative affluence and prosperity. Areas with higher median household incomes will likely have more educated residents and lower unemployment rates. Since many people receive health insurance coverage through their employer, lower unemployment rates may lead to better access to healthcare and better health outcomes.

The median household income of Coffee County has been trending upward, with the current median income of \$57,424. This value is lower than the median household incomes in Tennessee (\$64,035) and the U.S. (\$75,149). There is also a significant difference in the median household income for persons identifying as Black or African American (\$41,383), which is 28% less than the overall Coffee County median household income (ACS 5-Year, 2018-2022).

Below are selected indicators examining economic opportunity and educational attainment in Coffee County.

Indicator	Trend	Coffee	TN	U.S.	Description
Economic Stability					
Median household income ^{2*}		\$57,424	 \$64,035	 \$75,149	The income at which half of households in a county earn more and half earn less. (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as Black or African American (\$41,383) or Two or More Races (\$33,505) have a significantly lower median household income compared to the overall value.</i>
Unemployment ¹	N/A	3.4%	3.4%	 3.7%	Percentage of population ages 16 and older, unemployed but seeking work (2018-2022)

Poverty ^{2*}		16.9%	 14%	 12.5%	Percentage of population living below the federal poverty line (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as American Indian or Alaska Native (100%), Hispanic or Latino (42.3%), or Two or More Races (45%) have significantly worse values compared to the overall value.</i>
Childhood poverty ^{2*}		23.8%	 19.2%	 16.7%	Percentage of people under the age of 18 who are living below the federal poverty level (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as Hispanic or Latino (55%) or Two or More Races (54.3%) have higher percentages compared to the overall value.</i>
Educational Attainment					
High school completion ^{2*}		87.4%	 89.3%	 89.1%	Percentage of adults ages 25 and over with a high school diploma or equivalent (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as Hispanic or Latino (76.7%) have lower percentages compared to the overall value.</i>
Some college ¹	N/A	48%	 63%	 68%	Percentage of adults ages 25-44 with some post-secondary education (2018-2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2022.)					

Social Support and Community Safety

People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated ([CHR, 2024](#)). Community safety reflects not only violent acts in neighborhoods and homes but also injuries caused unintentionally through accidents ([CHR, 2025](#)). The table below highlights a few key social support and community safety indicators.

Indicator	Trend	Coffee	TN	U.S.	Description
Social/Community					

Children in single parent homes ²		24.9%	 27.9%	 24.9%	Percentage of children who live in a household headed by a single parent (2018-2022)
Social associations ²		11	 11	 9.1	Number of membership associations per 10,000 population (2021)
Disconnected youth ²		0.7%	 2%	 1.8%	Percentage of teens and young adults ages 16-19 who are neither working nor in school (2021)
Teen births ¹	N/A	33	 24	 17	Number of births per 1,000 female population ages 15-19. (2016-2022)
Violent crimes ²		497.2	 617.5	N/A	Number of reported violent crime offenses per 100,000 population (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2022)					

Food Insecurity

Food insecurity is an economic and social indicator of a community's health. Experiencing food insecurity means that someone isn't sure if they will have enough healthy food to eat or if they can access the food they need in acceptable ways ([USDA](#), 2025). Poverty and unemployment are predictors of food insecurity in the United States. Food insecurity is associated with chronic health problems in adults, including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues, including major depression ([NIH](#), 2020).

The following table highlights a few key indicators of food access and food insecurity in Coffee County.

Indicator	Trend	Coffee	TN	U.S.	Description
Access to Healthy Foods					

Food environment index ²		7.4			Index of factors that contribute to a healthy food environment (0 = worst, 10 = best) (2024)
Food insecurity ²		13.7%			Percentage of the population who lack adequate access to food (2022)
Limited access to healthy foods ¹	N/A	5%			Percentage of the population who are low-income and do not live close to a grocery store (2019)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2019 - 2024)					

Physical Environment

The table below highlights a few key indicators of a healthy physical environment, including those linked to one's housing.

Indicator	Trend	Coffee	TN	U.S.	Description
Physical Environment					
Severe housing cost burden ¹	N/A	10%			Percentage of households that spend 50 percent or more of their household income on housing (2018-2022)
Severe housing problems ²		10.7%			Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities (2016-2020)
Air pollution: particulate matter ¹	N/A	7.6			Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2019)
Homeownership ²		62.7%			Percentage of occupied housing units that are owned (2018-2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2022)					

Healthcare Access

Access to appropriate high-quality health care helps prevent diseases, maintain health, reduce disease and premature death, and improve quality of life. Access also encompasses the timeliness, accessibility, and affordability of healthcare ([Healthy People 2030](#)).

This section includes indicators related to access, hospital utilization, and preventive care. Healthcare access was also highlighted as a theme from community input in Coffee County.

For many, insurance coverage is a significant factor when seeking care and making healthcare decisions, and many rely on employers to provide insurance coverage. Without health insurance, people may be unable to afford medical treatment or prescription medications. They are also less likely to initiate routine check-ups and screenings and will often wait to seek treatment until conditions are more advanced, more challenging, and, most of the time, more costly. The Healthy People 2030 target for people with health insurance is 92.4% ([Healthy People 2030](#)). In 2022, 88.9% of Coffee County residents have health insurance ([CDC-Places, 2022](#)).

Healthcare Access

Below are selected indicators examining access, utilization, and preventive healthcare in Coffee County.

Indicator	Trend	Coffee	TN	U.S.	Description
Healthcare Access					
Uninsured ¹	N/A	13%	 12%	 10%	Percentage of population under age 65 without health insurance (2021)
Uninsured adults ¹	N/A	16%	 15%	 12%	Percentage of adults under age 65 without health insurance (2021)
Uninsured children ¹	N/A	5%	 5%	 5%	Percentage of children under age 19 without health insurance (2021)
Primary care physicians ¹	N/A	1,900:1	 1,440:1	 1,330:1	Ratio of the population to primary care physicians (2023)

Mental healthcare providers ¹	N/A	470:1	 530:1	 320:1	Ratio of the population to mental healthcare providers (2023)
Hospital Utilization					
Preventable hospital stays ^{2*}		2,903	 2,841	 2,677	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. (2022) <i>*Race/Ethnicity difference present: The total number of persons identifying as Black or African American (7,542) had a higher rate of hospital stays compared to the overall value.</i>
Preventive Healthcare					
Flu vaccinations ²		51%	 51%	 50%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination (2022)
Mammography screenings ²		43%	 45%	 47%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2021 - 2023)					

Health Behaviors

Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or increase someone’s risk of disease and premature death. It is important to understand that not everyone has the same opportunities to engage in healthy behaviors (NIH, 2024). One’s ability to engage in healthy behaviors is impacted by social and economic conditions and access to resources. Health behaviors are driven by the choices available in the places where people live, learn, work, and play (CHR, 2025). This section includes indicators related to healthy lifestyle and substance use, as well as a highlight on substance use which is a key component to the behavioral health priority need in Coffee County.

Healthy Lifestyle

The table below highlights a few key indicators of health behaviors or health-related practices that can support overall wellness.

Indicator	Trend	Coffee	TN	U.S.	Description
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Healthy Lifestyle					
Adult obesity ¹	N/A	38%	 36%	 34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or same as to 30 kg/m2 (2021)
Physical inactivity ¹	N/A	30%	 27%	 23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity (2021)
Access to exercise opportunities ²	N/A	70.2%	 67.4%	 84.1%	Percentage of population with adequate access to locations for physical activity (2024)
Insufficient sleep ¹	N/A	34.3%	 34.4%	 33%	Percentage of adults who report fewer than seven hours of sleep on average (2022)
Motor vehicle crash deaths ¹		16.7	 16.3	 11.4	Number of motor vehicle crash deaths per 100,000 population (2015-2021)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps1 Conduent Healthy Community Institute - VUMC Community Health Dashboard2 (These indicators used data from 2016 - 2024)					

Substance Use

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

In the United States, over 100 drug overdose deaths occur daily. Drug overdose deaths are the leading cause of injury death in the United States. Most of these deaths are due to a pharmaceutical overdose involving analgesics, such as prescription painkillers (CDC, 2018-2022). Opioids have consistently played a role in drug overdose cases. Common Opioids include heroin and prescription medications such as oxycodone, hydrocodone, and fentanyl. In

Coffee County, 18 of the 25 (72%) overdose deaths in 2022 were caused by Opioids. Fentanyl was responsible for 13 of the Opioid-related drug overdose deaths. (TDH, 2024).

The table below highlights substance use and substance use-related death indicators for Coffee County.

Indicator	Trend	Coffee	TN	U.S.	Description
Substance Use					
Adult smoking ¹	N/A	22%	 20%	 15%	Percentage of adults who are current smokers (2021)
Excessive drinking ¹	N/A	15%	 17%	 18%	Percentage of adults reporting binge or heavy alcohol drinking (2021)
Alcohol-impaired driving deaths ²		16.9%	 23.8%	 26.3%	Alcohol-impaired driving deaths (2017-2021)
Overdose deaths: any drug and opioid ²	N/A	31.8	 34.8	 23.5	Age-adjusted rate of drug and opioid-related deaths per 100,000 persons (2018-2020)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2017 - 2021)					

Identifying and Prioritizing the Needs

VUMC presented the health department listening session and health council self-assessment findings, environmental scan results, and secondary data analysis to the Coffee County Health Council. The prioritization process in Coffee County included a facilitated session with the goal of engaging health council and local voices in a streamlined prioritization process and building out community recommendations for action around each priority need.

Attendees were asked to review data focused on prior needs and vote to keep, amend, or sunset each one. Participants made decisions about the needs using the data provided, their lived and professional experience, and criteria outlined in the MAPP 2.0 Handbook to make these decisions ([NACCHO](#), 2023). The criteria used are outlined in the table below.

Relevance	Relevance of the issue to community members.
Impact	Impact of the issue on communities; centering those most proximate to variances in impact.
Feasibility	Availability and feasibility of solutions and strategies to address the issue

Significant community needs were informed by themes that arose from community input, the environmental scan, and policy scan, as well as population data trends and differences in each county. The significant needs that arose in Coffee County included mental health, economic opportunity, access to healthcare, including preventive care, and substance use.

The community prioritized needs identified and voted for by the Coffee County Health Council are as follows:

- Behavioral Health

Coffee County voted to combine two priority needs from the 2023 CHNA, mental health and substance use, into one need: behavioral health. Based on insight gained from primary and secondary data analysis and input received from prioritization meetings, the summary tables below outline more about the need. Recommendations for improving the needs that were shared during the prioritization process are summarized in [Appendix D](#).

Summary of Prioritized Needs

Prioritized Need: Behavioral Health	
<p>Health Council Definition: A person's emotional well-being and behaviors that affect overall health. It includes how people manage their thoughts, feelings, and actions, as well as substance use.</p>	
Why is it Important?	Populations Impacted
<p>Behavioral health is an essential component of overall health, alongside physical health. By encompassing mental well-being and behaviors, it aids in determining how to manage stress, relate to others, and make healthy choices. Specifically, reducing unhealthy substance use can improve a community's overall health and well-being.</p>	<ul style="list-style-type: none"> • Older adults • Youth, students, and young adults • Persons experiencing homelessness • Persons without a form of identification (ID) • Persons without health insurance • Medicaid and Medicare recipients • Families in postpartum • Persons who do not speak nor prefer English



Davidson County

**Community Health Needs
Assessment**

Davidson County

Introduction

The Community Health Needs Assessment (CHNA) process in Davidson County sought to gain a greater understanding of community concerns related to health and healthcare, the social, environmental, and behavioral factors that impact health, the greatest needs and assets, and strategies for improving community health and well-being. This Davidson County report outlines the needs assessment process, shares summaries of the results, and describes how the community prioritized the needs.

Collaborations

In Davidson County, Vanderbilt University Medical Center (VUMC) worked closely with Ascension Saint Thomas (AST) to design and conduct the CHNA. While VUMC and AST completed the CHNA process jointly, each hospital system's report applies to its own non-profit hospital(s) and health system. Nashville Health & Well-being Leadership Council (NHWLC) leadership also provided strategic guidance on many CHNA decisions, including the assessment methods and prioritization process, and coordination of community engagement.

NHWLC is co-supported by the Metro Public Health Department of Nashville and Davidson County (MPHD) and Metro Social Services (MSS) and is a mayoral-appointed, community-led group that brings together local collaborators, public health experts, and social service providers to advance health priorities for the residents of Davidson County. Through their community relationships, they played a key role in identifying perspectives from the community, including groups that experience systemic barriers to accessing care and resources.

Environmental Scan

VUMC completed an environmental scan in Davidson County to examine existing data relevant to community health and to identify strengths, assets, relationships, and areas where improvements might be considered. This scan summarizes published health and health-related reports that included information about Davidson County.

VUMC reviewed seven reports submitted by community partners, including reports published in or after 2021 with local, county-specific data about community health needs. Reports used for the environmental scan were analyzed on a rolling basis during the

assessment period. The table below lists the organizational lead and organizational focus for reports that were reviewed in the scan.

Environmental Scan Reports Organizational Leads and Focus

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

^ Multiple reports included by this author

Major Themes

Significant themes from the Davidson County environmental scan include opportunity and access, food access, Adverse Childhood Events and burnout, and the built environment. Themes are described in more detail below:

- Opportunity and Access:
 - The Child Opportunity Index is a measure of neighborhood resources and conditions that help children develop in a healthy way. In the Nashville-Davidson-Murfreesboro-Franklin, TN metro area, fewer children that identify as Black or African American (5%), Hispanic or Latino (8%), or American Indian or Alaska Native (13%) have a ‘Very High’ Child Opportunity Index score compared to children that identify as white (26%) or Asian or Pacific Islander (35%).
- Food Access:
 - Experiencing food insecurity means that someone isn’t sure if they will have enough healthy food to eat or if they can access the food they need in acceptable ways ([USDA](#), 2025). Davidson County’s food insecurity rate (10.4%) is less than the average across all counties (11.5%).
 - As noted in the report by Second Harvest Food Bank of Middle TN, “there was a lack of data available for several detailed races and ethnicities. For individuals who identify as Asian, Native American, Pacific Islander, or multiple races, local data was unavailable therefore preventing local estimates to be produced.”
- Adverse Childhood Events and Trauma-related Burnout

- Among Metro Nashville Students, 56% reported a parent or adult in their home has sworn at, insulted or put them down. One in eight students said these behaviors happened always or most of the time.
- The COVID-19 pandemic was linked to increased rates of burnout and incidence of trauma among medical staff. Mental health and substance use cases also skyrocketed during this time.
- Built Environment
 - Metro Nashville Public School District is the top school district in Tennessee, facing significant infrastructure improvement needs to comply with state and federal laws. The district requires renovations totaling \$3.28 billion.
 - 43.4% of Metro Nashville Public schools are rated as fair or poor for infrastructure conditions.

Conclusion

Davidson County has robust resources but not everyone in the county has the same opportunity to thrive. Strategic enhancement of resources from local collaborative partners can benefit these communities and their most pressing needs. By understanding the main point of concern for these residents, resources can be deployed to improve the health of the people in Davidson County.

Policy Scan

Many factors impact the health of a community, including the policies that guide how that community works. Therefore, tackling the CHNA priority health needs may require changes to public policy. The policy scan for this CHNA in Davidson County included a systematic review of existing policies related to prior CHNA needs and themes from community input.

VUMC's Community Health team collaborated with the Sycamore Institute to complete the policy scan. It involved identifying, analyzing, and summarizing current policies to understand the landscape, identify gaps, and inform future policy efforts. A social and environmental lens was applied to highlight how policies impact different populations in the community.

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

- Health insurance coverage

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

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

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

These are summarized in [Appendix B](#). These options are based on approaches from other states and communities and do not represent the views of any particular person or organization, including VUMC.

Primary Data: Community Input

To understand the broad interests of the community, VUMC partnered with AST, MPHD, MSS and NHWLC. This approach provided valuable insights for identifying and addressing the county's most pressing health concerns, ensuring that varied perspectives from the community were centered. In developing this process, a concerted effort was made to ensure that individual and organizational representatives from communities facing barriers to optimal health were included.

Health Council Self-Assessment

To gather comprehensive input from the community, VUMC and AST facilitated a self-assessment with three NHWLC workgroups. The self-assessment gathered community feedback about the prior CHNA needs, how they have changed, any barriers faced in solution building, and recommendations for future or continued action. The self-assessment focused on the prioritized needs awareness and navigation of community resources, food access, and health opportunities and access.

In Davidson County, 19 individuals participated in the self-assessments and completed a participant survey. The following table summarizes participant demographics, key points, common themes, meaningful quotes, and recommendations from the NHWLC.

A summary of organizations in attendance and their sector of focus can be found in [Appendix E](#).

Davidson County Health Council Self-Assessment	
Participant Summary	
<ul style="list-style-type: none"> • All participants (100%) lived and/or worked in Davidson County. • Most participants (>84%) attended the self-assessment meeting as part of their professional role, while the rest attended as community members. • Organizations represented included local government agencies, nonprofits, local associations, and various Tennessee state agencies. 	
Key Summary Points	
<ul style="list-style-type: none"> • Some collaborative structures make it hard to build accountability for solutions and their impact. • Trustworthiness and cultural humility are two of the most valuable characteristics an organization or program can have, especially when focusing on increasing health opportunity. • Resource barriers make it difficult to build solutions 	
Themes	Meaningful Quotes
Accountability	<p>“It's hard to see who is really responsible for [an action plan] activity. It's not exactly any of our full-time day job to be here, at least it wasn't when we started.”</p> <p>“I just think this is very complex. [The] system that we are currently supporting, individuals [are] doing this work, but [the system] doesn't currently support all of us working together to do this.”</p>
Trustworthiness	<p>“Building trust within communities [needs] healthcare workers to be representative of the communities they serve and to be able to communicate in the languages of those communities.”</p>

Barriers to resources	"Funding is always a barrier. Having a small amount of available funding doesn't address the large system that needs to be changed." "The group identified barriers such as lack of training, capacity, awareness, funding, organizational pushback, and lack of executive championing."
Recommendations for Improving the Needs	
<ul style="list-style-type: none"> • Support collaboration and access to resources for organizations and movements of all sizes. • Engendering trust between organizations and communities with systemic barriers, most impacted by the priority health needs. 	

Health Department Listening Session

A listening session was conducted with the Metro Public Health Department director, administrators and department leaders who had knowledge of the previously prioritized health needs and how they impact community members.

The listening session was conducted by VUMC and AST to gather feedback on the health needs and assets of Davidson County, and on progress on the prioritized needs. It focused on the prioritized needs awareness and navigation of community resources, food access, and health access and opportunity. The listening session transcripts were reviewed by the CHNA team to identify common themes. The table below summarizes information from the health department listening session.

Davidson County Health Department Listening Session
Participant Summary
<ul style="list-style-type: none"> • Eight Metro Public Health Department staff participated. Participant roles included Bureau administrators and executive leaders. • Participants' years of experience within the Metro Public Health Department ranged from 1 year to 32 years.
Key Summary Points

<ul style="list-style-type: none"> • Collaboration is encouraged and growing in Davidson County and there is a rich landscape of community resources available. However, the impact is significantly limited by siloed efforts and work that relies only “on the compassion and charity of others.” • Differences in economic development have led to a high cost of living that has outpaced the wages of many community members, and widespread gentrification across the city. • Legislative decisions are making it harder for people to be healthy by reducing funding and access/affordability of care. 	
Themes	Meaningful Quotes
Community resources	“There’s awareness but we’re so siloed that that awareness does not translate to the person that needs to access [the] resources. I think that’s driven by competition for resources.”
Economic development	<p>“Our health data is going to look really good, because all of the people that we’re talking about are going to be moved out of town.”</p> <p>“When you look at a one-bedroom apartment, it is about \$30,000 a year. If you say 30% is on the high end of what you should spend on housing, that means that you’ve got to make \$90,000. Metro is wanting to raise our living wage to \$20 an hour, that’s just over \$40,000.”</p>
Legislative decisions	<p>“It’s overly business friendly, it’s not benefiting people, it’s not trickling down to alleviate food insecurity, [nor] to build affordable housing.”</p> <p>“Lack of Medicaid expansion [is a challenge to addressing health needs]. Other states and those citizens are getting what they need.”</p>
County Assets	Recommendations for Improving the Needs
<ul style="list-style-type: none"> • A strong community with a collaborative and resilient culture • Currently, an increase in public health funding opportunities in response to the COVID-19 pandemic • Lots of community resources 	<ul style="list-style-type: none"> • Advocacy and advocacy education • Increasing salary and benefits opportunity • Increasing co-location of resources and housing

Secondary Data

Davidson County is located in middle Tennessee, anchoring the Nashville Metropolitan Statistical Area (MSA). This 12-county region remains the 35th largest metro area in the U.S. and is now home to more than 2.1 million residents ([Census](#), 2024). On its own, Davidson County has an estimated population of 712,334 people and is the second most populous county in the state ([Census](#), 2023). Davidson County has experienced rapid and significant growth over the last decade ([Census](#), 2024).

Overall, the population of Davidson County is aging with a lower percentage of the population below age 18 (20.4%) compared to the overall state (22.0%) and national (21.7%) values. Additionally, 13.3% of the population is over age 65 and this percentage is increasing significantly ([Census](#), 2023). Amongst the population aged 5 and over, 13.2% speak a language other than English at home and this percentage is also trending up ([ACS 5-year](#), 2018-2022). Additional demographic data are available below.

Population

Population	Davidson County	Tennessee	U.S.
Total ¹	708,144	7,051,339	333,287,557
Male ¹	48.3%	49.1%	49.6%
Female ¹	51.7%	50.9%	50.4%

Source: [Explore Health Rankings | County Health Rankings & Roadmaps¹ | Census Bureau Data⁸ \(These indicators used data from 2022\)](#)

Population by Race or Ethnicity

Race or Ethnicity	Davidson County	Tennessee	U.S.
Asian ¹	3.9%	2.1%	6.3%
Native Hawaiian or other Pacific Islander ¹	0.1%	0.1%	0.3%
Black or African American ¹	26.9%	16.4%	12.6%
Hispanic or Latino ¹	10.9%	6.4%	19.1%

American Indian or Alaska Native ¹	0.5%	0.5%	1.3%
White ¹	56.4%	72.9%	58.9%
Source: Explore Health Rankings County Health Rankings & Roadmaps¹ (These indicators used data from 2022)			

Population by Age and Language

Population				
Indicators	Davidson	TN	U.S	Description
Percentage below 18 years of age ⁸	20.4%	22.0%	21.7%	The percentage of the population that is under 18 years old (2023)
Percentage 65 years of age and over ⁸	13.3%	17.4%	17.7%	The percentage of the population that is over age 65 (2023)
Social and Community Context				
English proficiency ⁸	4.92%	1.71%	4.21%	Percentage of the population who report a limited ability to speak English. (2022)
Sources: U.S Census⁸ (These indicators used data from 2022 and 2023)				

Population by Language, cont'd.

Language	2017	2018	2019	2021	2022
English Only	532,752	528,610	531,651	554,492	554,492
Spanish or Spanish Creole	56,161	57,878	59,836	56,068	56,068
French (including Patois, Creole, and Cajun)	1,425	2,614	3,767	3,548	3,548
German or other West Germanic	1,341	1,711	871	1,231	1,231
Slavic languages (including Russian and Polish)	2,159	3,044	2,814	1,201	1,201
Other Indo-European	12,491	17,550	12,528	9,871	9,871
Korean	1,377	3,040	1,787	1,616	1,616
Chinese (including Mandarin and Cantonese)	4,733	2,517	2,657	3,674	3,674
Vietnamese	2,722	3,350	2,227	2,682	2,682

Tagalog (including Filipino)	934	266	840	1,173	1,173
Native Hawaiian or other Pacific Islander	5,145	7,114	7,951	4,122	4,122
Arabic	15,127	9,317	10,644	14,649	14,649
Other and unspecified	8,138	9,988	10,512	8,937	8,937
Davidson County Total Population	644,505	646,999	648,085	663,264	663,264
Source: Census Bureau Data ⁸					

In addition to demographics, indicators were considered from publicly available sources to describe the health status of those in the Davidson County community. Secondary data for this report was drawn from the VUMC Healthy Communities Data Platform ([HCI](#)) and the County Health Ranking ([CHR](#)) websites. HCI is a centralized hub for community health data and initiatives available on the VUMC Community Health website. Additional indicators were pulled in collaboration with the Metropolitan Public Health Department. These data are summarized into tables with icons showing how Davidson County data trends over time and how Davidson compares to other counties, Tennessee, and U.S. values. Differences are noted in red text next to each indicator if reported by the original data source. Below is additional information about how to read the data tables and icons.

Table Legend

<p>Dial Gauge: How the county compares to other counties in the state or U.S.</p> 
<p>Diamond Gauge: How the county value compares to the overall state or U.S. value</p> 
<p>Square Gauge: Shows if the value has increased or decreased over time</p> <ul style="list-style-type: none"> ◦ Solid color = change is statistically significant ◦ Outlined = change not statistically significant 
<p>GREEN=Good, RED=Bad or BLUE=Neutral</p>

For this secondary data overview, health indicators within the following categories were reviewed:

- Health outcomes,
- Social and economic factors,
- Healthcare access, and
- Health behaviors.

Additional community data highlights were drafted based on the prior CHNA needs and significant themes noted from community input in Davidson County. These highlights include whole person focused health, housing and transportation, food access and food insecurity, economic opportunity and job skill development, and awareness and navigation of resources. Understanding how varied access to health care and social needs impact different populations in Davidson County was essential during the assessment process. VUMC examined emerging and persisting variances across multiple areas, highlighting differences between population groups and geographic areas. More detail on secondary data sources can be found in [Appendix D](#).

Health Outcomes

Health outcomes reflect the health of a county as well as the physical and mental well-being of its community members. Health outcome indicators can provide valuable insights into trends in population health, disease factors, and quality of life.

By evaluating key health metrics, we can better understand the complex factors that influence community health and support programs and policies at the local, state, and federal levels that may influence these factors ([CHR](#), 2024). This section includes indicators related to life expectancy, communicable diseases, and quality of life, as well as a highlight on whole person-focused health, which was highlighted as a theme from community input in Davidson County.

Whole Person Focused Health

Whole-person health involves looking at the whole person, not separate organs or body systems, and considering multiple factors that promote health. The Whole-Health model helps people identify what matters most to them, manage stress, relate to others, and make healthy choices ([NCCIH](#), 2021).

Life expectancy is a good measure of a population's longevity and general health. In Davidson County, life expectancy is 75.4 years of age, which is slightly higher than the Tennessee average (74.1) and lower than the national average (77.6) ([CHR](#), 2019-2021).

However, there are differences in life expectancy for persons who identify as Black or African American (71.2).

Physical, mental, and dental health services support a person’s overall well-being. Primary, mental health, and dental care provider ratios have improved in Davidson County and continue to trend upward. There are now 91 ([CHR](#), 2021) primary care providers, 410 mental health ([CHR](#), 2023), and 83 dentists ([CHR](#), 2022) per 100,000 individuals. These areas highlighted are integral factors that comprise a person's overall health.

Life Expectancy and Communicable Disease

Below are indicators of length of life and communicable disease presence in the Davidson County community.

Indicators	Trend	Davidson	TN	U.S.	Description
Length of Life					
Infant mortality ^{2*}		7.1	 6.9	 HP 2030 Target (5.0)	Number of all infant deaths (within one year) per 1,000 live births (2015-2021) <i>*Race/Ethnicity difference present: persons who identify as Black or African American non-Hispanic or Latino have a significantly higher rate of infant mortality (13.3) than the overall value.</i>
Premature death ^{2 *}	N/A	10,083.2	 11,043.4	 7,971.5	Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2019-2021) <i>*Race/Ethnicity difference present: persons who identify as Black or African American non-Hispanic or Latino (14,875.5) experience significantly higher rates of premature deaths than the overall value.</i>
Life expectancy ^{2*}	N/A	75.4	 74.1	 77.6	How long the average person is expected to live (2019-2021) <i>*Race/Ethnicity difference present: persons who identify as Black or African American non-Hispanic or Latino have a significantly worse life expectancy (71.2) than the overall value.</i>
Cancer deaths ^{2*}		159.3	 170.4	 149.4	The age-adjusted death rate per 100,000 population due to cancer (2016-2021) <i>*Race/Ethnicity difference present: persons who identify as Black or African American have a significantly higher rate of death due to cancer (190.9) than the overall value.</i>

Fall fatalities. 65+ ²		16.2	 10.6	 9.8	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population (2022)
Communicable Disease					
HIV prevalence ¹	N/A	650	 318	 382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000 (2021)
HIV deaths ²		2.2	 1.7	 1.4	Age-adjusted death rate per 100,000 population due to HIV (2018-2020)
Chlamydia incidence ^{2*}		871.7	 538.1	 161	Number of newly diagnosed chlamydia cases per 100,000 (2022) <i>*Race/Ethnicity difference present: persons who identify as Black or African American have a significantly higher incidence rate (1625.8) than the overall value.</i>
Syphilis incidence ^{2*}		20.1	 16.0	 17.7	Number of newly diagnosed syphilis cases per 100,000 population (2022) <i>*Race/Ethnicity and gender difference present: persons identifying as male (32.7%) or Black or African American (41.9%) have a higher incidence rate than the overall value.</i>
Tuberculosis ^{6,7}	N/A	3.56	 1.4	 2.5	Number of newly diagnosed tuberculosis cases per 100,000 population (2022)
Source: County Health Rankings¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² Tennessee Department of Health Interactive Disease Data Dashboard⁶ CDC Reported Tuberculosis in the United States⁷ (These indicators used data from 2016 - 2022) (These indicators used data from 2015 - 2022)					

Health and Quality of Life

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

Measuring health-related quality of life helps characterize the experience of people with disabilities and those with chronic conditions. In addition to measuring how long people live, it is also important to include measures of how well people live ([CHR](#), 2021).

Below are indicators measuring various factors that impact one’s quality of life.

Indicators	Trend	Davidson	TN	U.S.	Description
Physical Health					
Poor or fair health ¹	N/A	17%	 18%	 14%	Percentage of adults reporting fair or poor health (age-adjusted) (2021)
Poor physical health Days ¹	N/A	3.9	 4.1	 3.3	Average number of physically unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent physical distress ¹	N/A	12%	 13%	 10%	Percentage of adults who reported 14 or more days of poor physical health per month (age-adjusted) (2021)
Low birth weight ²		8.8%	 9.0%	 8.6%	Percentage of babies born too small (less than 2,500 grams) (2021)
Falls 65+ ⁴	N/A	N/A	29.5%	27.1%	Percentage of adults aged 65 and older who reported falling in the past 12 months (2020)
Morbidity					
Diabetes prevalence ^{1,2}	N/A	9.5%	 12%	 10%	Percentage of adults ages 20 and above with diagnosed diabetes (2021)
Source: County Health Rankings¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² America's Health Rankings⁴ CDC Wonder⁵ (These indicators used data from 2020 - 2021)					

Mental Health

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

Below are indicators that give insight into the state of mental well-being in Davidson County.

Indicators	Trend	Davidson	TN	U.S.	Description
Mental Health					

Poor mental health days ¹	N/A	17.8	 5.8	 4.8	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent mental distress ¹	N/A	17%	 19%	 15%	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted) (2021)
Suicide ²		12.8	 17	 13.9	Number of deaths due to suicide per 100,000 (2022)
Source: County Health Rankings¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2021 - 2022)					

Social and Economic Factors

Social and economic factors significantly impact health. They include our education, income, social support and community safety (CHR, 2025). These factors affect our ability to make healthy decisions, afford medical care, housing, food, or manage stress. Additionally, these factors affect where we live, learn, work, and play. If these environments are poor, it can limit our ability and that of our families and neighbors to live long and healthy lives (Health People 2030). This section includes indicators related to economic opportunity, education, safety, and physical environment as well as a highlights on economic opportunity and job skill development, food access and food insecurity, and housing and transportation which are priority needs and themes highlighted during community input in Davidson County.

Economic Opportunity, Job Skill Development, and Education

The median household income of an area reflects its relative affluence and prosperity. Areas with higher median household incomes will likely have more educated residents and lower unemployment rates. The difference between income and affordability is growing, with 72% of Nashvillians seeing a growing divide between rich and poor (MSS, 2023). The MIT Living Wage Calculator estimates a local wage rate that allows residents to meet minimum living standards. In Davidson County, a family with 2 Adults (1 working) and one child needs at least \$76,066. This amount is higher than the overall median income in Davidson County (\$71,863). These data align with Metro Social Services' claim that at least half of all workers and households in Nashville live below the living wage income needed for basic household requirements (Metro Social Services, 2023). Furthermore, there are significant differences in median household income by race and ethnicity. Households identifying as Black or African

American earn 27.6% less, and households identifying as Hispanic or Latino earn 18% less than the overall median household income ([ACS 5-Year](#), 2018-2022).

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

Below are selected indicators examining economic opportunity and educational attainment in Davidson County.

Indicator	Trend	Davidson	TN	U.S.	Description
Economic Stability					
Median household income ^{2*}		\$71,863	 \$64,035	 \$75,149	The income where half of households in a county earn more and half of households earn less (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as Hispanic or Latino (\$58,950), Other races (\$52,860), or Black or African American (\$52,053) have a lower median household income than the overall value.</i>
Unemployment ¹	N/A	2.8%	 3.4%	 3.7%	Percentage of population ages 16 and older unemployed but seeking work (2022)
Poverty ^{2*}		14.3%	 14%	 12.5%	Percentage of population living below the federal poverty line (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as Hispanic or Latino (22.4%), Other races (24.1%), Black or African American (21.4%), or as Native Hawaiian or other Pacific Islander (48%) have significantly worse values than the overall value.</i>
Childhood poverty ^{2*}		22.7%	 19.2%	 16.7%	Percentage of people under the age of 18 who are living below the federal poverty level (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as Hispanic or Latino (30%), Other races (29.9%), or Black or African American (35.3%) have significantly worse values than the overall value.</i>
Educational Attainment					
High school completion ^{2*}		81.2%	 90.6%	 86.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as</i>

					Black or African American (88.7%) have a significantly worse value than the overall value.
Some college ^{2*}		46%	29.7%	34.4%	Percentage of people aged 25 years and over who have earned a bachelor's degree or higher (2018-2022) *Race/Ethnicity difference present: persons identifying as Two or more races (39%), Other races (17.1%), Black or African American (29.1%), or American Indian or Alaska Native (26.2%) have significantly worse values than the overall value.
Source: County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2022)					

Social Support and Community Safety

People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated ([CHR, 2024](#)). Community safety reflects not only violent acts in neighborhoods and homes but also injuries caused unintentionally through accidents ([CHR, 2025](#)). The table below highlights a few key social support and community safety indicators.

Indicator	Trend	Davidson	TN	U.S.	Description
Social /Community					
Children in single parent homes ²		33%	27.9%	24.9%	Percentage of children who live in a household headed by a single parent (2018-2022)
Social associations ²		13.3	11	9.1	Number of membership associations per 10,000 population (2021)
Disconnected youth ²		2%	2%	1.8%	Percentage of teens and young adults ages 16-19 who are neither working nor in school (2021)
Teen births ¹	N/A	14	24	17	Number of births per 1,000 female population ages 15-19 (2016-2022)
Violent crimes ²		1,113.3	617.5	N/A	Number of reported violent crimes per 100,000 population. Violent crimes include murder, non-consensual sex offenses, and aggravated assault (2022)
Domestic violence ²		13.8	8.7	N/A	Rate of domestic violence incidents per 1,000 population (2022)

Homicide ^{2*}	N/A	13.0	 10.0	 6.6	Age-adjusted death rate per 100,000 population due to homicide (2018-2020) *Race/Ethnicity and gender difference present: persons identifying as male (21.7) or Black or African American (31.0) have a higher rate of death due to homicide than the overall value.
Childcare centers ²	N/A	8.3	 9.0	 7.0	Number of childcare centers per 1,000 children under age 5 (2010-2022)
Childcare cost burden ¹	N/A	25%	 26%	 27%	Childcare costs for a household with two children as a percent of median household income (2022-2023)
Source: County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2023)					

Food Access and Food Insecurity

Food insecurity describes a person's ability to access and acquire nutritional food ([USDA](#), 2024). People from low-income neighborhoods with systemic barriers may face additional barriers accessing healthy and affordable food options that affect healthy eating habits ([ERS](#), 2022). Other food access barriers include distance to grocery stores and lack of transportation. Being economically marginalized correlates with low access to grocery stores, which means limited options for healthier food choices ([Healthy People 2030](#)). In Davidson County, the child food insecurity rate is 19.8%. This rate is higher than in Tennessee (17.9%) and across the U.S. (18.5%) ([Feeding America](#), 2024).

The following table highlights a few key indicators of food access and food insecurity in Davidson County.

Indicator	Trend	Davidson	TN	U.S.	Description
Access to Healthy Foods					
Food environment index ²		7.8	 6.5	 7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best) (2024)
Food insecurity ²		13.2%	 14.0%	 13.5%	percentage of the population that experienced food insecurity at some point during the year (2022)
Limited access to healthy foods ¹	N/A	8%	 9%	 6%	Percentage of the population who are low-income and do not live close to a grocery store (2019)

Households receiving food assistance ⁸	N/A	8.9%	 11.7%	 11.5%	Percentage of households receiving SNAP benefits (2018-2022)
Older adult households receiving food assistance ⁸	N/A	31.2%	 34.1%	 37.7%	Percentage of households with adults 60 years and over receiving SNAP benefits within the past year (2018-2022)
Source: County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² U.S. Census⁸ (These indicators used data from 2018 - 2024)					

Housing and Transportation

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

Rent prices in Davidson County have significantly increased, with the median household gross rent rising from \$1,252 to \$1,394 from 2021 to 2022 ([ACS 5-Year, 2018-2022](#)). For 51.9% of Davidson County residents, rent consumes more than 30% of their monthly income. These persons are more likely and susceptible to live in poor conditions, and this reality substantially impacts young (15-24) and older adults (65+) more than other age groups ([ACS 5-Year, 2018-2022](#)).

The table below highlights a few key indicators of a healthy physical environment, including those linked to one’s housing and access to transportation.

Indicator	Trend	Davidson	TN	U.S.	Description
Physical Environment					
Severe housing cost burden ¹	N/A	16%	 12%	 13%	Percentage of households that spend 50 percent or more of their household income on housing (2018-2022)
Severe housing problems ²		16.6%	 13.3%	 16.7%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities (2016-2020)

Air pollution: particulate matter ¹	N/A	8.4	 7.6	 7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2019)
Homeownership ²		49.1%	 59.6%	 57.8%	Percentage of occupied housing units that are owned (2018-2022)
Fair Market Rent ^{9, 10}	N/A	\$1,619.	 \$1,036.0	 \$1,208.0	This indicator shows the Fair Market Rent (FMR) for a 2-bedroom unit. FMR is the price for which a property would rent if it were currently available to lease (2024)
Cost-Burdened Renters ²		51.9%	 47.9%	 49.9%	Percentage of renters who are spending 30% or more of their household income on rent (2018-2022)
Households without a vehicle ²		6.7%	 5.3%	 8.3%	Percentage of households without access to a private vehicle in the past 12 months (2018-2022)
Availability of public transportation ¹⁸	N/A	50.6%	N/A	N/A	Percentage of residents living within a ¼ mile of a transit stop (2022)
Source: County Health Rankings¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² U.S. Department of Housing and Urban Development, Office of Policy Development and Research⁹ U.S. Housing Data¹⁰ WeGo¹⁸ (These indicators used data from 2016 - 2022)					

Healthcare Access

Access to appropriate high-quality health care helps prevent diseases, maintain health, reduce disease and premature death and improve quality of life. Access also encompasses the timeliness, accessibility and affordability of healthcare ([Healthy People 2030](#)). This section includes indicators related to access, hospital utilization, and preventive care as well as a highlight on awareness and navigation of community resources which was a priority need in Davidson County.

Awareness and Navigation of Community Resources

Access to appropriate high-quality healthcare helps prevent diseases and improve quality of life ([Healthy People 2030](#)). Improved awareness and navigation support community-based health and social resources that can assist individuals with the complicated health and social needs that impact one's overall health goals ([NLM](#), 2019). Navigating health or a poor diagnosis can create significant challenges. The high cost of healthcare in the United States can create barriers to medical treatment or prescription medications. These barriers can be

exacerbated by the many healthcare providers and clinics that do not accept patients without insurance. Or the extended wait times of providers and clinics that do ([ACS 1-Year, 2022](#)).

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

Healthcare Access

Below are selected indicators examining access, utilization, and preventive healthcare in Davidson County.

Indicator	Trend	Davidson	TN	U.S.	Description
Healthcare Access					
Uninsured ¹	N/A	14%	 12%	 10%	Percentage of population under age 65 without health insurance (2021)
Uninsured adults ⁸	N/A	14.7%	 13.4%	 11.3%	Percentage of adults aged 19 – 64 without health insurance (2022)
Uninsured children ⁸	N/A	7.5%	 5.3%	 5.1%	Percentage of children under age 19 without health insurance (2022)
Primary care physicians ¹	N/A	1,110:1	 1,440:1	 1,330:1	Ratio of the population to primary care physicians (2021)
Mental healthcare providers ¹	N/A	240:1	 530:1	 320:1	Ratio of the population to mental healthcare providers (2023)
Health Checkup ²	N/A	73.9%	N/A	 73.6%	Percentage of adults aged 18 and over who visited the doctor for a routine checkup within the past year (2021)

Prenatal Care ¹²	N/A	70.0%	 73.9%	N/A	Percentage of mothers with live births who received adequate prenatal care based on the Kessner index (2021)
Primary care shortage area ¹³	N/A	7	139	7,492	Number of areas with a shortage of primary care professionals (2024)
Mental health care shortage area ¹³	N/A	8	82	6,232	Number of areas with a shortage of mental health providers (2024)
Dental health care shortage area ¹³	N/A	7	141	6,854	Number of areas with a shortage of dental health providers (2024)
Hospital Utilization					
Preventable hospital stays ²		3,539	 2,841	 2,677	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees (2022)
Preventive Healthcare					
Flu vaccinations ²		55%	 51%	 50%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination (2022)
Mammography screenings ²		45%	 45%	 47%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening (2022)
Breastfeeding initiation ⁵	N/A	87.8%	 82.7%	 74.9%	Percentage of infants who were breastfed at discharge from the hospital (2022)
<i>Source: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² CDC Wonder⁵ U.S Census⁸ KIDS COUNT Data Center from the Annie E. Casey Foundation¹² HRSA Health Workforce Shortage Areas¹³ (These indicators used data from 2021 - 2024)</i>					

Health Behaviors

Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or increase someone’s risk of disease and premature death. It is important to understand that not everyone has the same opportunities to engage in healthy behaviors (NIH, 2024). One’s ability to engage in healthy behaviors is impacted by social and economic conditions, and access to resources. Health behaviors are driven by the choices available in the places where people live, learn, work and play (CHR, 2025). This section

includes indicators related to healthy lifestyle and substance use, as well as a highlight on opioid use which is a priority need in Davidson County.

Healthy Lifestyle

The table below highlights a few key indicators of health behaviors or health-related practices that can support overall wellness.

Indicator	Trend	Davidson	TN	U.S.	Description
Healthy Lifestyle					
Adult obesity ¹	N/A	33%	 36%	 34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or same as 30 kg/m2 (2021)
Physical inactivity ¹	N/A	25%	 27%	 23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity (2021)
Access to exercise opportunities ²	N/A	91.7%	 67.4%	 84.1%	Percentage of population with adequate access to locations for physical activity (2024)
Insufficient sleep ¹	N/A	34%	 34.4%	 33%	Percentage of adults who report fewer than seven hours of sleep on average (2022)
Motor vehicle crash deaths ¹	N/A	13	 17	 12	Number of motor vehicle crash deaths per 100,000 population (2015-2021)
Pedestrian fatality rate ⁵	N/A	4.4	 3.1	 2.8	Number of pedestrians killed in traffic collisions per 100,000 resident population (2022)
Sources: County Health Rankings¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² CDC Wonder⁵ (These indicators used data from 2015 - 2024)					

Substance Use

Substance use encompasses the excessive and unhealthy use of all substances, including alcohol, tobacco, prescription medications, opioids, and illicit substances. Substance use

impacts the physical and mental health of users of all ages. Reducing the excessive use of substances can improve a community's overall health and well-being.

The table below highlights substance use and substance use-related death indicators for Davidson County.

Indicator	Trend	Davidson	TN	U.S.	Description
Substance Use					
Adult smoking ¹	N/A	17%	 20%	 15%	Percentage of adults who are current smokers (2021)
Excessive drinking ¹	N/A	19%	 17%	 18%	Percentage of adults reporting binge or heavy alcohol drinking (2021)
Alcohol-impaired driving deaths ¹	N/A	25%	 24%	 26%	Percentage of driving deaths with alcohol involvement. (2017-2021)
Overdose deaths: any opioids by state ^{14,15}	N/A	64	 45	 29	Rate of opioid-related deaths by state per 100,000 persons (2022)
Drug overdose deaths ^{14,15}	N/A	74	 56	 35	Age-adjusted death rate per 100,000 population due to drug overdose (2022)
Sources: County Health Rankings¹ CDC Wonder⁵ Tennessee Department of Health Drug Overdose Dashboard¹⁴ CDC – SUDORS Dashboard: Fatal Drug Overdose Data¹⁵ (These indicators used data from 2017 - 2022).					

Identifying and Prioritizing Needs

VUMC presented the health department listening session and health council self-assessment findings, environmental scan results, policy scan, and secondary data analysis to the Nashville Health and Wellbeing Leadership Council (NHWLC), council workgroup members, and community leaders.

The prioritization process in Davidson County included a facilitated session with the goal of engaging health council and local voices in a streamlined prioritization process and build out community recommendations for action around each priority need. Due to the saturation of data within Davidson County, and to promote collaboration between various data agencies, additional data was presented from Imagine Nashville and Metro Social Services.

Attendees were asked to review data focused on prior needs and make recommendations if they should be kept, amended, or sunset. Participants made decisions about the needs using the data provided, their lived and professional experience and criteria outlined in the MAPP 2.0 Handbook to make these decisions ([NACCHO, 2023](#)). The criteria used are outlined in the table below.

Relevance	Relevance of the issue to community members.
Impact	Impact of the issue on communities; centering those most proximate to variances in impact.
Feasibility	Availability and feasibility of solutions and strategies to address the issue

Attendee recommendations were presented to the Nashville Health and Wellbeing Leadership Council at their October and November 2024 meetings, and they further prioritized the needs using the additional MAPP 2.0 criteria:

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

This slate was approved by Nashville Health and Wellbeing Leadership Council member vote at their December 2024 meeting.

Significant community needs were informed by themes that arose from community input, the environmental scan, and policy scan as well as population data trends and differences in each county. The significant needs that arose in Davidson County included whole person focused health, housing, transportation, food access and food insecurity, economic opportunity and job skill development, built environment and healthcare access and resource navigation.

The prioritized needs adopted by the Nashville Health and Wellbeing Leadership Council are as follows:

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

Davidson County voted to separate the 2023 CHNA priority need, housing and transportation, and just prioritize housing. Additionally, Davidson County also did not prioritize whole person focused health which was prioritized in the prior CHNA.

Based on insight gained from primary and secondary data analysis and input received from prioritization meetings, the summary tables below outline more about each need. Recommendations for improving the needs that were shared during the prioritization process are summarized in [Appendix D](#).

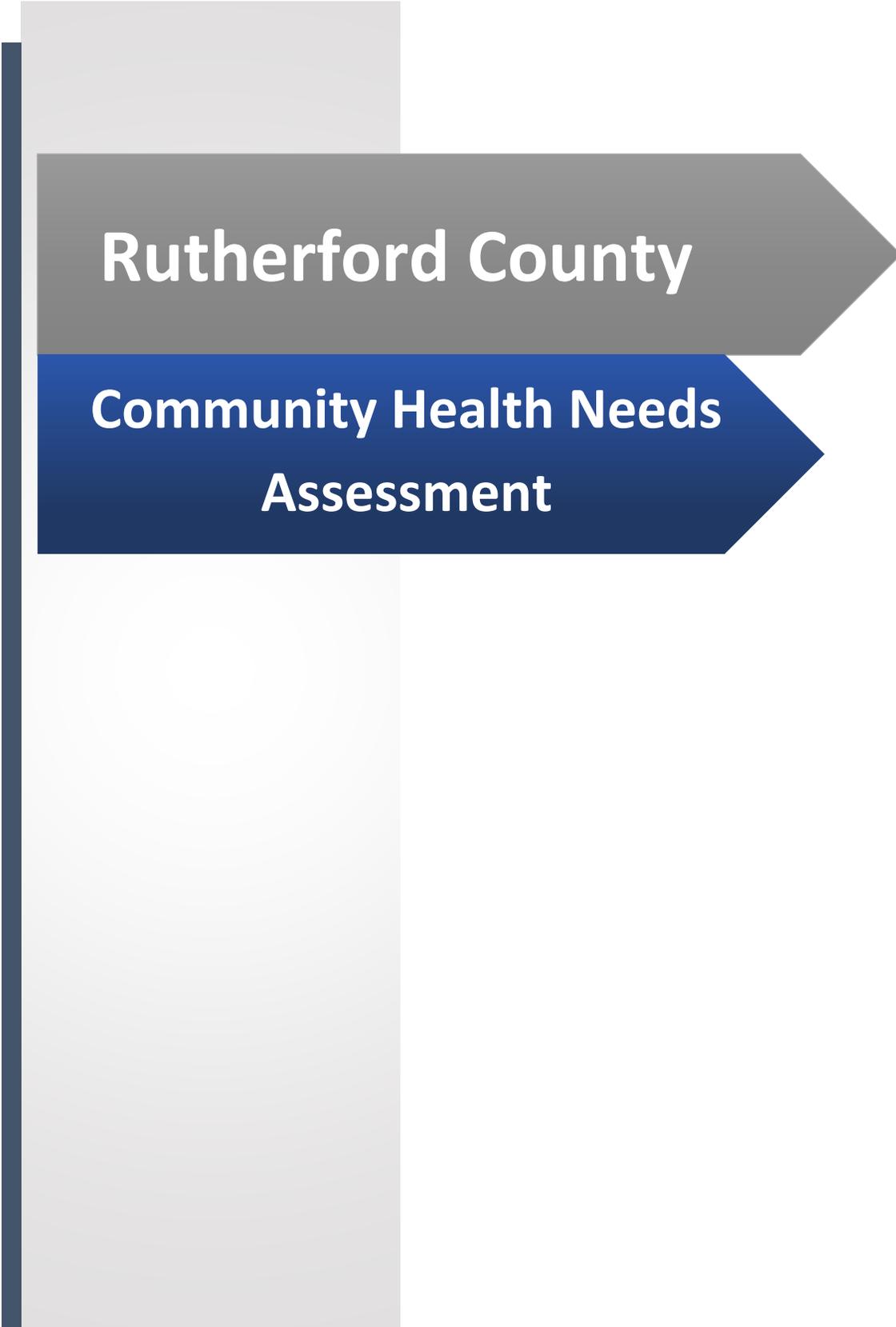
Summary of Prioritized Needs

Prioritized Need: Awareness and Navigation of Community Resources	
Health Council Definition: Honoring the broad and rich local resources available while acknowledging that these resources are confusing to find, navigate, and coordinate. It includes increasing the visibility of programming and resources already established.	
Why is it Important?	Populations Impacted
Care coordination can impact overall physical, social, and mental health. The ease with which an individual can obtain the services needed speaks to bridging the gaps between patients, providers, and other aspects of the community health ecosystem.	<p>Economically marginalized groups</p> <p>People who speak English as a second language</p> <p>People with limited access to healthcare and health insurance</p> <p>People without a vehicle or reliable public transportation</p> <p>Those with limited access to telehealth and internet capabilities</p>

Prioritized Need: Economic Opportunity and Job Skill Development	
Health Council Definition: Support for living wage jobs that provide sufficient income to support a high quality of life. Additionally, support for education and skill development for the workforce.	
Why is it Important?	Populations Impacted
Social and economic factors, such as income, education, employment, community safety, and social support, can significantly affect how well and long we live. These factors affect one's ability to make healthy choices, afford medical care and housing, manage stress, and more.	<p>Populations with systemic barriers</p> <ul style="list-style-type: none"> • People with limited educational attainment • People who speak English as a second language • Those without access to childcare

Prioritized Need: Food Access/Food Insecurity	
Health Council Definition: The accessibility, availability, affordability, and adequacy of healthy foods. As well as how to purchase and prepare healthy food on a budget and navigate the local food system.	
Why is it Important?	Populations Impacted
<p>The environment where one lives, learns, works, and plays affects access to healthy food and opportunities for physical activity. A lack of access to healthy foods is often a significant barrier to healthy eating habits.</p> <p>People living farther away from grocery stores are less likely to access healthy food options regularly and, thus, more likely to consume foods readily available at convenience stores and fast-food outlets.</p>	<p>Groups facing economic marginalization</p> <ul style="list-style-type: none"> • People who live/work/learn/play in food deserts • People without access to a vehicle or reliable public transit

Prioritized Need: Housing	
Health Council Definition: Accessibility, availability, affordability, and adequacy of housing. Emphasis on displacement due to gentrification in Nashville as well as education around purchasing housing.	
Why is it Important?	Populations Impacted
<p>Adequate housing protects individuals and families from harmful exposures and provides stability and security.</p> <p>Housing measures can also be considered proxy indicators of more general socioeconomic circumstances.</p> <p>Households experiencing severe cost burdens must face difficult trade-offs in meeting other basic needs.</p>	<ul style="list-style-type: none"> • Populations with systemic barriers • Older adults • People experiencing homelessness • Young adults • Economically marginalized groups



Rutherford County

**Community Health Needs
Assessment**

Rutherford County

Introduction

The Community Health Needs Assessment (CHNA) process in Rutherford County sought to gain a greater understanding of community concerns related to health and healthcare, the social, environmental, and behavioral factors that impact health, the greatest needs and assets, and strategies for improving community health and well-being. This Rutherford County report outlines the needs assessment process, shares summaries of the results, and describes how the community prioritized the needs.

Collaborations

In Rutherford County, Vanderbilt University Medical Center (VUMC) worked closely with Ascension Saint Thomas (AST) to design and conduct the CHNA. While VUMC and AST completed the CHNA process jointly, each hospital system’s report applies to its own non-profit hospital(s) and health system. The Rutherford County Wellness Council and Rutherford County Health Department leadership also provided strategic guidance on many CHNA decisions, including the assessment methods and prioritization process, and coordination of community engagement.

The Rutherford County Wellness Council is a community-led group that brings together local collaborators, public health experts, and social service providers to advance health priorities for the residents of Rutherford County. Through their community relationships, they played a key role in identifying perspectives from the community.

Environmental Scan

VUMC completed an environmental scan in Rutherford County to examine existing data relevant to community health and to identify strengths, assets, relationships, and areas where improvements might be considered. This scan summarizes health and health-related reports published that included information about Rutherford County.

VUMC reviewed four reports submitted by community partners, including reports published in or after 2021 with local, county-specific data about community health needs. Reports used for the environmental scan were analyzed on a rolling basis during the assessment period. The table below lists the organizational lead and organizational focus for reports that were reviewed in the scan.

Environmental Scan Reports Organizational Leads and Focus

Organizational Lead	Organizational Focus
Prevention Coalition for Success (2023)	Substance Use
Second Harvest Food Bank of Middle TN (2023)	Food Access
Tennessee Commission on Children and Youth (2023)	Children and Youth
Tennessee Department of Health (2023)	Public Health

Major Themes

Significant themes from the Rutherford County environmental scan include childcare access, built environment, access to care, opportunity and access, and substance use. Themes are described in more detail below:

- Childcare Access:
 - From 2010 to 2022, Tennessee had an average of nine childcare centers per 1,000 children statewide. Rutherford County is below the state average, with only seven childcare centers per 1,000 children.
- Built Environment:
 - Rutherford County School District ranks among the top 10 school districts in Tennessee, facing significant infrastructure improvement needs to comply with state and federal laws. The district requires renovations totaling \$1.31 million.
- Access to Care:
 - Tennessee has a ratio of 77.8 pediatricians per 100,000 children. Rutherford County is below the state average, with only 50.9 pediatricians per 100,000 children.
 - Tennessee has a ratio of 12.3 OB/GYNs per 100,000 people. Rutherford County is below the state average with 8.2 OB/GYNS per 100,000 people.
- Opportunity and Access:
 - The Child Opportunity Index is a measure of neighborhood resources and conditions that help children develop in a healthy way. In the Nashville-Davidson-Murfreesboro-Franklin, TN metro area, fewer children that identify as Black or African American (5%), Hispanic or Latino (8%), or American Indian or Alaska Native (13%) have a 'Very High' Child Opportunity Index score compared to children that identify as white (26%) or Asian or Pacific Islander (35%).
 - Experiencing food insecurity means that someone isn't sure if they will have enough healthy food to eat or if they can access the food they need in acceptable ways ([USDA](#), 2025). Food insecurity rates were higher, nearly double, in Rutherford

County for persons who identified as Black or African American (17%) or Hispanic or Latino (16%) compared to those who identified as white non-Hispanic or Latino (8%).

- Substance Use:
 - Rutherford County is tied with neighboring Davidson County for having the highest prevalence of excessive drinking in Tennessee, with 17.6% of the population affected.
 - Rutherford County has 25% of alcohol-impaired driving deaths in the state.

Conclusion

Rutherford County has an established healthcare framework with opportunities to strengthen pediatric care, maternal health services, and childcare access. Strategic resource allocation can address infrastructure needs and improve health outcomes across all populations.

Policy Scan

Many factors impact the health of a community, including the policies that guide how that community works. Therefore, tackling the CHNA priority health needs may require changes to public policy. The policy scan for this CHNA in Rutherford County included a systematic review of existing policies related to prior CHNA needs and themes from community input.

VUMC's Community Health team collaborated with the Sycamore Institute to complete the policy scan. It involved identifying, analyzing, and summarizing current policies to understand the landscape, identify gaps, and inform future policy efforts. A social and environmental lens was applied to highlight how policies impact different populations in the community.

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

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

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

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

These are summarized in [Appendix B](#). These options are based on approaches from other states and communities and do not represent the views of any particular person or organization, including VUMC.

Primary Data: Community Input

To understand the broad interests of the community, VUMC partnered with Rutherford County Health Department and Rutherford County Wellness Council. This approach provided valuable insights for identifying and addressing the county's most pressing health concerns, ensuring that varied perspectives from the community were centered. In developing this process, a concerted effort was made to ensure that individual and organizational representatives from communities facing barriers to optimal health were included.

Health Council Self-Assessment

To gather comprehensive input from the community, VUMC and AST facilitated a self-assessment with Rutherford County Wellness Council workgroups. The self-assessment gathered community feedback about the prior CHNA needs, how they have changed, any barriers faced in solution building, and recommendations for future or continued action. The self-assessment focused on the prioritized needs of mental health, healthcare access, infant mortality, attainable housing, and substance use.

In Rutherford County, 25 individuals participated in the self-assessment and completed a participant survey. The following table summarizes participant demographics, key points, common themes, meaningful quotes, and recommendations from the Rutherford County Wellness Council.

A summary of organizations in attendance and their sector of focus can be found in [Appendix E](#).

Rutherford County Wellness Council Self-Assessment	
Participants Summary	
<ul style="list-style-type: none"> • Most participants (>88%) lived and/or worked in Rutherford County • Most participants (81%) attended the self-assessment meeting as part of their professional role, while the rest were either students, retired, or attending as community members only. • Organizations represented included colleges, senior and mental health support agencies, and various Tennessee state agencies 	
Key Summary Points	
<ul style="list-style-type: none"> • There is limited availability of housing units, and policies don't incentivize affordable housing for communities that need it • Groups facing systemic barriers often struggle to find trustworthy providers and resources to support them, even though they are disproportionately affected by poor health outcomes. • Increased substance use is influenced by coping strategies that may not effectively support long-term well-being. 	
Themes	Meaningful Quotes
Housing	"Companies [are] coming in and [are] providing rental housing instead of homes for purchase. And if you look at some of the pricing, it's almost as if the incentive is to rent."
Trustworthiness	"I think programs and services like that are going under-utilized because of lack of knowledge. We have to continue to build that trust."
Substance use	"Substances are used as coping mechanisms and vaping and delta8 are being used as maladaptive coping mechanisms. And other risk factors for these kids [are the] beginning of other problems later on in life."
Recommendations for improving the needs	
<ul style="list-style-type: none"> • Increase availability of resources that mitigate barriers to care due to language barriers. • Family-based health education and resource sharing 	

Health Department Listening Session

VUMC and AST facilitated a listening session with the Rutherford County Health Department director, select patient-facing staff and department leaders who had knowledge of the previously prioritized health needs and how they impact community members.

The listening session was conducted by VUMC and AST to gather feedback on the health needs and assets of Rutherford County, and on progress on the prioritized needs. It focused on

the prioritized needs of mental health, healthcare access, infant mortality, attainable housing, and substance use. The listening session transcript was reviewed by the CHNA team to identify common themes. The table below summarizes information from the Health Department listening session.

Rutherford County Health Department Listening Session	
Participants	
<ul style="list-style-type: none"> • Nine Rutherford County Health Department staff participated in person. Participants' roles included educators, clinicians, and administrators. • Participants' years of experience within the Rutherford County Health Department ranged from 1 year to 5 years. 	
Key Summary Points	
<ul style="list-style-type: none"> • Complex systems and lack of transparency limit access to affordable housing for those who need it. • Insufficient multilingual resources and interpreters make accessing care increasingly difficult for persons who do not speak English. • There are increased resources for substance use disorder like Narcan in the community. 	
Themes	Meaningful Quotes
Housing	"Housing complexes seem to be afraid of [advertising having more] low-income housing reserved, [so] then you have to inquire about affording housing at some complexes [individually]."
Multilingual services	"There are not many bilingual resources immediately and readable available. Many use the language line now [because the work] is overwhelming for in-house interpreters"
Substance use	"[We] made it convenient for Narcan to be accessible, and fentanyl test strips, to help in the best way we can. People in the community know they can get those resources."
County Assets	
Recommendations for Improving the Needs	

<ul style="list-style-type: none">• Trusted health department that invests in new technology• Lots of community resources available	<ul style="list-style-type: none">• Increase dental access• Advocacy around housing development and affordable housing• Family focused support pre- and post-baby
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Secondary Data

Rutherford County is located in Middle Tennessee, southeast of Nashville and is a part of the 12-county Metropolitan Statistical Area (MSA) region that is now home to more than 2.1 million residents and is the 35th largest metropolitan area in the United States ([Census, 2024](#)). The 2023 population of Rutherford County is estimated to be 367,101, and it is one of the fastest-growing counties in Tennessee. From 2020 to 2023, the total population increased by 6.9% ([Census, 2024](#)).

Overall, the population of Rutherford County is younger with a higher percentage of the population below age 18 (24.5%) compared to the overall state (22.0%) and national (21.7%) values. Additionally, while 11.5% of the population is over age 65 and this percentage is increasing significantly, it is still lower than the state and U.S. values which are both around 17% ([Census, 2023](#)). Amongst the population aged 5 and over, 17.2% speak a language other than English at home, a percentage that is also trending up (ACS 5-year, 2018-2022). Additional demographic data for Rutherford County are available below.

Population

Population	Rutherford County	Tennessee	U.S.
Total ¹	367,101	7,051,339	333,287,557
Male ¹	49.4%	49.1%	49.6%
Female ¹	50.6%	50.9%	50.4%

Source: [Explore Health Rankings - County Health Rankings & Roadmaps¹](#) (These indicators used data from 2022)

Population by Race or Ethnicity

Race or Ethnicity	Rutherford County	Tennessee	U.S.
Asian ¹	3.9%	2.1%	6.3%
Native Hawaiian or other Pacific Islander ¹	0.1%	0.1%	0.3%
Black or African American ¹	17.1%	16.4%	12.6%
Hispanic or Latino ¹	10.0%	6.4%	19.1%

American Indian or Alaska Native ¹	0.1%	0.5%	1.3%
White ¹	66.6%	72.9%	58.9%
Source: Explore Health Rankings - County Health Rankings & Roadmaps¹ (These indicators used data from 2022)			

In addition to demographics, indicators were considered from publicly available sources to describe the health status of those in the Rutherford County community. Secondary data for this report were drawn from the VUMC Healthy Communities Data Platform ([HCI](#)) and the County Health Ranking ([CHR](#)) websites. HCI is a centralized hub for community health data and initiatives available on the VUMC Community Health website. These data are summarized into tables with icons showing how Rutherford County data trends over time and how Rutherford compares to other counties, Tennessee and U.S. values. Differences are noted in red text next to each indicator if reported by the original data source. Below is additional information about how to read the data tables and icons.

Table Legend

<p>Dial Gauge: How the county compares to other counties in the state or U.S.</p> 
<p>Diamond Gauge: How the county value compares to the overall state or U.S. value</p> 
<p>Square Gauge: Shows if the value has increased or decreased over time</p> <ul style="list-style-type: none"> ◦ Solid color = change is statistically significant ◦ Outlined = change not statistically significant 
<p>GREEN=Good, RED=Bad or BLUE=Neutral</p>

For this secondary data overview, health indicators within the following categories were reviewed:

- Health outcomes,
- Social and economic factors,
- Healthcare access, and
- Health behaviors.

Additional community data highlights were drafted based on the prior CHNA needs and significant themes noted from community input in Rutherford County for the 2025 CHNA. These highlights include infant mortality, mental health, attainable housing, healthcare access, and opioid use. Understanding how varied access to health care and social needs impact different populations in Rutherford County was essential during the assessment process. VUMC examined emerging and persisting variances across multiple areas, highlighting differences between population groups and geographic areas. More detail on secondary data sources can be found in [Appendix D](#).

Health Outcomes

Health outcomes reflect a county's overall health status, including the physical and mental well-being of its community members. Health outcome indicators can provide valuable insights into trends in population health, disease factors, and quality of life.

By evaluating key health metrics, we can better understand the complex factors that influence community health and support programs and policies at the local, state, and federal levels that may influence these factors (CHR, 2024). This section includes indicators related to life expectancy, communicable diseases, and quality of life, as well as highlights on infant mortality and mental health, which are priority needs in Rutherford County.

Life Expectancy and Communicable Disease

Below are indicators of length of life and of communicable disease presence in the Rutherford County community.

Indicators	Trend	Rutherford	TN	U.S.	Description
Length of Life					
Infant Mortality ^{2*}		6.4	 6.9	 6.0	Number of all infant deaths (within one year) per 1,000 live births (2015-2021) <i>*Race/Ethnicity difference present: Persons who identify as Black or African American non-Hispanic (11.4) have a significantly worse infant mortality rate than the overall value.</i>

Premature death ^{2*}	N/A	8,447.8	 11,043.4	 7,971.5	Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2019-2021) <i>*Race/Ethnicity difference present: Persons who identify as Black or African American non-Hispanic or Latino experience significantly higher premature death rates (10,674.2) than the overall value.</i>
Life expectancy ^{2*}	N/A	76.2	 74.1	 77.6	How long the average person is expected to live (2019-2021) <i>*Race/Ethnicity difference present: Persons who identify as Black or African American non-Hispanic have a significantly worse life expectancy (73.5) than the overall value.</i>
Cancer deaths ²		163.1	 170.4	 149.4	Average annual cancer death rate per 100,000 (2016-2021)
Fall fatalities. 65+ ²		10	 10.6	 9.8	The age-adjusted death rate per 100,000 population due to falls. (2022)
Communicable Disease					
HIV prevalence ¹	N/A	242.4	 318.1	 382.2	Number of people ages 13 years and over with a diagnosis of HIV per 100,000 (2021)
Sexually transmitted infections ²		572.3	 538.1	 495.0	Number of newly diagnosed chlamydia cases per 100,000 (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2015-2022)					

Infant Mortality

The infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. It measures the deaths per 1,000 live births for infants within their first year of life. Nationally, the leading causes of infant death are congenital disorders, birth defects, preterm delivery, low birth weight, sudden infant death syndrome (SIDS), and maternal complications during pregnancy ([CDC, 2022](#)). In Rutherford County, the rate of infant mortality is 6.4 out of 1,000 live births and trending up. While lower than that of the Tennessee overall value (6.9 per 1,000 live births) and equivalent to the U.S. overall value

(6.3 per 1,000 live births), it is far from the Healthy People 2030 target (5.0 per 1,000) (CHR, 2015-2021). Rutherford County mothers who identify as Black or African American experience infant mortality rates (11.4 per 1,000 live births) more than twice that of their white counterparts (5.0 per 1,000 live births) (CHR, 2015-2021).

Babies born too early have a higher risk of death and disability (CDC, 2021). Two factors that are correlated with infant death are preterm birth and low birth weight. In Rutherford County, the preterm birth rate is 11.8%, which is slightly higher than the average across Tennessee counties (11.3%) (TDH, 2021). The percentage of babies born with low birth weight, less than 2,500 grams, is 9.0% for Rutherford County, which is the same as the Tennessee average and slightly higher than the U.S. average (8.6%) (TDH, 2022).

Health and Quality of Life

Quality of life represents a community's well-being. It underscores the importance of physical, mental, social, and emotional health from birth to adulthood. Measuring health-related quality of life helps characterize the experience of people with disabilities and those with chronic conditions. In addition to measuring how long people live, it is also important to include measures of how well people live (CHR, 2021).

Below are indicators measuring various factors that impact one's quality of life.

Indicators	Trend	Rutherford	TN	U.S.	Description
Physical Health					
Poor or fair health ¹	N/A	15.7%	 18%	 14%	Percentage of adults reporting fair or poor health (2021)
Frequent physical Distress ¹	N/A	13%	13%	 10%	Percentage of adults with 14 or more days of poor physical health per month (2010)
Low birth weight ²		9%	 9%	 8.6%	Percentage of babies born too small (less than 2,500 grams) (2021)
Falls 65+ ³	N/A	N/A	31.2%	27.1%	Older adult falls reported (2020)
Morbidity					

Diabetes prevalence ¹	N/A	10%	 12%	10%	Percentage of adults ages 20 and above with diagnosed diabetes (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² Older Adult Falls Data - Fall Prevention Injury Center CDC³ (These indicators used data from 2010-2022)					

Mental Health

Mental health includes emotional, psychological, and social well-being. It also assists in determining how to manage stress, relate to others, and make healthy choices. Mental health is essential at every stage of life, and poor mental health symptoms can lead to poor physical health outcomes (CDC, 2024). The National Institute of Mental Health lists major depression disorder as the leading cause of disability for those aged 15-44 in the United States (NIMH, 2021). In Rutherford County, the rate of adults ever diagnosed with depression is 29.8%, which is higher than the national value of 20.7% (CDC-Places, 2022).

A measure of mental well-being is the average number of mentally unhealthy days experienced in the past 30 days. In Rutherford County, adults self-reported an average of 5.9 poor mental health days within the previous 30 days. This average is on par with the statewide number of poor mental health days (5.8) but higher than the national average (4.8) (CHR, 2024). In Rutherford County, the age-adjusted death due to suicide rate (14.6 per 100,000 population) is slightly higher than the national average (13.9) and lower than the state average (17.0) but is trending up. Within Rutherford County, men experience significantly higher deaths due to suicide (25.5 per 100,00 population) compared to the overall rate (CDC, 2018-2022).

Below are indicators that give insight into the state of mental well-being in Rutherford County.

Indicators	Trend	Rutherford	TN	U.S.	Description
Mental Health					
Poor mental health days ¹	N/A	5.9	 5.8	 4.8	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent mental distress ¹	N/A	18%	 19%	 15%	Percentage of adults reporting 14 or more days of poor mental health per month (2021)

Suicide ²		14.6	 17	 13.9	Number of deaths due to suicide per 100,000 (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2021-2022)					

Social and Economic Factors

Social and economic factors significantly impact health. They include our education, income, social support, and community safety (CHR, 2025). These factors affect our ability to make healthy decisions, afford medical care, housing, food, or manage stress. Additionally, these factors affect where we live, learn, work, and play. If these environments are poor, it can limit our ability and that of our families and neighbors to live long and healthy lives (Health People 2030). This section includes indicators related to economic opportunity, education, safety, and physical environment, as well as a highlight on attainable housing which is a priority need in Rutherford County.

Economic Opportunity and Education

Below are selected indicators examining economic opportunity and educational attainment in Rutherford County.

Indicator	Trend	Rutherford	TN	U.S.	Description
Economic Stability					
Median household income ^{2*}		\$78,291	 \$64,035	 \$75,149	The income at which half of households in a county earn more and half earn less. (2018-2022) <i>*Race/Ethnicity difference present: Persons identifying as American Indian or Alaska Native (\$42,321) or Black or African American (\$62,381) have a significantly worse Median Household Income than the overall value</i>
Unemployment ¹	N/A	2.7%	 3.4%	 3.7%	Percentage of population ages 16 and older, unemployed but seeking work (2018-2022)
Poverty ^{2*}		9.8%	 14%	 12.5%	Percentage of population living below the federal poverty line (2018-2022) <i>*Race/Ethnicity difference present: Persons identifying as Hispanic or Latino (15.8%) or Other Races (19.7) have a significantly worse poverty rate than the overall value.</i>

Childhood poverty ^{2*}		11.1%	 19.2%	 16.7%	Percentage of people under the age of 18 who are living below the federal poverty level (2018-2022) *Race/Ethnicity difference present: persons identifying as Hispanic or Latino (17%) or Other Races (23%) have higher percentages than the overall value.
Educational Attainment					
High school completion ²		96.2%	 90.6%	 86.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent (2018-2022)
Some college ¹	N/A	70%	 63%	 68%	Percentage of adults ages 25-44 with some post-secondary education (2018-2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2022)					

Social Support and Community Safety

People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated ([CHR, 2024](#)). Community safety reflects not only violent acts in neighborhoods and homes but also injuries caused unintentionally through accidents ([CHR, 2025](#)).

The table below highlights a few key social support and community safety indicators.

Indicator	Trend	Rutherford	TN	U.S.	Description
Social/Community					
Children in single parent homes ²		22.5%	 27.9%	 24.9%	Percentage of children who live in a household headed by a single parent (2018-2022)
Social associations ²		6.7	 11	 9.1	Number of membership associations per 10,000 population (2021)
Disconnected youth ²		1.9%	 2%	 1.8%	Percentage of teens and young adults ages 16-19 who are neither working nor in school (2021)
Teen births ¹	N/A	16	 24	 17	Number of births per 1,000 female population ages 15-19. (2016-2022)

Violent crimes ²		405.8	 617.5	N/A	Number of reported violent crime offenses per 100,000 population (2022)
Sources: Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2022)					

Food Insecurity

Food insecurity is an economic and social indicator of a community's health. Experiencing food insecurity means that someone isn't sure if they will have enough healthy food to eat or if they can access the food they need in acceptable ways ([USDA, 2025](#)). Poverty and unemployment are predictors of food insecurity in the United States. Food insecurity is associated with chronic health problems in adults, including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues, including major depression. ([NIH, 2020](#)).

The following table highlights a few key indicators of food access and food insecurity in Rutherford County.

Access to Healthy Foods					
Indicator	Trend	Rutherford	TN	U.S.	Description
Food environment index ²		8.4	 6.5	 7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best) (2024)
Food insecurity ²		11.5%	 14%	 13.5%	Percentage of the population who lack adequate access to food (2022)
Limited access to healthy foods ¹	N/A	6%	 9%	6%	Percentage of the population who are low-income and do not live close to a grocery store (2019)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2019 - 2024)					

Safe and Attainable Housing

Housing affordability, stability, quality and safety impacts health as well as the surrounding neighborhoods and communities ([Healthy People 2023](#)). The Center for Housing Policy found that people who spend more than half their income on housing spend less on food and health care than similar households who spend 30 percent or less on housing. The same

report highlighted that children in areas with higher rates of housing instability tended to have more behavioral concerns and more utilization of emergency department services ([The Center for Housing Policy](#), 2015). High housing costs affect families, making it difficult to maintain living expenses and creating further financial hardship.

Rent prices in Rutherford County have significantly increased, with the median household gross rent rising from \$1,184 to \$1,311 from 2021 to 2022 ([ACS 5-Year](#), 2018-2022). For 48.9% of Rutherford County residents, rent consumes more than 30% of their monthly income. Because of this, these persons are more likely and susceptible to live in poor conditions, and this substantially impacts young (15-24) and older adults (65+) ([ACS 5-Year](#), 2018-2022). Adverse health effects can result from substandard housing that lacks a kitchen, adequate plumbing facilities, and other environmental hazards. Though this metric is improving, 12.7% of Rutherford County residents live in the abovementioned conditions ([CHR](#), 2016-2022).

The table below highlights a few key indicators of a healthy physical environment including those linked to one’s housing.

Indicator	Trend	Rutherford	TN	U.S.	Description
Physical Environment					
Severe housing cost burden ¹	N/A	11%	 12%	 13%	Percentage of households that spend 50 percent or more of their household income on housing (2018-2022)
Severe housing problems ²		12.7%	 13.3%	 16.7%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities (2016-2020)
Air pollution: particulate matter ¹	N/A	8.4	 7.6	 7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2019)
Homeownership ²		60.6%	 59.6%	 57.8%	Percentage of occupied housing units that are owned (2018-2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2016 - 2022)					

Healthcare Access

Access to appropriate high-quality health care helps prevent diseases, maintain health, reduce disease and premature death, and improve quality of life. Access also encompasses the timeliness, accessibility and affordability of healthcare ([Healthy People 2030](#)). This section includes indicators related to access, hospital utilization, and preventive care. Healthcare access was also highlighted as a priority need in Rutherford County.

The high cost of healthcare in the United States can make navigating a health diagnosis a significant challenge, and create barriers where people without health insurance may be unable to afford necessary medical treatment or prescription medications. Safety net providers provide care to those uninsured or under insured. Where there is a higher need, safety net providers and clinics can have extended wait times. The percentage of adults with health insurance in Rutherford County (87.6%) is close to TN (86.6%) and U.S. values (88.7%). However, there are significant differences in Rutherford County by race and ethnicity. Significantly fewer persons who identify as Hispanic or Latino (53.2%), as two or more races (58.4%), or selected other for their race (70.2%) have health insurance coverage compared to the overall population ([ACS 1-Year, 2022](#)).

Healthcare Access

Below are selected indicators examining access, utilization, and preventive healthcare in Rutherford County.

Indicator	Trend	Rutherford	TN	U.S.	Description
Healthcare Access					
Uninsured ¹	N/A	10%	 12%	10%	Percentage of population under age 65 without health insurance (2021)
Uninsured adults ¹	N/A	12%	 15%	12%	Percentage of adults under age 65 without health insurance (2021)
Uninsured children ¹	N/A	4%	 5%	 5%	Percentage of children under age 19 without health insurance (2021)
Primary care physicians ¹	N/A	2,290:1	 1,440:1	 1,330:1	Ratio of the population to primary care physicians (2023)

Mental healthcare providers ¹	N/A	870:1	 530:1	 320:1	Ratio of the population to mental healthcare providers (2023)
Hospital Utilization					
Preventable hospital stays ²		3,170	 2,841	 2,677	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. (2022)
Preventive Healthcare					
Flu vaccinations ²		52%	 51%	 50%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination (2022)
Mammography screenings ²		46%	 45%	 47%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2021 - 2023).					

Health Behaviors

Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or increase someone’s risk of disease and premature death. It is important to understand that not everyone has the same opportunities to engage in healthy behaviors (NIH, 2024). One’s ability to engage in healthy behaviors is impacted by social and economic conditions, and access to resources. Health behaviors are driven by the choices available in the places where people live, learn, work and play (CHR, 2025). This section includes indicators related to healthy lifestyle and substance use, as well as a highlight on opioid use which is a priority need in Rutherford County.

Healthy Lifestyle

The table below highlights a few key indicators of health behaviors or health-related practices that can support overall wellness.

Indicator	Trend	Rutherford	TN	U.S.	Description
Healthy Lifestyle					
Adult obesity ¹	N/A	35%	 36%	 34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or same as 30 kg/m2 (2021)

Physical inactivity ¹	N/A	27%	27%	 23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity (2021)
Access to exercise opportunities ²	N/A	55%	 67.4%	 84.1%	Percentage of population with adequate access to locations for physical activity (2024)
Insufficient sleep ¹	N/A	34%	34.4%	 33%	Percentage of adults who report fewer than seven hours of sleep on average (2022)
Motor vehicle crash deaths ¹	N/A	11	 17	 12	Number of motor vehicle crash deaths per 100,000 population (2015-2021)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2015 - 2024)					

Substance Use

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

The table below highlights substance use and substance use related death indicators for Rutherford County.

Indicator	Trend	Rutherford	TN	U.S.	Description
Substance Use					
Adult smoking ¹	N/A	18%	 20%	 15%	Percentage of adults who are current smokers (2021)
Excessive drinking ¹	N/A	17%	17%	 18%	Percentage of adults reporting binge or heavy alcohol drinking (2021)
Alcohol-impaired driving deaths ²		24%	 23.8%	 26.3%	Alcohol-impaired driving deaths (2017-2021)

Overdose deaths: any drug and opioid ²	N/A	30%	 34.8	 23.5	Age-adjusted rate of drug and opioid-related deaths per 100,000 persons (2018-2020)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2017 - 2021)					

Opioid Use

Opioid use is a significant public health concern. The unhealthy use of opioids is one of the most urgent drug crises in America. Most overdose deaths involve opioids, and at least half of all opioid overdose deaths involve prescription opioids. However, preventive actions, treatment, and proper response to overdoses can help reduce the impact ([CDC, 2024](#)).

In Rutherford County, 30.6 per 100,000 population deaths are due to drug and opioid use ([CDC, 2018-2022](#)). Overdoses from prescription opioid pain relievers have contributed to the overall increase in opioid overdose deaths ([TDH, 2022](#)). Additionally, 21.0 per 100,000 outpatient visits in Rutherford County are due to opioid overdose, which is above the median of across Tennessee counties and higher than the overall state value (20.0 per 100,000 outpatient visits) ([TDH, 2022](#)). According to the Tennessee Drug Overdose Dashboard ([TDH, 2022](#)), Rutherford County had 996 Outpatient Visits Involving All Opioid Overdoses (excluding heroin).

Identifying and Prioritizing Needs

VUMC presented the health department listening session and health council self-assessment findings, environmental scan results, policy scan, and secondary data analysis to the Rutherford County Wellness Council. The prioritization process in Rutherford County included a facilitated session with the goal of engaging health council and local voices in a streamlined prioritization process and building out community recommendations for action around each priority need.

Attendees were asked to review data focused on prior needs and vote to keep, amend, or sunset each one. Participants made decisions about the needs using the data provided, their lived and professional experience, and criteria outlined in the MAPP 2.0 Handbook to make these decisions ([NACCHO](#), 2023). The criteria used are outlined in the table below.

Relevance	Relevance of the issue to community members.
Impact	Impact of the issue on communities; centering those most proximate to variances in impact.
Feasibility	Availability and feasibility of solutions and strategies to address the issue

Significant community needs were informed by themes that arose from community input, the environmental scan, and policy scan as well as population data trends and differences in each county. The significant needs that arose in Rutherford County included premature death, infant mortality, mental health, economic opportunity, attainable housing, healthcare access, and substance use.

The community prioritized needs identified and voted for by the Rutherford County Wellness Council are as follows:

- Healthcare Access
- Infant Mortality
- Mental Health
- Opioid Use
- Safe and Attainable Housing

Rutherford County voted to rename their housing-focused need from affordable housing to attainable housing during the prioritization meeting. Based on insight gained from primary and secondary data analysis and input received from prioritization meetings, the

summary tables below outline more about each need. Recommendations for improving the needs that were shared during the prioritization process are summarized in [Appendix D](#).

Summary of Prioritized Needs

Prioritized Need: Healthcare Access	
Health Council Definition: Increase access to care and utilization of available healthcare resources to enhance the quality of life for people in our community.	
Why is it Important?	Populations Impacted
Lack of health insurance coverage may negatively affect health, and the varied distribution of coverage contributes to differences in health. Access to care requires not only financial means or adequate health insurance but also access to providers. Rutherford County has fewer pediatricians and OB/GYNs per person than the state average. Sufficient availability of primary care physicians is essential for preventive and primary care and, when needed, referrals to appropriate specialty care.	Populations experiencing financial barriers Populations with systemic barriers <ul style="list-style-type: none"> • Persons who are uninsured or underinsured • Persons with chronic conditions • LGBTQ+ community • Persons who prefer a language other than English

Prioritized Need: Infant Mortality	
Health Council Definition: To improve health outcomes and reduce differences related to infant mortality.	
Why is it Important?	Populations Impacted
Infant mortality rates continue to be one of the most widely used indicators of the overall health status of a community. Infants' leading causes of death are congenital disorders, preterm delivery, low birth weight, sudden infant death syndrome (SIDS), and maternal complications during pregnancy.	<ul style="list-style-type: none"> • Black or African American mothers and infants • People experiencing homelessness or housing instability

Prioritized Need: Mental Health	
Health Council Definition: To increase behavioral and mental health services by connecting families and students with mental health support and resources.	
Why is it Important?	Populations Impacted
<p>A mental illness is a condition that affects a person’s thinking, feeling, behavior, or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others. Mental health conditions can affect people of all ages. People with mental health symptoms often face challenges in other areas of their health, significantly contributing to their overall well-being.</p>	<p>Groups with systemic barriers</p> <ul style="list-style-type: none"> • LGBTQI+ • Older adults • Veterans • Youth and young adults • Persons who prefer a language other than English

Prioritized Need: Opioid Use	
Health Council Definition: Reduce fatal and non-fatal overdoses in Rutherford County	
Why is it Important?	Populations Impacted
<p>Drug overdose deaths are a leading contributor to premature death and are preventable. Rutherford County has an above-average rate of opioid deaths compared to other counties across the U.S. Additionally, persons with symptoms of substance use disorder often have one or more associated health issues, which could include lung or heart disease, stroke, cancer, or mental health conditions. Therefore, reducing unhealthy substance use can improve a community's overall health and well-being.</p>	<ul style="list-style-type: none"> • People affected by COVID-19 • Youth and older adults <p>Groups with systemic barriers</p>

Prioritized Need: Safe and Attainable Housing

Health Council Definition: Through advocacy and education, the Rutherford County Wellness Council will educate and increase awareness about the importance of providing safe and attainable housing. It will influence key collaborators in local government, developers, service providers, and rental unit owners to ensure everyone in our community has access to safe housing they can afford and maintain for their overall health and well-being.

Why is it Important?	Populations Impacted
<p>Adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability, and control. Households experiencing severe cost burdens must face difficult trade-offs in meeting different basic needs. This can lead to increased stress levels and emotional strain for households. Addressing the quality of housing as a public health issue may help prevent and reduce negative health outcomes.</p>	<p>Populations with systemic barriers</p> <ul style="list-style-type: none">• People experiencing homelessness• Older adults• Young adults



Williamson County

**Community Health Needs
Assessment**

Williamson County

Introduction

The Community Health Needs Assessment (CHNA) process in Williamson County sought to gain a greater understanding of community concerns related to health and healthcare, the social, environmental, and behavioral factors that impact health, the greatest needs and assets, and strategies for improving community health and well-being. This Williamson County report outlines the needs assessment process, shares summaries of the results, and describes how the community prioritized the needs.

Collaborations

In Williamson County, Vanderbilt University Medical Center (VUMC) worked closely with Ascension Saint Thomas (AST) to design and conduct the CHNA. While VUMC and AST completed the CHNA process jointly, each hospital system's report applies to its own non-profit hospital(s) and health system. The Williamson County Health Council and Williamson County Health Department leadership also provided strategic guidance on many CHNA decisions, including the assessment methods and prioritization process, and coordination of community engagement.

The Williamson County Health Council is a community-led group that brings together local collaborators, public health experts, and social service providers to advance health priorities for the residents of Williamson County. Through their community relationships, they played a key role in identifying perspectives from the community.

Environmental Scan

VUMC completed an environmental scan in Williamson County to examine existing data relevant to community health and to identify strengths, assets, relationships, and areas where improvements might be considered. This scan summarizes published health and health-related reports that included information about Williamson County.

VUMC reviewed three reports submitted by community partners, including reports published in or after 2021 with local, county-specific data about community health needs. Reports used for the environmental scan were analyzed on a rolling basis during the assessment period. The table below lists the organizational lead and organizational focus for reports that were reviewed in the scan.

Environmental Scan Reports Organizational Leads and Focus

Organizational Lead	Organizational Focus
Second Harvest Food Bank of Middle TN (2023)	Food Access
Tennessee Commission on Children and Youth (2023)	Children and Youth
Tennessee Department of Health (2023)	Public Health

Major Themes

Significant themes from the Williamson County environmental scan include the built environment, opportunity and access, and access to care. Themes are described in more detail below:

- Built Environment:
 - Williamson County School District ranks among the top 10 school districts in Tennessee, facing significant infrastructure improvement needs to comply with state and federal laws. The district requires renovations totaling \$1.4 million.
- Opportunity and Access:
 - The Child Opportunity Index 2.0 is a measure of neighborhood resources and conditions that help children develop in a healthy way. There is a significant difference in childhood opportunity in the Nashville-Davidson-Murfreesboro-Franklin, TN region by race. Fewer Black or African American (5%), Hispanic or Latino (8%), and American Indian or Alaskan Native (13%) children have a ‘Very High’ opportunity score compared to White (26%) and Asian or Pacific Islander (35%) children.
 - Experiencing food insecurity means that someone isn’t sure if they will have enough healthy food to eat or if they can access the food they need in acceptable ways ([USDA](#), 2025). Williamson has a child food insecurity rate of 0%. However, 5.5% of the overall population is food insecure. Persons who identify as Black or African American (12%) or Hispanic or Latino (11%) have double the food insecurity rate compared to the overall population.
- Access to Care:
 - Support: Williamson County has one of the top 30 highest patient-to-TennCare provider ratios (2693:1) in Tennessee, indicating a higher patient population for each available provider within a specialty. Williamson County is designated as a TennCare Health Resource Shortage Area.

Conclusion

Williamson County has varying levels of resource access across populations. Strategic enhancement of TennCare provider coverage and infrastructure can support improved health outcomes for all residents.

Policy Scan

Many factors impact the health of a community, including the policies that guide how that community works. Therefore, tackling the CHNA priority health needs may require changes to public policy. The policy scan for this CHNA in Williamson County included a systematic review of existing policies related to prior CHNA needs and themes from community input.

VUMC's Community Health team collaborated with the Sycamore Institute to complete the policy scan. It involved identifying, analyzing, and summarizing current policies to understand the landscape, identify gaps, and inform future policy efforts. A social and environmental lens was applied to highlight how policies impact different populations in the community.

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

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

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

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

These are summarized in [Appendix B](#). These options are based on approaches from other states and communities and do not represent the views of any particular person or organization, including VUMC.

Primary Data: Community Input

To understand the broad interests of the community, VUMC partnered with AST, Williamson County Health Department, and Williamson County Health Council. This approach provided valuable insights for identifying and addressing the county's most pressing health concerns, ensuring that varied perspectives from the community were centered. In developing this process, a concerted effort was made to ensure that individual and organizational representatives from communities facing barriers to optimal health were included.

Health Council Self-Assessment

To gather comprehensive input from the community, VUMC and AST facilitated a self-assessment with Williamson Health Council workgroups. The self-assessment gathered community feedback about the prior CHNA needs, how they have changed, any barriers faced in solution building, and recommendations for future or continued action. The self-assessment focused on the prioritized needs of mental health, attainable housing, health promotion, and substance use.

In Williamson County, 32 individuals participated in the self-assessment and completed a participant survey. The following table summarizes participant demographics, key points, common themes, meaningful quotes, and recommendations from the Williamson Health Council.

A summary of organizations in attendance and their sector of focus can be found in [Appendix E](#).

Williamson County Health Council Self- Assessment	
Participants	
<ul style="list-style-type: none"> • Most participants (91%) lived and/or worked in Williamson County • Most attended the health council meeting as a part of their professional role (91%), the remainder were working but attending as community members only. • Organizations represented included local schools, law enforcement, behavioral health support agencies, and local coalitions. 	
Key Summary Points	
<ul style="list-style-type: none"> • Youth, and in some cases parents', perception of substance use is dangerously relaxed • There are high barriers to healthcare for certain communities • Healthcare staffing needs are great in Williamson County • High cost of living adds pressure to everyday life 	
Themes	Meaningful Quotes
Substance use	“[During] prom season, when I was talking to parents, a lot of parents were of the mentality of ‘well if they’re drinking as long as they are home or it’s not gonna be dangerous as long as they’re not driving or as long as they’re not out there.’ But there’s still alcohol poisoning, there’s still drownings and fires and falls”
Access to healthcare	“Increasing insulin prices and people with diabetes are not able to afford it and thus their medication is inaccessible.”
Healthcare workforce	“There's a shortage of staffing, there's a shortage of social workers, there's a shortage of school psychologists, there's a shortage of school counselors, there's a shortage of Stars counselors. So even when we're offering the position, there often isn't someone to fill the position [because of] salary”
Cost of living	“[There are a] number of families that I’ve worked with where the parents are in the middle of a divorce, but they’re still living together [due to housing costs], and there’s so much turmoil going on in that home where the kids are.”
Recommendations for improving the needs	

- Increase funding opportunities for innovative solutions
- Couple policy changes with education to shift the culture around the priority health needs

Health Department Listening Session

VUMC and AST facilitated a listening session with the Williamson County Health Department director, select patient-facing staff and department leaders who had knowledge of the previously prioritized health needs and how they impact community members.

The listening session was conducted by VUMC and AST to gather feedback on the health needs and assets of Williamson County, and on progress on the prioritized needs. It focused on the prioritized needs of mental health, attainable housing, health promotion, and substance use. The listening session transcript was reviewed by the CHNA team to identify common themes. The table below summarizes information from the Health Department listening session.

Williamson County Health Department Listening Session	
Participants	
<ul style="list-style-type: none"> • Six Williamson County Health Department staff participated. Positions included patient care team members, supervisors and administrators. Five participants completed surveys, and the remainder of this information is based on those five. • Years of experience of participants range from over 7 years to 30 years with the average years of experience of participants being 15.6 years. 	
Key Summary Points	
<ul style="list-style-type: none"> • Recent Legislation has reduced ways people without citizenship can access care • Youth populations are struggling with behavioral health especially in response to social pressures • Cost of living including housing and childcare costs in Williamson are not attainable even for many employed people 	
Themes	Meaningful Quotes
Access to care	<p>“The SAVE act and the impact of family planning especially on our undocumented patients”</p> <p>“We can’t just take a green card anymore or driver's license and social for anybody who’s undocumented [...]. So, we’re not seeing them anymore for birth control or other services.”</p>

Behavioral health	<p>“The amount of kids that are expected to have such high performance in school and then turn around and be playing a school sport, and a travel sport, or on two travel teams, and pushing those kids into competitive sports and they’re just struggling. Too much pressure”</p> <p>“And [the hospital report for Williamson County] broke the data out for 0–18-year-olds and one-third of those 950 people who were diagnosed with suicide ideation or had an attempted suicide were under the age of 18”</p>
Cost of living	<p>“I think median home prices are so high. I mean unless you are a two-income family, and even with two incomes it’s [hard]. I read a study yesterday that you have to have an income of at least \$106,000 a year to afford a home in Williamson County.”</p>
County Assets	Recommendations for Improving the Needs
<ul style="list-style-type: none"> • There are many physical and mental health care providers, and several are co-located to reduce barriers for the community. • The community facilities like parks and activity centers are kept up well • Williamson County is a very well-educated community with a high graduation rate and percentage of people with post-secondary education 	<ul style="list-style-type: none"> • Revisit legislation that decreases access to healthcare • Address racism, especially within schools • Address isolation by reducing barriers to building community

Secondary Data

Williamson County is located in middle Tennessee, south of Nashville and is a part of the 12-county Metropolitan Statistical Area (MSA) region that is now home to more than 2.1 million residents and is the 35th largest metropolitan area in the United States ([Census, 2024](#)). The 2023 population of Williamson County is estimated to be 264,460, an increase of 6.9% since 2020 ([Census, 2024](#)). Although the state’s wealthiest county, that prosperity is not experienced by all and the median household income in Williamson County (\$125, 943) has a variance by race and ethnicity ([ACS 5-year, 2018-2022](#)).

Overall, the population of Williamson County is younger with a higher percentage of the population below age 18 (25.4%) compared to the overall state (22.0%) and national (21.7%) values. However, this percentage is trending down while the percentage of the population over age 65 (15.4%) is currently lower than the state (17.4%) and U.S. (17.7% values) but is trending up ([Census, 2023](#)). Amongst the population aged 5 and over, 9% speak a language other than English at home and this percentage is also trending up ([ACS 5-year, 2018-2022](#)). Additional demographic data are available below.

Population

Population	Williamson County	Tennessee	U.S.
Total ¹	260,815	7,051,339	333,287,557
Male ¹	49.5%	49.1%	49.6%
Female ¹	50.5%	50.9%	50.4%

Source: [Explore Health Rankings - County Health Rankings & Roadmaps¹](#) (These indicators used data from 2022)

Population by Race or Ethnicity

Race or Ethnicity	Williamson County	Tennessee	U.S.
Asian ¹	5.5%	2.1%	6.3%
Native Hawaiian or other Pacific Islander ¹	0.1%	0.1%	0.3%
Black or African American ¹	4%	16.4%	12.6%

Hispanic or Latino ¹	5.3%	6.4%	19.1%
American Indian or Alaska Native ¹	0.3%	0.5%	1.3%
White ¹	83.2%	72.9%	58.9%
Source: Explore Health Rankings - County Health Rankings & Roadmaps¹ (These indicators used data from 2022)			

In addition to the demographics, indicators were considered from publicly available sources to describe the health status of those in the Williamson County community. Secondary data for this report was drawn from the VUMC Healthy Communities Data Platform ([HCI](#)) and the County Health Ranking ([CHR](#)) websites. HCI is a centralized hub for community health data and initiatives available on the VUMC website. HCI is a centralized hub for community health data and initiatives available on the VUMC Community Health website. These data are summarized into tables with icons showing how Williamson County data trends over time and how Williamson compares to other counties, Tennessee, and U.S. values. Differences are noted in red text next to each indicator if reported by the original data source. Below is additional information about how to read the data tables and icons.

Table Legend

<p>Dial Gauge: How the county compares to other counties in the state or U.S.</p> 
<p>Diamond Gauge: How the county value compares to the overall state or U.S. value</p> 
<p>Square Gauge: Shows if the value has increased or decreased over time</p> <ul style="list-style-type: none"> ◦ Solid color = change is statistically significant ◦ Outlined = change not statistically significant 
<p>GREEN=Good, RED=Bad or BLUE=Neutral</p>

For this secondary data overview, health indicators within the following categories were reviewed:

- Health outcomes,
- Social and economic factors,
- Healthcare access, and
- Health behaviors.

Additional community data highlights were drafted based on the prior CHNA needs and significant themes noted from community input in Williamson County for the 2025 CHNA. These highlights include mental health, attainable housing, health promotion (chronic disease prevention) through built environment, and substance use. Understanding how varied access to health care and social needs impact different populations in Williamson County was essential during the assessment process. VUMC examined emerging and persisting variances across multiple areas, highlighting differences between population groups and geographic areas. More detail on secondary data sources can be found in [Appendix D](#).

Health Outcomes

Health outcomes reflect a county's overall health status, including the physical and mental well-being of its community members. Health outcome indicators can provide valuable insights into trends in population health, disease factors, and quality of life.

By evaluating key health metrics, we can better understand the complex factors that influence community health and support programs and policies at the local, state, and federal levels that may influence these factors ([CHR, 2024](#)). This section includes indicators related to life expectancy, communicable diseases, and quality of life, as well as a highlight on mental health, which is a priority need in Williamson County.

Life Expectancy and Communicable Disease

Below are indicators of length of life and communicable disease presence in the Williamson County community.

Indicators	Trend	Williamson	TN	U.S.	Description
Length of Life					
Infant Mortality ²		3.3	 7	 HP 2030 Target (5)	Number of all infant deaths (within one year) per 1,000 live births (2015-2021)

Premature death ^{2*}	N/A	4,569.3	 11,043.4	 7,971.5	Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2019-2021) *Race/Ethnicity difference present: persons who identify as Black or African American non-Hispanic or Latino (6,874.9) experience significantly higher rates of premature death than the overall value.
Life expectancy ^{2*}	N/A	81.3	 74.1	 77.6	How long the average person is expected to live (2019-2021) *Race/Ethnicity difference present: persons who identify as Black or African American non-Hispanic or Latino have a significantly worse life expectancy (77.3) than the overall value.
Cancer deaths ²		122.1	 170.4	 149.4	The age-adjusted death rate per 100,000 population due to cancer. (2016-2021)
Fall fatalities. 65+ ²		15	 10.6	 9.8	The age-adjusted death rate per 100,000 population due to falls. (2022)
Communicable Disease					
HIV prevalence ¹	N/A	90	 318	 382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000 (2021)
Sexually transmitted infections ²		174.1	 538.1	 161	Number of newly diagnosed chlamydia cases per 100,000 (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2015-2021)					

Health and Quality of Life

Quality of Life represents a community's well-being. It underscores the importance of physical, mental, social, and emotional health from birth to adulthood. Measuring health-related quality of life helps characterize the experience of people with disabilities and those with chronic conditions. In addition to measuring how long people live, it is also important to include measures of how well people live ([CHR](#), 2021).

Below are indicators measuring various factors that impact one's quality of life.

Indicators	Trend	Williamson	TN	U.S.	Description
Physical Health					
Poor or fair health ¹	N/A	11%	 18%	 14%	Percentage of adults reporting fair or poor health (2021)
Poor physical health Days ¹	N/A	2.8	 4.1	 3.3	Average number of physically unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent physical Distress ¹	N/A	10%	 13%	 10%	Percentage of adults with 14 or more days of poor physical health per month (2010)
Low birth weight ²		7.3%	 9.3%	 8.5%	Percentage of babies born too small (less than 2,500 grams) (2021)
Falls 65+ ³	N/A	N/A	31.2%	N/A	Older adult falls reported (2020)
Morbidity					
Diabetes prevalence ¹	N/A	8%	 12%	 10%	Percentage of adults ages 20 and above with diagnosed diabetes (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² Older Adult Falls Data - Fall Prevention Injury Center CDC³ (These indicators used data from 2010 - 2022)					

Mental Health

Mental health includes emotional, psychological, and social well-being. It also assists in determining how to manage stress, relate to others, and make healthy choices. Mental health is essential at every stage of life, and poor mental health symptoms can lead to poor physical health outcomes ([CDC, 2024](#)). The National Institute of Mental Health lists major depressive disorder as the leading cause of disability for those aged 15-44 in the United States ([NIMH, 2021](#)). In Williamson County, the rate of Adults ever diagnosed with Depression is 27.3%, which is higher than the national value of 20.7% ([CDC-PLACES, 2022](#)).

Williamson County adults self-reported an average of 4.5 poor mental health days within the previous 30 days. This average is lower than the statewide number of poor mental health days (5.8), which is on par with the national number (4.8) ([CHR, 2022](#)). Williamson

County's Age-adjusted death due to suicide rate is 13.0 while trending up; this value is slightly lower than the national value (13.9) and well below the state value (17.0) ([CDC](#), 2018-2020).

Below are indicators that give insight into the state of mental well-being in Williamson County.

Indicators	Trend	Williamson	TN	U.S.	Description
Mental Health					
Poor mental health days ¹	N/A	4.5	 5.8	 4.8	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent mental distress ¹	N/A	14%	 19%	 15%	Percentage of adults reporting 14 or more days of poor mental health per month (2021)
Suicide ²		13	 17	 13.9	Number of deaths due to suicide per 100,000 (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2021 - 2022)					

Social and Economic Factors

Social and economic factors significantly impact health. They include our education, income, social support and community safety ([CHR](#), 2025). These factors affect our ability to make healthy decisions, afford medical care, housing, food, or manage stress. Additionally, these factors affect where we live, learn, work, and play. If these environments are poor, it can limit our ability and that of our families and neighbors to live long and healthy lives ([Health People 2030](#)). This section includes indicators related to economic opportunity, education, safety, and physical environment as well as a highlight on attainable housing which is a priority need in Williamson County.

Economic Opportunity and Education

Below are selected indicators examining economic opportunity and educational attainment in Williamson County.

Indicator	Trend	Williamson	TN	U.S.	Description
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Economic Stability					
Median household income ^{2*}		\$125,943	 \$64,035	 \$75,149	The income at which half of households in a county earn more and half earn less. (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as Hispanic or Latino (\$83,349), Black or African American (\$88,108), or Native Hawaiian or other Pacific Islander (\$83,906) have a significantly lower median household income compared to the overall value.</i>
Unemployment ¹	N/A	2.4%	 3.4%	 3.7%	Percentage of population ages 16 and older, unemployed but seeking work (2018-2022)
Poverty ^{2*}		4.2%	 14%	 12.5%	Percentage of population living below the federal poverty line (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as Native Hawaiian or other Pacific Islander (100%), Black or African American (13.7%), or Hispanic or Latino (9.9%), have significantly worse values compared to the overall value.</i>
Childhood poverty ²		3.4%	 19.2%	 16.7%	Percentage of people under age 18 in poverty (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as Hispanic or Latino (10.2) or Black or African American (15.6) each have significantly worse values than the overall population.</i>
Educational Attainment					
High school completion ²		97.8%	 90%	 86.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent (2018-2022)
Some college ¹	N/A	87%	 63%	 68%	Percentage of adults ages 25-44 with some post-secondary education (2018-2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2021 - 2022)					

Social Support and Community Safety

People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated ([CHR, 2024](#)). Community safety

reflects not only violent acts in neighborhoods and homes but also injuries caused unintentionally through accidents (CHR, 2025). The table below highlights a few key social support and community safety indicators.

Indicator	Trend	Williamson	TN	U.S.	Description
Social/Community					
Children in single parent homes ²		11.1%	27.9%	24.9%	Percentage of children who live in a household headed by a single parent (2018-2022)
Social associations ²		12.6	11.0	9.1	Number of membership associations per 10,000 population (2021)
Disconnected youth ²		2%	2%	1.8%	Percentage of teens and young adults ages 16-19 who are neither working nor in school (2021)
Teen births ¹	N/A	3	 24	 17	Number of births per 1,000 female population ages 15-19. (2016-2022)
Violent crimes ²		193.2	617.5	N/A	Number of reported violent crime offenses per 100,000 population (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2022)					

Food Insecurity

Food insecurity is an economic and social indicator of a community's health. Experiencing food insecurity means that someone isn't sure if they will have enough healthy food to eat or if they can access the food they need in acceptable ways (USDA, 2025). Poverty and unemployment are frequent predictors of food insecurity in the United States. Food insecurity is associated with chronic health problems in adults, including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues, including major depression (NIH, 2020).

The following table highlights a few key indicators on food access and food insecurity in Williamson County.

Indicator	Trend	Williamson	TN	U.S.	Description
Access to Healthy Foods					

Food environment index ²		9.2	6.5	7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best) (2024)
Food insecurity ²		8.8%	14%	13.5%	Percentage of the population who lack adequate access to food (2022)
Limited access to healthy foods ¹	N/A	5%	9%	6%	Percentage of the population who are low-income and do not live close to a grocery store (2019)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2019 - 2024)					

Attainable Housing

Housing impacts health, including affordability, stability, quality, safety, and surrounding neighborhoods/communities ([Healthy People 2023](#)). The Center for Housing Policy found that people who spend more than half their income on housing spend less on food and health care than similar households who spend 30 percent or less on housing. This same report highlighted that children in areas with higher rates of housing instability tended to have more behavioral concerns and more utilization of emergency department services ([The Center for Housing Policy](#), 2015). High housing costs affect families, making it difficult to maintain living expenses and creating further financial hardship.

Rent prices have significantly increased, with the median household gross rent rising from \$1,184 to \$1,817 from 2021 to 2022 (ACS 5-Year, 2018-2022). For 43.8% of Williamson County residents, rent consumes more than 30% of their monthly income. These persons are more likely and susceptible to live in poor conditions, and this significantly impacts young (15-24) and older adults (65+) compared to other age groups ([ACS 5-Year](#), 2018-2022).

The table below highlights a few key indicators of a healthy physical environment, including those linked to one’s housing.

Indicator	Trend	Williamson	TN	U.S.	Description
Physical Environment					
Severe housing cost burden ¹	N/A	10%	13%	14%	Percentage of households that spend 50 percent or more of their household income on housing (2018-2022)

Severe housing problems ²		9.8%	 13.3%	 16.7%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities (2016-2020)
Air pollution: particulate matter ¹	N/A	8.4	 7.6	 7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2019)
Homeownership ²		76.8%	 59.6%	 57.8%	Percentage of occupied housing units that are owned (2018-2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2016 - 2022)					

Healthcare Access

Access to appropriate high-quality health care helps prevent diseases, maintain health, reduce disease and premature death, and improve quality of life. Access also encompasses the timeliness, accessibility, and affordability of healthcare ([Healthy People 2030](#)). This section includes indicators related to access, hospital utilization, and preventive care as well as a highlight on health promotion and chronic disease prevention which is a need in Williamson County.

Health Promotion (Chronic Disease Prevention) through Built Environment

Chronic diseases are conditions that last 1 year or more and require ongoing medical attention. They are the leading causes of illness, disability, and death in America ([CDC](#), 2024). Routine doctor visits are important for regular screenings and exams and can assist with diagnosing problems before they begin or when chances for treatment and cure are better.

In Williamson County, 77.9% of adults report having had a routine doctor's visit. While slightly higher than the national median, this number still needs improvement ([CDC-PLACES](#), 2022). Another way to promote wellness is through built environments. Built environments encompass our living, working, and playing spaces, which impact our health. Research shows

that well-designed environments can reduce obesity, heart disease, and diabetes rates while improving physical, mental, and social well-being ([TDH](#), 2024).

Healthcare Access

Below are selected indicators examining access, utilization, and preventive healthcare in Williamson County.

Indicator	Trend	Williamson	TN	U.S.	Description
Healthcare Access					
Uninsured ¹	N/A	6%	 12%	 10%	Percentage of population under age 65 without health insurance (2021)
Uninsured adults ¹	N/A	7%	 15%	 12%	Percentage of adults under age 65 without health insurance (2021)
Uninsured children ¹	N/A	3%	 5%	 5%	Percentage of children under age 19 without health insurance (2021)
Primary care physicians ¹	N/A	720:1	 1,440:1	 1,330:1	Ratio of the population to primary care physicians (2023)
Mental healthcare providers ¹	N/A	410:1	 530:1	 320:1	Ratio of the population to mental healthcare providers (2023)
Hospital Utilization					
Preventable hospital stays ²		1,852	 2,841	 2,677	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. (2022)
Preventive Healthcare					
Flu vaccinations ²		61%	 51%	 50%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination (2022)
Mammography screenings ²		52%	 45%	 47%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2024)					

Health Behaviors

Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or increase someone’s risk of disease and premature death. It is important to understand that not everyone has the same opportunities to engage in healthy behaviors. The Williamson County Health Council highlighted substance use as a priority health behavior need for their community (NIH, 2024). One’s ability to engage in healthy behaviors is impacted by social and economic conditions, and access to resources. Health behaviors are driven by the choices available in the places where people live, learn, work and play (CHR, 2025). This section includes indicators related to healthy lifestyle and substance use, as well as a highlight on substance use which is a priority need in Williamson County.

Healthy Lifestyle

The table below highlights a few key indicators of health behaviors or health-related practices that can support overall wellness.

Indicator	Trend	Williamson	TN	U.S.	Description
Healthy Lifestyle					
Adult obesity ¹	N/A	28%	 36%	 34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or same as 30 kg/m2 (2021)
Physical inactivity ¹	N/A	19%	 27%	 23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity (2021)
Access to exercise opportunities ²	N/A	81.3%	 67.4%	 84.1%	Percentage of population with adequate access to locations for physical activity (2024)
Insufficient sleep ¹	N/A	29.9%	 34.4%	 33%	Percentage of adults who report fewer than seven hours of sleep on average (2022)
Motor vehicle crash deaths ¹		7.9	 16.3	 11.4	Number of motor vehicle crash deaths per 100,000 population (2015-2021)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2015 - 2024)					

Substance Use

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

Substance use impacts the physical and mental health of users of all ages. The unhealthy use of opioids is one of the most critical drug crises in America. Most overdose deaths involve opioids, and at least half of all opioid overdose deaths involve prescription opioids. Opioid use is a significant public health concern, but preventive actions, treatment, and proper response to overdoses can help reduce the impact. In Williamson County, between 2018-2022, the age-adjusted drug and opioid-involved overdose death rate was 16.9 per 100,000 ([CDC, 2018-2022](#)).

Additionally, 6.0 per 100,000 outpatient visits in Williamson County are due to opioid overdose, which is below the median of all Tennessee counties and overall state value (20.0 per 100,000 outpatient visits) ([TDH, 2022](#)). According to the Tennessee Drug Overdose Dashboard, in 2022, Williamson County had 40 outpatient visits involving opioid overdoses (excluding heroin) ([TDH, 2022](#)).

The table below highlights substance use and substance use-related death indicators for Williamson County.

Indicator	Trend	Williamson	TN	U.S.	Description
Substance Use					
Adult smoking ¹	N/A	11%	 20%	 15%	Percentage of adults who are current smokers (2021)
Excessive drinking ¹		17%	17%	 18%	Percentage of adults reporting binge or heavy alcohol drinking (2021)
Alcohol-impaired driving deaths ²		24.7%	 23.8%	 26.3%	Alcohol-impaired driving deaths (2017-2021)
Overdose deaths: any drug and opioid ²	N/A	16.9	 34.8	 23.5	Age adjusted rate of drug and opioid-related deaths per 100,000 persons (2018-2020)

Sources: [Explore Health Rankings - County Health Rankings & Roadmaps¹](#) | [Conduent Healthy Community Institute - VUMC Community Health Dashboard²](#) | (These indicators used data from 2017 - 2021)

Identifying and Prioritizing Needs

VUMC presented the health department listening session and health council self-assessment findings, environmental scan results, policy scan and secondary data analysis to the Williamson County Health Council. The prioritization process in Williamson County included a facilitated session with the goal of engaging health council and local voices in a streamlined prioritization process and building out community recommendations for action around each priority need.

Attendees were asked to review data focused on prior needs and vote to keep, amend, or sunset each one. Participants made decisions about the needs using the data provided, their lived and professional experience, and criteria outlined in the MAPP 2.0 Handbook to make these decisions ([NACCHO](#), 2023). The criteria used are outlined in the table below.

Relevance	Relevance of the issue to community members.
Impact	Impact of the issue on communities; centering those most proximate to variances in impact.
Feasibility	Availability and feasibility of solutions and strategies to address the issue

Significant community needs were informed by themes that arose from community input, the environmental scan, and policy scan as well as population data trends and differences in each county. The significant needs that arose in Williamson County included mental health, economic opportunity for all persons, attainable housing, health promotion (chronic disease prevention) through built environment, access to care, and substance use.

The community prioritized needs identified and voted for by the Williamson County Health Council as follows:

- Attainable Housing
- Chronic Disease Prevention and Built Environment
- Mental Health
- Substance Use

Based on insight gained from primary and secondary data analysis and input received from prioritization meetings, the summary tables below outline more about each need. Recommendations for improving the needs that were shared during the prioritization process are summarized in [Appendix D](#).

Summary of Prioritized Needs

Prioritized Need: Attainable Housing	
Health Council Definition: Improve access to safe, attainable housing in Williamson County.	
Why is it Important?	Populations Impacted
<p>Adequate attainable housing protects individuals and families from harmful exposure and provides security and stability.</p> <p>An individual’s housing status can significantly influence their health and other socioeconomic circumstances. Households experiencing severe cost burdens face difficult trade-offs between housing costs and other basic needs. This can lead to increased stress levels and emotional strain. Addressing the quality of housing as a public health issue may help prevent and reduce negative health outcomes.</p>	<p>Populations with systemic barriers</p> <ul style="list-style-type: none"> • Young adults • Older adults • People experiencing homelessness • Persons needing transitional housing including those released from jail or rehabilitation facilities • People who cannot live near their work due to cost of living • Those unable to reach homeownership easily

Prioritized Need: Substance Use	
Health Council Definition: Reduce the use of tobacco (encompassing the full range of tobacco products), alcohol, illicit drugs, and other substances.	
Why is it Important?	Populations Impacted
<p>Opioid use and substance use disorders continue to be a top issue for communities. Substance use often incites people to engage in more risky behavior, putting them at a higher risk for suicide, accidents, contracting an infectious disease, and more. Drug overdose deaths are a leading contributor to premature death and are preventable.</p>	<ul style="list-style-type: none"> • People experiencing the symptoms of mental illness • Those without a primary care physician • Youth, students, and young adults

Prioritized Need: Health Promotion (Chronic Disease Prevention) through Built Environment	
Health Council Definition: Promote health and safety in community settings, especially among groups with systemic barriers	
Why is it Important?	Populations Impacted
Health promotion includes encouraging physical activity, communication about the importance of primary care access, and promoting community resources that support health and well-being. This includes the built environment that supports health at the community level, impacting walkability, safety, and air and water quality. Research shows that well-designed built environments can reduce obesity, heart disease, and diabetes rates while improving physical, mental, and social well-being.	Families experiencing financial barriers <ul style="list-style-type: none"> • Older adults • People living in rural areas • People who do not speak English as a primary language • Those with limited access to health insurance • People experiencing homelessness

Prioritized Need: Mental Health	
Health Council Definition: Reduce stigma and improve access to mental health care.	
Why is it Important?	Populations Impacted
Mental health and physical health are closely connected. Mental health plays a significant role in people’s ability to maintain good physical health. Mental illnesses affect people’s ability to participate in health-promoting behaviors. In turn, challenges with physical health, such as chronic diseases, can seriously impact mental health and decrease a person’s ability to participate in treatment and recovery.	<ul style="list-style-type: none"> • Older adults • People who have experienced physical or mental trauma • People who may be predisposed to mental illness due to a variety of risk factors • Those who may experience cultural stigmas or racism • Youth and students • Persons experiencing isolation

The graphic features a vertical dark blue bar on the left side. Two horizontal arrow-shaped bars point to the right. The top bar is grey and contains the text 'Wilson County'. The bottom bar is dark blue and contains the text 'Community Health Needs Assessment'.

Wilson County

**Community Health Needs
Assessment**

Wilson County

Introduction

The Community Health Needs Assessment (CHNA) process in Wilson County sought to gain a greater understanding of community concerns related to health and healthcare, the social, environmental, and behavioral factors that impact health, the greatest needs and assets, and strategies for improving community health and well-being. This Wilson County report outlines the needs assessment process, shares summaries of the results, and describes how the community prioritized the needs.

Collaborations

The Wilson County Health Department and Wilson County Health Council collaborated with Vanderbilt University Medical Center (VUMC) on the CHNA, providing strategic guidance and coordinating community engagement.

The health council is a community-led group that brings together local collaborators, public health experts, and social service providers to advance health priorities for the residents of Wilson County. Through their community relationships, they played a key role in identifying perspectives from the community.

The health department also organized a listening session with patient-facing staff members to better understand the assets, barriers, and needs of community members who receive care at the health department.

Environmental Scan

VUMC completed an environmental scan in Wilson County to examine existing data relevant to community health and identify strengths, assets, relationships, and areas where improvements might be considered. This scan summarizes health and health-related reports published that included information about Wilson County.

VUMC reviewed four reports submitted by community partners, including reports published in or after 2021 with local, county-specific data about community health needs. Reports used for the environmental scan were analyzed on a rolling basis during the assessment period. The table below lists the organizational lead and organizational focus for reports that were reviewed in the scan.

Environmental Scan Reports Organizational Leads and Focus

Organizational Lead	Organizational Focus
Second Harvest Food Bank of Middle TN (2023)	Food Access
Tennessee Commission on Children and Youth (2023)	Children and Youth
Tennessee Department of Health (2023)	Public Health
Tennessee Health Care Campaign (2024)	Advocacy and Education (healthcare access)

Major Themes

Significant themes from the Wilson County environmental scan included access to care, childcare access, food access, and the built environment. Themes are described in more detail below:

- Access to Care:
 - Wilson County faces challenges with its TennCare provider-to-patient ratio, ranking among the lower 30 in Tennessee. This means there are fewer TennCare providers per capita in Wilson County than in two-thirds of Tennessee counties.
 - Wilson County residents without health insurance face limited healthcare options. Wilson County's healthcare safety net includes one community faith-based clinic, a Federally Qualified Health Center, and a behavioral health safety net provider.
- Childcare Access:
 - From 2010 to 2022, Tennessee had an average of nine childcare centers per 1,000 children statewide. Wilson County is above the state average with 10 childcare centers per 1,000 children.
- Food Access:
 - Experiencing limited access to food means that someone isn't sure if they will have enough healthy food to eat or can access the food they need in acceptable ways ([USDA](#), 2025). Overall, the food insecurity rate in Wilson County (5.7%) is low and ranks in the 1st quintile for Tennessee counties. This means Wilson County has one of the lowest food insecurity rates in the state, with rates across all Tennessee counties ranging between 0% and 26.3%.

- As noted in the Second Harvest Food Bank of Middle TN report, “there was a lack of data available for several detailed races and ethnicities. For individuals who identify as Asian, Native American, Pacific Islander, or multiple races, local data was unavailable therefore preventing local estimates to be produced.”
- Built Environment:
 - Wilson County School District ranks among the top 10 school districts in Tennessee, facing significant infrastructure improvement needs to comply with state and federal laws. The district requires renovations totaling \$1.41 million.

Conclusion

Wilson County has a higher-than-average ranking for food access and maintains average access to childcare availability, although it faces challenges with healthcare provider coverage.

Policy Scan

Many factors impact the health of a community, including the policies that guide how that community works. Therefore, tackling the CHNA priority health needs may require changes to public policy. The policy scan for this CHNA in Wilson County included a systematic review of existing policies related to prior CHNA needs and themes from community input. It involved identifying, analyzing, and summarizing current policies to understand the landscape, identify gaps, and inform future policy efforts.

VUMC’s Community Health team worked with medical students from the Vanderbilt School of Medicine (VUSM) during the 2023-2024 academic year. As a part of a class assignment, VUSM students researched state and local policy options that might improve the community’s opportunity to be as healthy as possible. This research included interviews with community experts in Wilson on the priority health needs.

Excerpts from student’s assignments are summarized in [Appendix B](#). The options presented do not represent the views of VUMC; they are potential levers student projects explored for improving health outcomes related to mental and behavioral health, substance use, and healthcare access.

Primary Data: Community Input

To understand the broad interests of the community, VUMC partnered with the Wilson County Health Department and Wilson County Health Council. This approach provided valuable insights for identifying and addressing the county's most pressing health concerns, ensuring that varied perspectives from the community were centered.

In developing this process, a concerted effort was made to ensure that individual and organizational representatives from communities facing barriers to optimal health were included.

Health Council Self-Assessment

To gather comprehensive input from the community, VUMC facilitated a self-assessment with the health council. The self-assessment gathered community feedback about the prior CHNA needs, how they have changed, any barriers faced in solution building, and recommendations for future or continued action. The self-assessment focused on the prioritized needs of mental health resources, healthcare access, housing and transportation, and health literacy.

In Wilson County, 22 individuals participated in the self-assessment and completed a participant survey. The following table summarizes participant demographics, key points, common themes, meaningful quotes, and recommendations from the health council.

A summary of organizations in attendance and their sector of focus can be found in [Appendix E](#).

Wilson County Health Council Self-Assessment
Participant Summary
<ul style="list-style-type: none">• Most participants (>86%) lived and/or worked in Wilson County• Most participants (82%) attended the self-assessment meeting as part of their professional role, while the rest were either retired or attending as community members.• Organizations represented included local clinics, schools, family and mental health support agencies, and various Tennessee state agencies.
Key Summary Points
<ul style="list-style-type: none">• The community needs more access to readily available, quality mental health care and resources.• Social isolation resulting from increased social media use and the COVID-19 pandemic has exacerbated mental health challenges.

Themes	Meaningful Quotes
Mental health resources	<p>“The convenience of accessing services is challenging [and] the availability of people to offer services is low.”</p> <p>“We have the behavioral health safety net, but connecting with them is a barrier. [To set an appointment, the clinic] calls back, but sometimes [patients] miss the opportunity while they’re at work. Some places offer [mental health services] within 24 hours, but it needs to expand.”</p> <p>“There are not enough people working in the behavioral health space and there is a workforce shortage. We can’t find enough providers.”</p>
Social isolation	<p>“COVID was a big hit- it isolated the world, so it’s that in general.”</p> <p>“[Social media] is supposed to make us more social, but it makes us less social. And [it limits] younger people’s ability to have verbal conversations with others. If you can't have those relationships and conversations, you'll suffer.”</p>
Recommendations for Improving the Needs	
<ul style="list-style-type: none"> • Increase collaborative efforts to improve community awareness of existing coalitions, resources, and care opportunities. • Brainstorm and advocate for solutions for communities who cannot afford their healthcare due to cost and/or TennCare redetermination. 	

Health Department Listening Session

A listening session was conducted with the Wilson County Health Department director, select patient-facing staff, and department leaders who had knowledge of the previously prioritized health needs and how they impact community members.

The listening session was conducted by VUMC to gather feedback on the health needs and assets of Wilson County, and on progress on the Wilson County prioritized needs. It focused on the prioritized needs of mental health resources, healthcare access, housing and transportation, and health literacy. The listening session transcript was reviewed by the CHNA team to identify common themes. The table below summarizes information from the health department listening session.

Wilson County Health Department Listening Session	
Participant Summary	
<ul style="list-style-type: none"> • Four Wilson County Health Department staff participated in person, and one staff member sent in written responses to discussion questions. Participant roles included educators, clinicians, and administrators. • Participants' years of experience within the Wilson County Health Department ranged from 1 year to 19 years. 	
Key Summary Points	
<ul style="list-style-type: none"> • The referral process can be intricate and lengthy, making it difficult for individuals to obtain care. • Living expenses are high, making it difficult to pay for care and insurance • Population growth has outpaced available affordable and subsidized housing options. • Population growth has outpaced available affordable and subsidized housing options. • The amount people experiencing homelessness is increasing 	
Themes	Meaningful Quotes
Access to care	Wilson County has “seen an increase in population, but no increase in [healthcare services and mental health facilities].” “Transportation is the big issue for our patients. More now than ever that gas is so expensive and things like that [...]. Right now, it’s taking everybody everything they can to just put gas in the vehicle and put food on the table.”
Dental care	“Dental is a big issue here; we don’t have resources enough for adults. A lot of people are showing up to the ERs and things like that because they have an abscessed tooth and nowhere to go.”
Housing and Transportation	“Some people are being left behind as many new homes are being built exclusively for middle and upper-class families.” “One [person] had been on Section 8 for 3.5 years and finally got approved, but it took her 3.5 years to find a place that’s just been built that’s accepting Section 8.”
County Assets	Recommendations for Improving the Needs

<ul style="list-style-type: none">• Economic development and employment: Many businesses are choosing to expand in Wilson County, which brings in more money to the county and more job opportunities for community members.• A strong public education system: there are a lot of great options for elementary, middle, and high school	<ul style="list-style-type: none">• Improve access to healthcare by addressing the high volume of patient cancellations or no-shows• Increase health promotion efforts• Reevaluate housing assistance criteria, address bias against recipients of government housing aid, and increase funding for affordable/income-based housing
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Secondary Data

Wilson County is located in middle Tennessee, east of the Nashville metropolitan area. Wilson County is growing but primarily considered suburban and rural ([TNSDC, 2023](#)). It is home to an estimated 163,674 individuals, a number that has increased (+10.1%) from 2020 to 2023 ([Census, 2024](#)).

Among this population, a greater percentage of people in Wilson are under 18 years old (23.2%) compared to the state (22.0%) or the U.S. (21.7%) overall. Yet, the aging population in Wilson County is growing, with 16.2% of the population over age 65, with that percentage trending up ([Census, 2023](#)). Amongst the population aged 5 and over, 7.4% speak a language other than English at home ([ACS 5-year, 2018-2022](#)). Additional demographic data are available below.

Population

Population	Wilson County	Tennessee	U.S.
Total ¹	163,674	7,051,339	333,287,557
Male ¹	49.5%	49.1%	49.6%
Female ¹	50.5%	50.9%	50.4%

Source: [Explore Health Rankings - County Health Rankings & Roadmaps¹](#) (These indicators used data from 2022)

Population by Race or Ethnicity

Race or Ethnicity	Wilson County	Tennessee	U.S.
Asian ¹	2.5%	2.1%	6.3%
Native Hawaiian or other Pacific Islander ¹	0.1%	0.1%	0.3%
Black or African American ¹	7.6%	16.4%	12.6%
Hispanic or Latino ¹	5.7%	6.4%	19.1%
American Indian or Alaska Native ¹	0.5%	0.5%	1.3%
White ¹	81.9%	72.9%	58.9%

Source: [Explore Health Rankings - County Health Rankings & Roadmaps¹](#) (These indicators used data from 2022)

In addition to demographics, indicators were considered from publicly available sources to describe the health status of those in the Wilson County community. Secondary data for this report was drawn from the VUMC Healthy Communities Data Platform ([HCI](#)) and the County Health Ranking ([CHR](#)) websites. HCI is a centralized hub for community health data and initiatives available on the VUMC Community Health website. These data are summarized into tables with icons showing how Wilson County data trends over time and how Wilson compares to other counties, Tennessee, and U.S. values. Differences are noted in red text next to each indicator if reported by the original data source. Below is additional information about how to read the data tables and icons.

Table Legend

Dial Gauge: How the county compares to other counties in the state or U.S. 
Diamond Gauge: How the county value compares to the overall state or U.S. value 
Square Gauge: Shows if the value has increased or decreased over time ◦ Solid color = change is statistically significant ◦ Outlined = change not statistically significant 
GREEN=Good, RED=Bad or BLUE=Neutral

For this secondary data overview, health indicators within the following categories were reviewed:

- Health outcomes,
- Social and economic factors,
- Healthcare access, and
- Health behaviors.

Additional community data highlights were drafted based on the prior CHNA needs and significant themes noted from community input in Wilson County. These highlights include mental health, access to care, housing, and transportation. Understanding how varied access to health care and social needs impact different populations in Wilson County was essential during the assessment process. VUMC examined emerging and persisting variances across multiple

areas, highlighting these differences between population groups and geographic areas. More detail on secondary data sources can be found in [Appendix D](#).

Health Outcomes

Health outcomes reflect a county's overall health status, including the physical and mental well-being of its community members. Health outcome indicators can provide valuable insights into trends in population health, disease factors, and quality of life.

By evaluating key health metrics, we can better understand the complex factors that influence community health and support programs and policies at the local, state, and federal levels that may influence these factors ([CHR, 2024](#)). This section includes indicators related to life expectancy, communicable diseases, and quality of life, as well as a highlight on mental health, which is a priority need in Wilson County.

Life Expectancy and Communicable Disease

Below are indicators of length of life and communicable disease presence in the Wilson County community.

Indicators	Trend	Wilson	TN	U.S.	Description
Length of Life					
Premature death ^{2*}	N/A	8,273.3	 11,043.4	 7,971.5	Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2019-2021) <i>*Race/Ethnicity difference present: persons who identify as Black or African American non-Hispanic or Latino (12,640.3) experience significantly higher rates of premature death than the overall value.</i>
Life expectancy ²	N/A	76.6	 74.1	 77.6	How long the average person is expected to live (2019-2021)
Infant Mortality ²		4.4	 7	N/A	Number of all infant deaths (within one year) per 1,000 live births (2015-2021)
Sources: Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2015 – 2021)					

Health and Quality of Life

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

Measuring health-related quality of life helps characterize the experience of people with disabilities and those with chronic conditions. In addition to measuring how long people live, it is also important to include measures of how well people live ([CHR](#), 2021).

Below are indicators measuring various factors that impact one's quality of life.

Indicators	Trend	Wilson	TN	U.S.	Description
Physical Health					
Poor or fair health ¹	N/A	15.7%	 18%	 14%	Percentage of adults reporting fair or poor health (2021)
Poor physical health Days ¹	N/A	3.7	 4.1	 3.3	Average number of physically unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent physical Distress ¹	N/A	11%	 13%	 10%	Percentage of adults with 14 or more days of poor physical health per month (2010)
Low birth weight ²		8%	 9.3%	 8.5%	Percentage of babies born too small (less than 2,500 grams) (2021)
Falls 65+ ³	N/A	N/A	31.2%	N/A	Older adult falls reported (2020)
Fall fatalities. 65+ ²		17	 10.6	 9.8	The age-adjusted death rate per 100,000 population due to falls. (2022)
Morbidity					
Diabetes prevalence ²	N/A	9.1%	 12%	 10%	Percentage of adults ages 20 and above with diagnosed diabetes (2022)
Cancer deaths ²		153			The age-adjusted death rate per 100,000 population due to cancer. (2016-2021)

			170.4	149.4	
Communicable Disease					
HIV prevalence ¹	N/A	165	 318	 382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000 (2021)
Sexually transmitted infections ²		295.2	 538.1	 161	Number of newly diagnosed chlamydia cases per 100,000 (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² Older Adult Falls Data - Fall Prevention Injury Center CDC³ (These indicators used data from 2010 - 2022)					

Mental Health

Mental health includes emotional, psychological, and social well-being. It also assists in determining how to manage stress, relate to others, and make healthy choices. This state of well-being allows us to cope with the stresses of life, realize our abilities, learn well and work well, and contribute to our community. Mental health is essential at every stage of life, and poor mental health symptoms can lead to poor physical health outcomes (CDC, 2024). Delays in mental health treatment can lead to increased morbidity and mortality and the adoption of life-threatening and life-altering self-treatments, such as illicit substance use (McLaughlin, 2004).

The 2024 Mental Health Index on the Healthy Communities data platform measures socioeconomic and health factors correlated with self-reported poor mental health. All zip codes are indexed from 0 (low need) to 100 (high need). Zip code 37087, better known as Lebanon, has an index value of 79.1, which indicates a high need in this area (HCI, 2024).

Below are indicators that give insight into the state of mental well-being in Wilson County.

Indicators	Trend	Wilson	TN	U.S.	Description
Mental Health					
Poor mental health days ¹	N/A	5.3	 5.8	 4.8	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent mental distress ¹	N/A	17%	 19%	 15%	Percentage of adults reporting 14 or more days of poor mental health per month (2021)

Suicide ²		19.7			Number of deaths due to suicide per 100,000 (2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2021 - 2022)					

Social and Economic Factors

Social and economic factors significantly impact health. They include our education, income, social support, and community safety (CHR, 2025). These factors affect our ability to make healthy decisions, afford medical care, housing, food, or manage stress. Additionally, these factors affect where we live, learn, work, and play. If these environments are poor, it can limit our ability and that of our families and neighbors to live long and healthy lives (Health People 2030). This section includes indicators related to economic opportunity, education, safety, and physical environment, as well as a highlight on housing and transportation, which is a priority need in Wilson County.

Economic Opportunity and Education

Below are selected indicators examining economic opportunity and educational attainment in Wilson County.

Indicator	Trend	Wilson	TN	U.S.	Description
Economic Stability					
Median household income ^{2*}		\$89,462	 \$64,035	 \$75,149	The income at which half of households in a county earn more and half earn less. (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as Hispanic or Latino (\$73,237) or Two or More Races (\$73,445) have a lower median household income compared to the overall value.</i>
Unemployment ¹	N/A	2.6%	 3.4%	 3.7%	Percentage of population ages 16 and older, unemployed but seeking work (2018-2022)
Poverty ^{2*}		8.3%	 14%	 12.5%	Percentage of population living below the federal poverty line (2018-2022) <i>*Race/Ethnicity difference present: persons identifying as Hispanic or Latino (15.4%) or Two or</i>

					More Races (16.9%) have significantly worse values compared to the overall value.
Childhood poverty ²		9.6%	 19.2%	 16.7%	Percentage of people under the age of 18 who are living below the federal poverty level (2018-2022)
Educational Attainment					
High school completion ²		98.2%	 90.6%	 86.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent (2018-2022)
Some college ¹	N/A	72%	 63%	 68%	Percentage of adults ages 25-44 with some post-secondary education (2018-2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2022)					

Social Support and Community Safety

People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated (CHR, 2024). Community safety reflects not only violent acts in neighborhoods and homes but also injuries caused unintentionally through accidents (CHR, 2025). The table below highlights a few key social support and community safety indicators.

Indicator	Trend	Wilson	TN	U.S.	Description
Social/Community					
Children in single parent homes ²		18.8%	 27.9%	 24.9%	Percentage of children who live in a household headed by a single parent (2018-2022)
Social associations ²		9.2	 11	 9.1	Number of membership associations per 10,000 population (2021)
Disconnected youth ²		2%	 2%	 1.8%	Percentage of teens and young adults ages 16-19 who are neither working nor in school (2021)
Teen births ¹	N/A	14	 24	 17	Number of births per 1,000 female population ages 15-19. (2016-2022)

Violent crimes ²		218.9	 617.5	N/A	Number of reported violent crime offenses per 100,000 population (2022)
Sources: Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2018 - 2022)					

Food Insecurity

Food insecurity is an economic and social indicator of a community's health. Experiencing food insecurity means that someone isn't sure if they will have enough healthy food to eat or if they can access the food they need in acceptable ways ([USDA](#), 2025). Poverty and unemployment are frequent predictors of food insecurity in the United States. Food insecurity is associated with chronic health problems in adults, including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues, including major depression ([NIH](#), 2020).

The following table highlights a few key indicators of food access and food insecurity in Wilson County.

Indicator	Trend	Wilson	TN	U.S.	Description
Access to Healthy Foods					
Food environment index ²		8.5	 6.5	 7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best) (2024)
Food insecurity ²		11.5%	 14%	 13.5%	Percentage of the population who lack adequate access to food (2022)
Limited access to healthy foods ¹	N/A	6%	 9%	6%	Percentage of the population who are low-income and do not live close to a grocery store (2019)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2019 - 2024)					

Physical Environment

The table below highlights a few key indicators of a healthy physical environment, including those linked to one’s housing.

Indicator	Trend	Wilson	TN	U.S.	Description
Physical Environment					
Severe housing cost burden ¹	N/A	9%	 12%	 14%	Percentage of households that spend 50 percent or more of their household income on housing (2018-2022)
Severe housing problems ²		10.4%	 13.3%	 16.7%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities (2016-2020)
Air pollution: particulate matter ¹	N/A	8.4	 7.6	 7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2019)
Homeownership ²		71.9%	 59.6%	 57.8%	Percentage of occupied housing units that are owned (2018-2022)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2016 - 2022)					

Housing and Transportation

Housing affordability, stability, quality, and safety impact health as well as the surrounding neighborhoods and communities ([Healthy People 2023](#)). One study found that people who spend more than half their income on housing spend less on food and health care than similar households who spend 30 percent or less on housing. Another study showed that children in areas with higher rates of housing instability tended to have more behavioral concerns and more utilization of emergency department services ([The Center for Housing Policy](#), 2015).

Rent prices in Wilson County have significantly increased, with the median household gross rent rising from \$1,171 to \$1,268 between 2021 and 2022 ([ACS 5-Year](#), 2018-2022). For 48.7% of Wilson County residents, rent consumes more than 30% of their monthly income.

Because of this, these persons are more likely and susceptible to living in poor conditions, and this disproportionately impacts older adults (65+) ([ACS 5-Year, 2018-2022](#)).

Transportation is necessary for accessing employment, healthcare, healthy food, and other community resources. With only 0.5% of Wilson County workers commuting by public transportation, vehicle ownership is directly related to one’s ability to travel ([ACS 5-Year, 2018-2022](#)). Only 2.4% of households in Wilson County are without a vehicle, which is less than in Tennessee (5.3%) and the U.S. (8.3%) overall. However, nearly half of householders without a vehicle are over age 65 ([ACS 5-Year, 2018-2022](#)). In general, those without access to a car make fewer journeys and experience increased barriers to accessing essential resources and services.

Healthcare Access

Access to appropriate high-quality health care helps prevent diseases, maintain health, reduce disease and premature death, and improve quality of life. Access also encompasses the timeliness, accessibility, and affordability of healthcare ([Healthy People 2030](#)). This section includes indicators related to access, hospital utilization, and preventive care. Healthcare access was also highlighted as a priority need in Wilson County.

For many, insurance coverage is a significant factor when seeking care and making healthcare decisions, and many rely on employers to provide insurance coverage. Without health insurance, people may be unable to afford medical treatment or prescription medications. They are also less likely to initiate routine check-ups and screenings and will often wait to seek treatment until conditions are more advanced, more challenging, and most of the time, more costly. The Healthy People 2030 goal is for 92.4% of people to have health insurance. In 2021, 90% of Wilson County residents have health insurance, still shy of the Healthy People target ([CHR, 2021](#)).

Healthcare Access

Below are selected indicators examining access, utilization, and preventive healthcare in Wilson County.

Indicator	Trend	Wilson	TN	U.S.	Description
Healthcare Access					
Uninsured ¹	N/A	10%	 12%	10%	Percentage of population under age 65 without health insurance (2021)

Uninsured adults ¹	N/A	12%		12%	Percentage of adults under age 65 without health insurance (2021)
Uninsured children ¹	N/A	4%		5%	Percentage of children under age 19 without health insurance (2021)
Primary care physicians ¹	N/A	3,040:1		1,330:1	Ratio of the population to primary care physicians (2023)
Mental healthcare providers ¹	N/A	1,250:1		320:1	Ratio of the population to mental healthcare providers (2023)
Hospital Utilization					
Preventable hospital stays ^{2*}		3,183			Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees (2022) <i>*Race/Ethnicity difference present: persons identifying as Black or African American (3,929) have a higher value compared to the overall population.</i>
Preventive Healthcare					
Flu vaccinations ²		55%			Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination (2022)
Mammography screenings ²		44%			Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. (2022)
<i>Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2021 - 2022)</i>					

Health Behaviors

Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or increase someone’s risk of disease and premature death. It is important to understand that not everyone has the same opportunities to engage in healthy behaviors (NIH, 2024). One’s ability to engage in healthy behaviors is impacted by social and economic conditions, and access to resources. Health behaviors are driven by the choices available in the places where people live, learn, work, and play (CHR, 2025). This section

includes indicators related to healthy lifestyle and substance use, as well as a highlight on substance use which was highlighted as a theme from community input in Wilson County.

Healthy Lifestyle

The table below highlights a few key indicators of health behaviors or health-related practices that can support overall wellness.

Indicator	Trend	Wilson	TN	U.S.	Description
Healthy Lifestyle					
Adult obesity ¹	N/A	31%	 36%	 34%	Percentage of the adult population (ages 20 and older) reports a body mass index (BMI) greater than or same as 30 kg/m2 (2021)
Physical inactivity ¹	N/A	25%	 27%	 23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity (2021)
Access to exercise opportunities ²	N/A	62.2%	 67.4%	 84.1%	Percentage of population with adequate access to locations for physical activity (2024)
Insufficient sleep ¹	N/A	32.7%	 34.4%	 33%	Percentage of adults who report fewer than seven hours of sleep on average (2022)
Motor vehicle crash deaths ¹		11.4	 16.3	 11.4	Number of motor vehicle crash deaths per 100,000 population (2015-2021)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2015 - 2024)					

Substance Use

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

The table below highlights substance use and substance use-related death indicators for Wilson County.

Indicator	Trend	Wilson	TN	U.S.	Description
Substance Use					
Adult smoking ¹	N/A	17%	 20%	 15%	Percentage of adults who are current smokers (2021)
Excessive drinking ¹	N/A	16%	 17%	 18%	Percentage of adults reporting binge or heavy alcohol drinking (2021)
Alcohol-impaired driving deaths ²		18.6%	 23.8%	 26.3%	Alcohol-impaired driving deaths (2017-2021)
Overdose deaths: any drug and opioid ²	N/A	41.8	 34.8	 23.5	Age adjusted rate of drug and opioid-related deaths per 100,000 persons (2018-2020)
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2017 - 2021)					

Identifying and Prioritizing Community Needs

VUMC presented the health department listening session and health council self-assessment findings, environmental scan results, and secondary data analysis to the Wilson County Health Council. The prioritization process in Wilson County included a facilitated session with the goal of engaging the health council and local voices in a streamlined prioritization process and building out community recommendations for action around each priority need.

Attendees were asked to review data focused on prior needs and vote to keep, amend, or sunset each one. Participants made decisions about the needs using the data provided, their lived and professional experience, and the criteria outlined in the MAPP 2.0 Handbook to make these decisions ([NACCHO](#), 2023). The criteria used are outlined in the table below.

Relevance	Relevance of the issue to community members.
Impact	Impact of the issue on communities; centering those most proximate to variances in impact.
Feasibility	Availability and feasibility of solutions and strategies to address the issue

Significant community needs were informed by themes that arose from community input, the environmental scan, and policy scan, as well as population data trends and differences in each county. The significant needs that arose in Wilson County included premature death, mental health, economic opportunity, access to care including preventive care, health literacy, housing and transportation.

The community prioritized needs identified and voted for by the Wilson County Health Council are as follows:

- Mental Health Resources
- Access to Healthcare
- Health Literacy
- Housing and Transportation

Based on insight gained from primary and secondary data analysis and input received from prioritization meetings, the summary tables below outline more about each need. Recommendations for improving the needs that were shared during the prioritization process are summarized in [Appendix D](#).

Summary of Prioritized Needs

Prioritized Need: Mental Health Resources	
<p>Health Council Definition: Mental health resources being available in languages other than English, the stigma around mental health decreasing, and accessibility of mental health resources increasing.</p>	
Why is it Important?	Populations Impacted
<p>Mental health and physical health are intricately connected. Mental health plays a significant role in people’s ability to maintain good physical health. A lack of knowledge about existing mental health resources can prevent people in the community from accessing them.</p>	<ul style="list-style-type: none"> • Populations with systemic barriers • People who do not speak English as a primary language • Those with limited access to health insurance

Prioritized Need: Access to Healthcare	
<p>Health Council Definition: The overall accessibility and affordability of health care and the access to specialty care providers</p>	
Why is it Important?	Populations Impacted
<p>Accessibility and affordability of healthcare requires financial means, adequate health insurance, and access to providers. The availability of primary care physicians is essential for preventive and primary care. Accessibility is especially important for older adults with limited mobility or barriers to telehealth options.</p>	<ul style="list-style-type: none"> • Populations with systemic barriers • Those with economic needs • Older adults • People who do not speak English as a primary language • Those with limited access to health insurance • Persons who are enrolled in TennCare

Prioritized Need: Health Literacy	
Health Council Definition: Organizations prioritizing the translation of health resources to a variety of languages, emphasizing the ability to synthesize health-related information, and equipping community members to make well-informed decisions for their health	
Why is it Important?	Populations Impacted
Health literacy refers to the ability to find, understand, use, and share information to improve one’s health. Increased health literacy helps people make informed decisions about their health, which can lead to better health outcomes (HRSA , 2024) (CDC , 2021). Improving health literacy requires addressing language barriers for persons who do not speak English as their primary language.	<ul style="list-style-type: none"> • People who do not speak English as a primary language • Persons with limited educational attainment • Those with economic needs

Prioritized Need: Housing and Transportation	
Health Council Definition: An increase in affordable and safe housing for low-income households and those experiencing homelessness, as well as solutions to transportation barriers that are preventing community members from accessing all of the assets of the county.	
Why is it Important?	Populations Impacted
Attainable housing protects individuals and families from harmful exposure and provides security and stability. An individual’s housing status can significantly influence their health. Households experiencing severe cost burdens face difficult trade-offs between housing costs and other basic needs. Transportation solutions can increase overall health by decreasing barriers to receiving care and accessing community resources.	<p>Populations with systemic barriers</p> <ul style="list-style-type: none"> • Older adults • People experiencing homelessness • Those unable to reach homeownership easily

Evaluation & Impact of VUMC's 2023

CHNA/IS Programs

Vanderbilt University Medical Center (VUMC) continues to address the needs identified in the 2022 and 2023 CHNA and IS. The prioritized needs from VUMC's past CHNAs are Access to Care, Chronic Disease and Preventative Care, Equity, and Social Drivers of Health. The narrative below addresses the evaluation of VUMC's impact on prioritized needs identified in VUMC's immediately preceding CHNAs.

Access to Care

VUMC has continued to prioritize increasing access to quality healthcare in Bedford, Coffee, Davidson, Rutherford, Williamson, and Wilson counties. In fiscal year 2024 (July 2023 through June 2024), VUMC delivered care through 3.3 million patient visits, 80,000 hospital discharges, 213,000 Emergency Department visits, and 81,000 surgical cases. Vanderbilt Transplant Center performed 809 organ transplants, including VUMC's first combined lung-kidney and lung-liver transplants.

The Shade Tree Clinic, located in Davidson County, is a Vanderbilt medical student-run clinic supported by faculty mentors. For nearly two decades, the clinic has offered high-quality care to those without access to healthcare or health insurance at no cost, with services ranging from primary care to chronic disease management, prenatal care, health education, social services, and more. Recently, a pediatric clinic was opened to better serve adolescents aged 13 to 17.

Vanderbilt faculty and medical resident volunteers support the Nashville Interfaith Dental Clinic, which provides oral healthcare services to communities with limited access to affordable dental care. The clinic now has two full-time locations in Nashville and the neighboring community of Murfreesboro.

In collaboration with the Tennessee Department of Education and the Department of Intellectual and Developmental Disabilities, VUMC offers vision evaluations, low-vision devices, and specialized support to eligible families at no cost through the state-wide initiative Providing Access to the Visual Environment (Project PAVE).

In fiscal year 2024, VUMC's School-Based Mental Health Services program served 738 students and families across 37 Davidson County elementary, middle, and charter schools.

Vanderbilt Behavioral Health and the Vanderbilt Institute for Medicine and Public Health also contribute to youth health improvement collaboratives, implementing data-driven, community-informed strategies to improve youth health outcomes.

The Vanderbilt Center of Excellence (VCOE) in VUMC's Department of Psychiatry aims to improve health outcomes by enhancing the quality of services provided to children in or at risk of entering the Tennessee Department of Children's Service's care or juvenile justice system. The Vanderbilt Center of Excellence deploys 22 full-time clinicians, focusing on youth in state custody or facing significant care barriers. Services provided include family, group, and individual therapy. In fiscal year 2024, the VCOE conducted 199 specialized, multi-disciplinary case consultations for at-risk youth and families.

VUMC collaborates with organizations such as the National Alliance on Mental Illness (NAMI) through event sponsorships and support of the annual NAMI Walk, as well as providing monthly support groups and education series for the public. VUMC works collaboratively with many organizations, such as Mental Health America of the Mid-South, Tennessee Association of Mental Health Organizations, Tennessee Department of Children's Services, Tennessee Department of Health, Tennessee Department of Mental Health and Substance Abuse Services, Tennessee Hospital Association, Tennessee Suicide Prevention Network, Tennessee Voices, and more. Additionally, through Alignment Nashville membership, VUMC supports community initiatives, including Social and Emotional Learning programs for educators and professionals.

Key VUMC leadership serves on various organizational boards, including Faith Family Medical Clinic, Mental Health America of the Mid-South, NAMI Davidson County, Park Center, Tennessee Voices, Wilson County Help Center, Wilson Rides, and numerous other community task forces and coalitions.

Chronic Disease and Preventative Care

VUMC has continued to prioritize addressing chronic disease and preventative care in Bedford, Coffee, Davidson, Rutherford, Williamson, and Wilson counties. In addition to the care provided through VUMC's 180+ clinics, VUMC ensures patients also have access to care through home visits and remote consultations. In fiscal year 2024, 6,500 home visits were conducted by VUMC's dedicated home health teams, and 226,314 virtual appointments were held through VUMC's robust telehealth program.

Cancer prevention initiatives at VUMC reach different communities through bilingual education forums. In fiscal year 2024, Vanderbilt Ingram Cancer Center (VICC) engaged 7,137 participants in general cancer bilingual education forums. Through these education forums and

various health fair events, VICC connected 282 community members to breast, colorectal, and cervical cancer screenings.

The Pediatric Trauma Injury Prevention Program at Monroe Carell Jr. Children's Hospital at Vanderbilt (Monroe Carell) is a nationally recognized program aimed at reducing traumatic injuries among children while promoting safe behaviors in the community. Utilizing a programmatic trauma data registry, the program focuses on interventions and collaborates with communities at risk for higher rates of injury or death, tailoring strategies for both urban and rural settings.

In fiscal year 2023, VUMC's Community Health Team collaborated with Adult Ambulatory Nursing Services and Charis Health Center in Wilson County to develop tailored health education materials focused on diabetes and other chronic conditions. These materials are being used to educate community members to make well-informed decisions regarding their health and have expanded access to multilingual health resources in Wilson County.

Equity

VUMC has continued to prioritize community health in Bedford, Coffee, Davidson, Rutherford, Williamson, and Wilson counties. VUMC offers annual Community Health Mini-Grants to support community organizations addressing CHNA needs across six counties, having awarded 64 mini-grants from fiscal years 2018 to 2024. Additionally, VUMC offers annual Innovation Awards to support members of the VUMC community leading projects focused on community health. Between fiscal years 2020-2024, 25 Innovation Awards have been funded.

VUMC offers funds to community organizations to provide Vanderbilt University School of Medicine medical and public health students with applied community health experiences through the Lefkowitz Fund. Between fiscal years 2020-2024, 22 students have been matched to work with community organizations.

In 2024, VUMC strengthened collaborative efforts with community partners by participating in 44 health council meetings held across all six counties in the VUMC service area, reaching a 90% attendance rate. VUMC's Community Health Team has also collaborated with VUMC Women's Health and other internal departments to ensure similar birth outcomes for all. In fiscal year 2024, the Vanderbilt Birth Center Team provided prenatal education to nearly 1,800 patients.

The Future is NOW (Non-violent Options Win) Nashville program, part of the Future Healers Network, creates pathways to healthcare careers for youth in communities affected by violence. The program offers free monthly health education and hands-on activities in collaboration with the Vanderbilt Division of Acute Care Surgery, law enforcement agencies,

and community groups. Healthcare providers, medical students, and community members serve as mentors to guide youth toward careers in healthcare.

Through the Vanderbilt Kennedy Center partnership, Tennessee Disability Pathfinder connects people with disabilities, their families, educators, and healthcare professionals with essential services and support systems. The program guides individuals through healthcare systems, disability resources, and educational support services.

Social Drivers of Health

VUMC has continued to prioritize social needs impacting health in Bedford, Coffee, Davidson, Rutherford, Williamson, and Wilson counties. VUMC addresses nutrition security through collaborative efforts led by an internal group at Monroe Carell and community partners working together to provide meals and ongoing resources to patients and families identified as food insecure. VUMC has also expanded screening for social needs across the adult inpatient enterprise and is piloting expanded screening in adult ambulatory clinics.

VUMC sponsors a week-long summer camp for pediatric burn survivors ages 6-16. Camp Hope includes activities like swimming, crafts, and nature hikes, along with exercises to promote physical and emotional healing for burn injury survivors. VUMC covers all costs for eligible youth.

Stallworth Rehabilitation Hospital provides comprehensive support services to address social factors that affect health outcomes. Stallworth collaborates with the Trauma Survivors Network, which provides free resources to help patients and families cope with the challenges of trauma recovery. Stallworth holds monthly grand rounds for medical community members to discuss topics impacting rehabilitation and post-acute care. Stallworth also convenes several monthly support groups to assist with resource navigation. These groups include patient/caregiver support groups for spinal cord injuries, strokes, and traumatic brain injuries.

Evaluation of Community Health Impact

VUMC evaluates its community health improvement efforts through monitoring both programmatic measures (outlined above) and population measures (outlined below). This dual approach captures how VUMC addresses the needs through IS project metrics, as well as the potential community-level impact through cross-sectional snapshots of publicly sourced data across all counties in the community served. This section includes indicators related to the needs adopted by VUMC in prior CHNAs: access to care, chronic disease and preventive care, equity, and social drivers of health.

Access to Care

Access to care focuses on improving health by helping people get timely, high-quality healthcare services. It encompasses considerations around affordability, acceptability, availability, and accessibility. Access barriers may include health insurance, geographic location, availability of primary care providers, and other social and economic factors. The themes raised around this prioritized need include addressing awareness and navigating existing community and healthcare resources, access to affordable care, and bridging gaps between patients, providers, and other aspects of the community and healthcare ecosystem. The indicators below explore how VUMC counties are performing compared to other counties in the state around a few key metrics of access to care.

Access to Care							
Bedford	Coffee	Davidson	Rutherford	Williamson	Wilson	TN	U.S.
Adults without Health Insurance ¹ : The percentage of adults aged 18-64 that do not have any health insurance coverage (2022)							
12.5%	12.2%	11.8%	11.1%	5.6%	8.8%	10.4%*	10.8%
Primary care provider rate ² : The primary care provider rate per 100,000 population (2021)							
29	53	91	44	138	33	70	75
Preventable Hospital Stays ² : The hospital discharge rate for ambulatory care-sensitive conditions (ACSC) per 100,000 Medicare enrollees (2022)							
2,746	2,903	3,539	3,170	1,852	3,183	2,841	2,677
Adults who binge drink ¹ : The percentage of adults who reported binge drinking at least once during the 30 days prior to the survey (2022) **							
16.1%	14.1%	18.2%	16.5%	17.2%	15.5%	16%	16.6%
Drug and Opioid-Involved Death Rate ¹ : The drug and opioids-involved overdose death rate per 100,000 population (age-adjusted) (2018-2020) **							

 30.3	 31.8	 47.1	 30.6	 16.9	 41.8	34.8	23.5
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*Median value of all Tennessee counties

**Substance use was a prioritize need in many counties within VUMC’s Community Served. Therefore, we included substance use indicators within the Access to Care need area

Sources: [Explore Health Rankings - County Health Rankings & Roadmaps¹](#) | [Conduent Healthy Community Institute - VUMC Community Health Dashboard²](#) | [\(These indicators used data from 2018 - 2022\)](#)

Chronic Disease and Preventative Care

Preventative care greatly reduces the risk of various diseases, improves health outcomes, and increases life expectancy. Access to screenings, vaccinations, and regular well-check visits are essential to keeping people of all ages healthy. However, barriers such as costs, lack of health insurance, lack of awareness of existing resources, or living too far away from providers, as well as non-clinical drivers of health, prevent many from receiving preventative care. In turn, incidence rates for health conditions like cancer, diabetes, and mental health disorders are on the rise. The data below explore how VUMC counties are performing compared to other counties in the state around a few key chronic disease and preventative care indicators.

Chronic Disease and Preventative Care							
Bedford	Coffee	Davidson	Rutherford	Williamson	Wilson	TN	U.S.
Age-Adjusted Death Rate due to Diabetes ² : The age-adjusted death rate per 100,000 population due to diabetes. (2022)							
 35.9	 43.0	 28.0	 31.1	 13.2	 25.7	31.2	24.8 (in 2020)
High Blood Pressure Prevalence ² : The percentage of adults who have been told they have high blood pressure. (2021)							
 37.0%	 38.4%	 31.2%	 31.8%	 32.1%	 36.1%	32.7%	Healthy People (HP) 2023 Target* 41.9%
Adults who have Had a Routine Check-up ² : The percentage of adults that report having visited a doctor for a routine checkup within the past year. (2022)							
 75.9%	 75.5%	 75.2%	 75.4%	 77.9%	 76.9%	76.6%	76.1%
*The Healthy People (HP) 2030 national health target is to reduce the proportion of adults with high blood pressure to 41.9%. Sources: Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2021 - 2022)							

Equity

It is important that all people have a fair opportunity to obtain optimal health. Factors that contribute to differences in health outcomes include housing that is safe, affordable, and stable; safe places to play and exercise; economic security and financial resources; ending discrimination based on race, gender, religion, or other factors; access to affordable and healthy food, livelihood, employment and educational opportunities, English language proficiency, and access to safe and affordable transportation. The indicators below explore how VUMC counties are performing compared to other counties in the state, using a few key metrics.

Equity							
Bedford	Coffee	Davidson	Rutherford	Williamson	Wilson	TN	U.S.
Infant mortality rate ² : Number of all infant deaths (within one year) per 1,000 live births. (2015-2021)							
 9.1	 6.2	 7.1	 6.4	 3.3	 4.4	6.9	N/A
Babies with low birthweight ² : The percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces). (2022)							
 9.6%	 8.9%	 8.8%	 9.0%	 6.7%	 7.0%	9.0%	8.6%
Life expectancy ² : How long the average person is expected to live. (2019-2021)							
 73.1	 72.9	 75.4	 76.2	 81.3	 76.6	74.1	77.6
Population Age 5+ with Language Other than English Spoken at Home ² : This shows the percentage of people aged 5 and over that have a language other than English spoken at home. (2018-2022)							
 11.6%	 4.7%	 11.2%	 13.2%	 9.0%	 7.4%	7.6%	21.7%
Sources: Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2015 - 2022)							

Social Drivers of Health

This prioritized need recognizes how where we “live, work, and play” influences health outcomes (CDC). For example, people who do not have access to grocery stores with healthy foods are less likely to have good nutrition. These barriers raises their risk of health conditions like heart disease, diabetes, and obesity and even lowers life expectancy relative to people who have access to healthy foods. Social needs were an overarching theme across all counties throughout the CHNA process. This prioritized need encompasses many sub-needs identified in each county, including transportation, housing, food access, economic opportunity, and job skill development. The indicators below explore how VUMC counties are performing compared to other counties in the state around a few key social drivers.

Social Drivers of Health							
Bedford	Coffee	Davidson	Rutherford	Williamson	Wilson	TN	U.S.
Median household income ² : The income level at which half of households in a county earn more and half earn less. (2018-2022)							
 \$59,955	 \$57,424	 \$71,863	 \$78,291	 \$125,943	 \$89,462	\$64,035	\$75,149
Severe housing problems ¹ : Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities (2016-2020)							
 14.6%	 10.7%	 16.6%	 12.7%	 9.8%	 10.4%	13.3%	16.7%
Food insecurity Rate ² : the percentage of the population that experienced food insecurity at some point during the year. (2022)							
 14.4%	 16.8%	 13.2%	 11.5%	 8.8%	 11.5%	14.0%	13.5%
Sources: Explore Health Rankings - County Health Rankings & Roadmaps¹ Conduent Healthy Community Institute - VUMC Community Health Dashboard² (These indicators used data from 2016 - 2022)							

Appendices

[Appendix A: Acknowledgements](#)

[Appendix B: Policy Considerations](#)

[Appendix C: Description of Community Resources](#)

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**[Appendix E: Organizations Who Provided Input
into the CHNA](#)**

Appendix A: Acknowledgements

VUMC’s 2025 CHNA and IS reports were developed by VUMC’s Office of Community Health and Engagement. The process would not have been possible without the invaluable contributions from partners and collaborators in the community, as well as internally.

We want to acknowledge the expertise of the VUMC staff and faculty involved in our Community Health Workgroup. We also extend sincere gratitude to the leadership of VUMC’s regional hospitals, hospitals on our main campus, and Stallworth.

Additionally, the Community Benefit Team at Ascension Saint Thomas was an invaluable collaborator, contributing instrumental perspective and experience to both the process and the product.

We also thank the Sycamore Institute and Vanderbilt School of Medicine for their efforts in supporting the policy scan included in this report. Our appreciation goes to Imagine Nashville and Metro Social Services (MSS) for their collaborative work highlighting community reports during the prioritization meeting in Davidson County. Links to Imagine Nashville’s reports can be found [here](#)⁴, and the MSS report can be accessed [here](#)⁵.

This report was only possible with the participation of county health department colleagues, health council members, and community members. Their expertise and insights provided us with key perspectives from the community. A few of these key partners are noted below:

⁴ Jahangir, A., Faison, J., Soto, R. (2024) *Where Everyone Belongs: A Vision for Nashville’s Future*
<https://imagine-nashville.org/final-report/>

⁵ Metropolitan Social Services. (2023). *Community Needs Evaluation*. Metropolitan Government of Nashville and Davidson County. <https://www.nashville.gov/sites/default/files/2024-04/Community-Needs-Evaluation-2023.pdf>

- **Bedford County:** Bedford County Health Department, Bedford County Health Council
- **Coffee County:** Coffee County Health Department, Coffee County Health Council
- **Davidson County:** Ascension Saint Thomas, Metro Public Health Department, Metro Social Services, Nashville Health and Well-being Leadership Council, and Imagine Nashville.
- **Rutherford County:** Rutherford County Health Department, Rutherford County Wellness Council, and Ascension Saint Thomas
- **Williamson County:** Williamson County Health Department, Williamson County Health Council, Franklin Justice and Equity Coalition, and Ascension Saint Thomas
- **Wilson County:** Wilson County Health Council, Wilson Health Council Department

Appendix B: Policy Considerations

Sycamore Institute Policy Scan

Many factors impact the health of a community, including the policies that guide how that community works. Therefore, tackling the CHNA priority health needs may require changes to public policy. The policy scan for this CHNA included a systematic review of existing policies related to prior CHNA needs and themes from community input.

VUMC collaborated with the Sycamore Institute to complete the policy scan. It involved identifying, analyzing, and summarizing current policies to understand the landscape, identify gaps, and inform future policy efforts. A social and environmental lens was applied to highlight how policies impact different populations in the community.

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

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

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

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

The policy scan is detailed below. The options are based on approaches from other states and communities and do not represent the views of any particular person or organization, including VUMC.



Policy Options for Improving Health in Middle Tennessee

May 2024

This brief outlines a range of policy options for improving health and reducing health disparities in Middle Tennessee, with a particular focus on steps that could address challenges in Davidson, Rutherford, and Williamson Counties. We focused on access to care and mental and behavioral health because they are two needs (among others) that Vanderbilt University Medical Center (VUMC) and Ascension Saint Thomas have consistently highlighted in their Community Health Needs Assessments (CHNA) since 2013.

Tackling these and other issues emerging from the CHNA process may require changes to public policy. The options we identify reflect approaches from other states, recent funding opportunities, and evidence-based practices and policies at the state and local level. The options presented do not represent the views of VUMC or Ascension Saint Thomas; they are simply potential levers for improving health outcomes related to access to care and mental and behavioral health.

Improving Access to Care

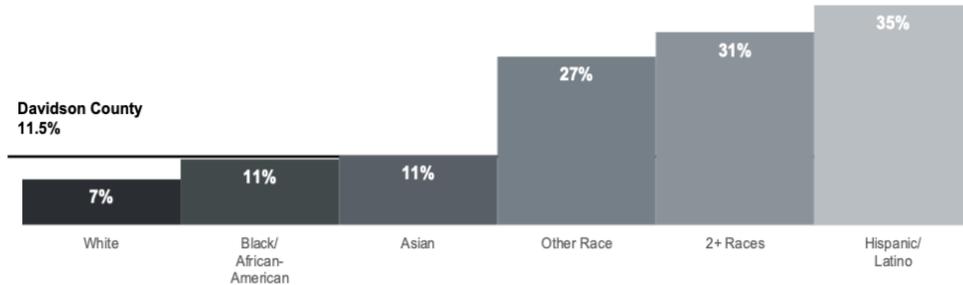
Better access to health care services is one of the most effective ways to improve population health. (1) Options policymakers might consider include expanding access to health insurance coverage, expanding alternative and primary care settings, and increasing capacity to navigate the health care system.

Health Insurance Coverage — Increase the number of people with health insurance through incremental or full expansion of Medicaid/TennCare eligibility. Expanding Medicaid eligibility can reduce financial barriers to care and improve access to health care services, especially among lower income individuals. (2)

- Removing TennCare's 5-year waiting period for lawfully present immigrants could improve the stark disparities in **Davidson and Rutherford Counties'** uninsured rates (**Figures 1 and 2**). To date, more than half of all states have removed the 5-year waiting period for lawfully present immigrants to obtain Medicaid benefits. Most of these states have expanded eligibility specifically for pregnant women and children who meet the criteria. (3)

Figure 1. Hispanic and Multiracial Individuals Had the Highest Uninsured Rates in Davidson County in 2022

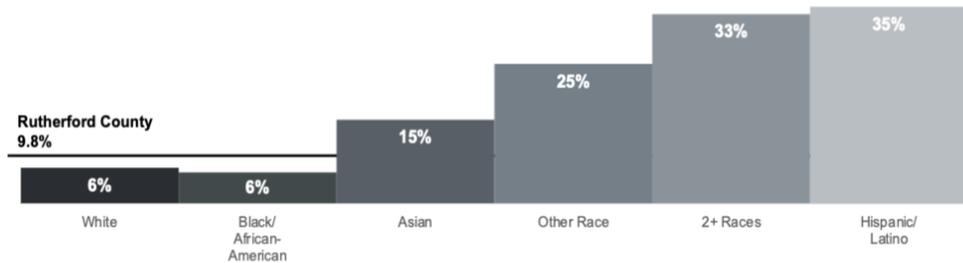
Percent of Individuals Who Were Uninsured in Davidson County (2022)



Source: 2022 American Community Survey 1-Year Estimates (4)

Figure 2. Hispanic and Multiracial Individuals Had the Highest Uninsured Rates in Rutherford County in 2022

Percent of Individuals Who Were Uninsured in Rutherford County (2022)



Source: 2022 American Community Survey 1-Year Estimates (4)

- Expand Medicaid eligibility to some or all adults living within 138% of the federal poverty level, who don't currently qualify for TennCare or ACA subsidies for private insurance. (5) States that expanded Medicaid under the ACA have generally observed the following effects: (6) (7)
 - Improved population health outcomes, including lower overall mortality rates,
 - Improved health care coverage among people with cancer, disabilities, and other chronic diseases,
 - Better access to health services for pregnant women and infants,
 - Improved access to care for those with substance use disorder,
 - Reduced disparities in health insurance coverage by race and ethnicity,
 - Only modest if any increases in state spending, and
 - Increased overall hospital revenue, though the literature shows this varies by type of hospital.

Alternative Care Settings — Increase access to alternative health care settings that remove physical barriers to getting needed care, such as geographic isolation and transportation. For example, Tennessee could expand its support for community-based health centers and safety net clinics to promote access and well-being among the uninsured and underinsured. (5)

- Local leaders in **Davidson, Rutherford, and Williamson Counties** could support local education leaders and potential health care partners in creating school-based health centers (SBHCs) that serve students, staff and community members. SBHCs have the potential to provide care to students, staff, and community members by removing physical barriers to health care that often lead to health disparities, such as the need for transportation or after-hours care. (8). Across these three counties, the only existing school-based health center is in the Franklin Special School District in Williamson County. (9)

Care Coordination and Navigation — Increase capacity for residents to navigate our complex health care and social services systems.

- Organizations serving **Davidson, Rutherford, and Williamson Counties** could seek federal grants through the Centers for Medicare and Medicaid Services to increase the number of navigators that can help residents select and enroll in health insurance plans. (10) Community health workers can also help connect residents to health and social services with culturally responsive care that improves health equity. (11)

Transportation — Increase access to transportation, which serves as a barrier for many low-income patients to reach needed health care. For example, many local governments support Mid-Cumberland Public Transit, which provides low-cost, door-to-door transportation to residents in the northern Middle Tennessee area—with a prioritization on rides to medical appointments. (12)

Strengthen Primary Care Safety Net — Tennessee’s primary care safety net is made up of federally qualified health centers, community and faith-based clinics, and local health departments. Funding for these providers comes from a variety of sources, including the Tennessee Department of Health, federal grants, and charitable donations. (13) The department’s 2023 annual report on the primary care safety net cited several opportunities to invest in and expand services that support providers across Tennessee who serve the uninsured population. The opportunities hold the potential of both expanding access to care and improving the quality of care delivered by the state’s safety net providers: (14)

- Expand Project Access Network to serve all 95 counties and refer more people to specialty care (currently in 86 counties).
- Invest funds in community and faith-based clinics that provide culturally responsive care and serve as a safety net provider.
- Support safety net providers in transitioning from paper records to electronic health records (EHR), which can improve patient care and eventually increase clinical efficiency. (15)
- Connect safety net providers with financial resources to procure paid versions of EHR systems.

Improving Mental and Behavioral Health

Supporting mental and behavioral health needs has been a growing priority since outcomes like substance use and depression worsened during the pandemic. To address these challenges, policymakers could look to expand coverage of mental and behavioral health care, strengthen access to those services, and grow the provider workforce.

School-Based Behavioral Health — Increase access to mental health support and services in schools. Schools serve as critical touch points for reaching children and their families. Schools across the state use a variety of approaches to connect their students to behavioral health services—including school-based health centers, formal agreements with community-based partners, and school-based behavioral health liaisons. Many of these approaches represent new initiatives and expansions spearheaded by state policymakers. (9) As these initiatives are rolled out and expanded, state and local governments should closely monitor effectiveness, find ways to learn from one another, and identify remaining gaps.

Pediatric Mental Health Supports — Increase access to pediatric mental health care. For example, the state's Department of Health received a \$300,000 federal grant in 2022 for the Tennessee Child and Adolescent Psychiatry Education and Support (TCAPES) program, which helps pediatricians better meet their patients' mental health needs. (17) Through training and consultation with pediatricians, the program helps providers screen and manage pediatric mental and behavioral health conditions and connect and make referrals to mental health specialists. (18)

- State and local leaders could increase outreach to providers in **Davidson, Rutherford, and Williamson Counties** to encourage enrollment in the free TCAPES program.

Behavioral Health Workforce — Increase recruitment and retention of behavioral health workers. For instance, the state could continue annual provider reimbursement increases within TennCare and the behavioral health safety net. While asking the governor for an additional rate adjustment for inflation the state's Department of Mental Health and Substance Abuse Services recently shared that higher provider reimbursements have helped improve retention of behavioral health personnel. (19) (20) Efforts to reduce mental and behavioral health disparities could also emphasize diversifying the workforce. Potential initiatives might prioritize workforce diversity in statewide planning, build relationships with underrepresented communities, and provide financial assistance and incentives that remove barriers to entry to the workforce. (21)

Opioid Settlement Funds — Promote transparency in decision-making and reporting for the use of opioid settlement funds. The opioid crisis led to thousands of national lawsuits against manufacturers, distributors, retailers, and affiliated parties in the last three years, resulting in settlement disbursements to state trust funds, cities, and counties. Tennessee requires public reporting on the use of the opioid abatement funds, but the same requirements do not apply to the settlements administered directly to individual counties and cities. Increasing transparency in how funds are spent could help ensure expenditures are aligned with current resident needs.

- As of July 2023, **Davidson and Rutherford Counties** were among the top recipients of opioid settlement funds—which include allocations from the state's abatement fund and direct

settlement payments from plaintiffs to the localities (Figures 3 and 4). (22) (23) Additional disbursements are expected in the years to come. As local governments allocate these funds to address the fallout of the opioid epidemic, they should maintain transparency and look to national best practices and innovative approaches. For example, they could explore collaborative approaches to pool money across jurisdictions to better meet regional needs, prevention efforts that target the drivers of substance use disorders more broadly, and targeted approaches that hold the promise of reducing disparities. (24) (25)

Figure 3. Counties Across the State Have Received as Much as \$3.6 Million in State Opioid Abatement Funds

County Allocations from the State Opioid Abatement Fund (2023)

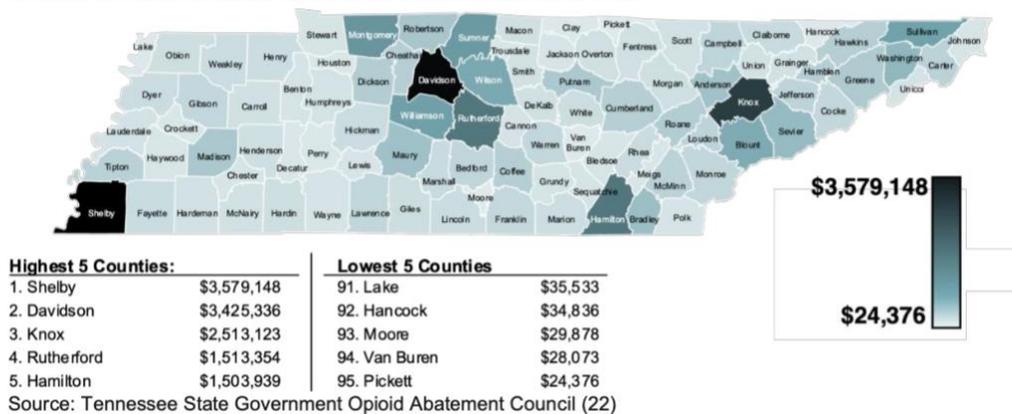
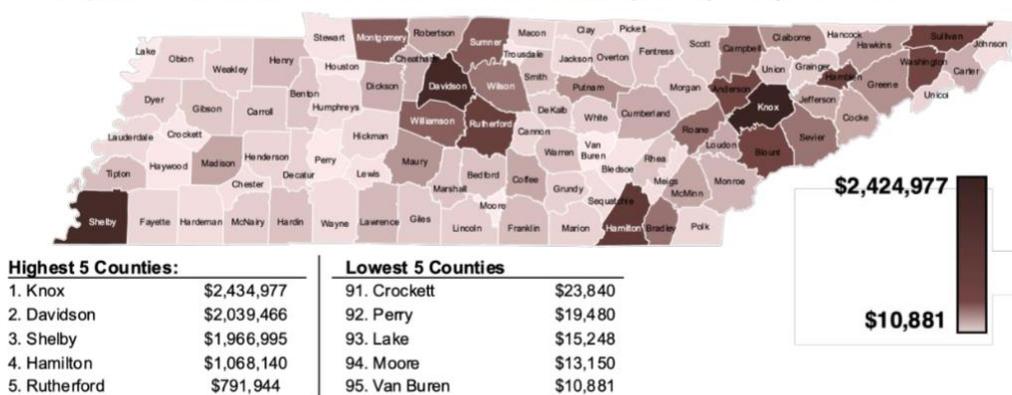


Figure 4. Counties Across the State Have Received as Much as \$2.4 Million in Direct Opioid Settlement Funds

Direct Opioid Settlement Disbursements to Cities and Counties by County through June 16, 2023



Note: The settlement funds to subdivisions in this map come from the Distributors settlement and Janssen settlement as of June 16, 2023. Municipal government dollars were included in their respective county totals for this figure.
Source: Kaiser Health News (23)

TennCare Coverage — Expand Medicaid eligibility to targeted uninsured populations with substance use disorders. Alabama currently has a similar proposal pending with the federal government that would expand that state’s Medicaid eligibility to populations meeting these criteria in one of several “high need counties.” (26) Tennessee plans to use federal “shared savings” funding available through its TennCare agreement for several 5-year projects aimed at behavioral health care capacity and treatment beginning in FY 2025. (27) (28) Tennessee could continue to explore ways to use innovative funding sources to improve access to substance use disorder treatment while ensuring long-term sustainability.

Mental Health and Substance Use Parity — Strengthen state rules to ensure adequate coverage of needed treatment. Federal law requires most health insurance plans—including TennCare—that cover mental health services to do so at least as generously as they cover services for physical health. Federal rules were proposed in 2023 to enhance that requirement using several new metrics, such as outcomes-focused measures and additional evaluations of network composition and out-of-network reimbursement rates. (16) Federal rules serve as a minimum standard. Tennessee could pursue stronger parity requirements—including requiring and enforcing minimum network adequacy standards. (29)

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Summary of Policy Options developed by Vanderbilt University School of Medicine Students for Bedford, Coffee, and Wilson Counties.

Many factors impact the health of a community, including the policies that guide how that community works. Therefore, tackling the CHNA priority health needs may require changes to public policy. The policy scan for this CHNA included a review of existing policies related to prior community-prioritized needs and themes from community input. The review involved identifying, analyzing, and summarizing current policies to understand the landscape, identify gaps, and inform future policy efforts in Bedford, Coffee, and Wilson Counties.

VUMC worked with medical students from the Vanderbilt School of Medicine (VUSM) during the 2023-2024 academic year. As a part of a class assignment, VUSM students researched state and local policy options that might improve the community's opportunity to be as healthy as possible. This research included interviews with community experts on the priority health needs.

Excerpts from student's assignments are detailed below. The options presented do not represent the views of VUMC; they are potential levers of student projects explored for improving health outcomes related to mental and behavioral health, substance use, and healthcare access.

Policy Option 1

The table below outlines a policy option focused on increasing naloxone education and access. This is related to the communities' need focused on substance use resources.

Policy Option	
Increase naloxone education and distribution via workplace and community distribution initiatives	
Description	Public Health Impact
Require standardized overdose recognition and naloxone administration training in specific data-informed workplaces. This training could be available in partnership with existing naloxone distribution networks, including health departments, pharmacies, and community outreach groups. With funding to raise awareness about naloxone availability and importance in the broader community through libraries, schools, and community-based programs, overall naloxone distribution efforts could be enhanced.	This policy may decrease opioid overdose fatalities by increasing the availability and proper use of naloxone by potential bystanders through training and distribution efforts (Wheeler, E. et al., 2015). Enhanced community outreach will raise awareness and promote the effective use of naloxone, contributing to a more informed and responsive public and improving overall community health and resilience.
Sources: Wheeler E, Jones TS, Gilbert MK, Davidson PJ; Centers for Disease Control and Prevention (CDC). Opioid Overdose Prevention Programs Providing Naloxone to Laypersons - United States, 2014. <i>MMWR Morb Mortal Wkly Rep.</i> 2015 Jun 19;64(23):631-5. PMID: 26086633; PMCID: PMC4584734.	

Policy Option 2

The table below outlines a policy option focused on increasing the recruitment and retention of healthcare providers in rural areas. This is related to the communities' focus to improve healthcare access.

Policy Option	
Expand loan forgiveness to attract and maintain mental health providers in more rural areas.	
Description	Public Health Impact
Expand national-level loan forgiveness programs such as Public Service Loan Forgiveness (PSLF) and the National Health Service Corps (NHSC) to local hospital systems, healthcare and mental health organizations. Based on priority health needs, primary care physicians, psychiatrists, and licensed mental health counselors may be a great initial pilot group to monitor recruitment. Once established, this benefit may also extend to healthcare and mental health professionals already practicing in rural areas to improve retention.	This policy would address physician and mental health professional shortages in rural Tennessee by increasing the availability of healthcare and mental health care providers and improving working conditions, focusing on provider retention (Arredondo et al., 2023). This could lead to better access to medical care, enhanced mental health support, and overall improvements in health outcomes for rural populations and within populations with systemic barriers.
<p><i>Sources: Arredondo K, Touchett HN, Khan S, Vincenti M, Watts BV. Current Programs and Incentives to Overcome Rural Physician Shortages in the United States: A Narrative Review. J Gen Intern Med. 2023 Jul;38(Suppl 3):916-922. doi: 10.1007/s11606-023-08122-6. Epub 2023 Jun 20. PMID: 37340266; PMCID: PMC10356718.</i></p>	

Policy Option 3

The table below outlines a policy option focused on increasing school substance use education. This is related to the communities' focused on substance use and behavioral health education.

Policy Option	
Expand evidence-based substance use education for all middle and/or high schools.	
Description	Public Health Impact
Scale existing evidence-based substance use education programs to be available for all middle schools and/or high schools within the district. This includes implementing teaching about the dangers of substance use, which will be designed specifically for teenagers. This program could be developed alongside existing nonprofits and coalitions focused on substance use and behavioral health that already provide talks and workshops to middle and high school students.	This policy increases awareness and education programming for middle and high school students. School-based substance use education can serve as a form of primary prevention and have a high impact on reducing substance use later in life (Compton et al., 2019).
<p><i>Source: Compton WM, Jones CM, Baldwin GT, Harding FM, Blanco C, Wargo EM. Targeting Youth to Prevent Later Substance Use Disorder: An Underutilized Response to the US Opioid Crisis. Am J Public Health. 2019 Jun;109(S3): S185-S189. doi: 10.2105/AJPH.2019.305020. PMID: 31242006; PMCID: PMC6595524.</i></p>	

Policy Option 4

The table below outlines a policy option focused on implementing de-escalation training for first responders. This is related to the communities’ need focused on improving mental and behavioral health.

Policy Option	
Implement evidence-based mental and behavioral health crisis de-escalation training.	
Description	Public Health Impact
<p>Pilot implementing evidence-based de-escalation training for all emergency department staff, emergency medical service (EMS) providers, and first responders. This supports interventions that reduce harm to oneself or others while in crisis. Examining partnerships with employers and regulatory bodies could align training with required continuing education units (CEUs) for providers or other professional continuing education requirements.</p>	<p>Implementing de-escalation practices could improve the safety and quality of life of persons experiencing an active mental or behavioral health crisis and those providing care for those in active crisis. According to the National Institute of Justice, de-escalation training for law enforcement officers has been shown to produce a 25% decrease in the use of force and civilian injuries (NIJ, 2023). Additionally, de-escalation training for healthcare providers has been shown to increase healthcare providers' comfort in dealing with potentially aggressive patients (Baig et al., 2018).</p>
<p><i>Source: National Institute of Justice, 2023; Baig L, Tanzil S, Shaikh S, Hashmi I, Khan MA, Polkowski M. Effectiveness of training on de-escalation of violence and management of aggressive behavior faced by health care providers in a public sector hospital of Karachi. Pak J Med Sci. 2018 Mar-Apr;34(2):294-299. doi: 10.12669/pjms.342.14432. PMID: 29805396; PMCID: PMC5954367.</i></p>	

Appendix C: Description of Community Resources

As part of the CHNA process, VUMC has compiled a list of healthcare and community resources across Bedford, Coffee, Davidson, Rutherford, Williamson, and Wilson Counties. Resources are listed by county and categorized by prioritized need:

Reduce differences in health outcomes by addressing health-related social needs,
Prevent chronic conditions and enhance preventative care,
Increase access to quality healthcare, and
Enhance delivery of and access to behavioral health services.

Resources that support reducing differences in health outcomes by addressing health-related and broader social needs are listed by the county under 'Social Needs.' Resources that support increasing access to quality healthcare, preventing chronic conditions, and enhancing preventative care are listed by the county under 'Access to Healthcare and Preventative Care.' Finally, resources that enhance the delivery of and access to behavioral health are listed by the county under 'Behavioral Health.'

While this compilation is not exhaustive, it serves to supplement the community resource guides provided below.

- **[211: United Way of Metropolitan Nashville](#) - A database of more than 10,000 social, educational, and health services**
- **[My Healthcare Home](#)**
- **[TN Disability Pathfinder](#)**
- **[Where to Turn in Nashville: Middle Tennessee's Resource Directory](#)**
- **[FindHelp.org](#)**

Bedford County Community & Healthcare Resources	
Access to Healthcare and Preventative Care	
Community Clinic of Shelbyville and Bedford County	Healthy Kids Clinic
Complete Family Healthcare	Primary Care and Hope Clinic-Shelbyville
Fast Pace Health-Urgent Care	Vanderbilt Bedford Hospital
Behavioral Health	
Al-Anon	Centerstone
Alcoholics Anonymous USA	Health Connect America
Brooks Healing Center	Narcotics Anonymous USA
Buffalo Valley	Primary Care and Hope Clinic-Shelbyville
Cedar Recovery	Tony Rice Center
Social Needs	
American Job Center-Tennessee	Shelbyville-Bedford Partnership
Bedford County Health Department	Shelbyville Housing Authority: Bedford
Bedford County Social Services	South Central Area Transit Service (SCATS): Bedford
Boys and Girls Club of Middle Tennessee	South Central Human Resource Agency
C.R.O.S.S Shelter Project-Homeless Shelter: Bedford	St. William of Montevergine Catholic Church
Catholic Charities of Bedford	The Center of Family Development
Childhood Development Center	The University of Tennessee Extension Institute of Agriculture

Legal Aid Society of Middle Tennessee and the Cumberland	TN Child Care Resource and Referral
Middle TN Support Services -Shelbyville	TN Dept. of Human Services – Supplemental Nutrition Assistance Program

Coffee County Community & Healthcare Resources	
Access to Healthcare and Preventative Care	
Coffee County Health Department	Tullahoma VA Clinic
Fast Pace Health-Urgent Care	United Medical Center
Partners for Healing	Vanderbilt Tullahoma-Harton Hospital
Behavioral Health	
Alcoholics Anonymous USA	Mental Health Cooperative
Brooks Healing Center	Narcotics Anonymous USA
Centerstone	The Tennessee Redline
Social Needs	
American Job Center-Tennessee	Second Harvest Food Bank of Middle TN
Coffee County Health – Tullahoma WIC Office	South Central Human Resource Agency
Coffee County Health Department	TN Child Care Resource and Referral Network
Legal Aid Society of Middle Tennessee and the Cumberlands	TN Dept. of Human Services – Supplemental Nutrition Assistance Program
Manchester Housing and Redevelopment Authority	

Davidson County Community & Healthcare Resources	
Access to Healthcare and Preventative Care	
Alive Hospice, Inc.	Main Street Family Clinic
ConnectUS Health	Matthew Walker Comprehensive Health Center
East Public Health Center	Neighborhood Health
Faith Family Medical Clinic	Siloam Family Health Center
Hope Clinic for Women	Vanderbilt University Medical Center
Interfaith Dental Clinic	Woodbine Public Health Center
Lentz Public Health Center	Youth Opportunity Center Clinic
Behavioral Health	
Alcoholics Anonymous	Nashville Rescue Mission
Centerstone	Oasis Center
Integrative Life Center	Park Center
Mental Health America of Mid-South	Renewal House
Mental Health Cooperative	The Next Door
Middle Tennessee Mental Health Institute	The Tennessee Redline
Mirror Lake Recovery Center	Vanderbilt Behavioral Health
Narcotics Anonymous	Welcome Home Ministries
Nashville Alliance on Mental Illness Tennessee (NAMI)	
Social Needs	
Adventists Community Services	North Nashville Outreach
American Job Center-Tennessee	Open Table

Bridge Ministry	Second Harvest Food Bank of Middle TN: Emergency Food Box Program
Community Care Fellowship	Samaritan Ministries of Temple Baptist Church
Elmahaba Center	Second Harvest Emergency Food Box Program
Hermitage Church of Christ	Shower UP
Ladies of Charity	South Nashville WIC Nutrition Center
Legal Aid Society of Middle Tennessee and the Cumberland	TN Child Care Resource and Referral Network
Madison Church of Christ Benevolence Center	TN Department of Human Services-Supplemental Nutrition Assistance Program
Metro Action Commission	YMCA Domestic Violence Shelter

Rutherford County Community & Healthcare Resources	
Access to Healthcare and Preventative Care	
American Family Care Smyrna	Hope Clinic II
Baptist Women’s Treatment Center-Murfreesboro	Matthew Walker Comprehensive Health Center
Care Now Urgent Care-Murfreesboro	Primary Care & Hope Clinic
Caris Healthcare, LP	Rutherford County Health Department
Centennial Pediatrics-Smyrna	Rutherford Interfaith Dental Clinic
Community Care of Rutherford County	Smyrna Health Center
Family Health Associates-Murfreesboro	
Behavioral Health	
A Friend of Bill’s	North Boulevard Church of Christ
Alcoholics Anonymous USA	Rutherford Department of Children’s Services
Branches Counseling	The Tennessee Redline
Domestic Violence Program and Sexual Assault Services	TN Tobacco Quit Line
Insight Counseling Center	VA Tennessee Valley Health Care
LifeCare Family Services	Volunteer Behavioral Health
Narcotics Anonymous USA	
Social Needs	
A Second Look at Consignment	LifePoint Church
All Things Possible Bargain Center	MCHRA Transportation
American Job Center-Tennessee	Murfreesboro Cold Patrol
American Red Cross	Murfreesboro Housing Authority

Big Brothers Big Sisters of Middle Tennessee	Muslim Youth
Carolyn's Consignment Store	Nourish Food Bank
CASA of Rutherford County	Rutherford Food Bank
Child Support Enforcement Office	Rutherford County Shelter-Salvation Army
Community Helpers of Rutherford County: Rutherford	Safe Haven, Inc.
Goodwill (Murfreesboro and Smyrna)	Social Security Administration
Greenhouse Ministries	St. Luke's Catholic Church Food Pantry and Last Resource
Head Start (Murfreesboro and Smyrna)	Stepping Stones
Hope Station	TN Child Care Resource and Referral Network
Journey Home Day Shelter	TN Dept. of Human Services-Supplemental Nutrition Assistance Program
Kymari House	Tucker's House
Last Call 4 Grace	United Way of Rutherford
LaVerge Food Bank	Victory Christian Center
Legal Aid Society of Middle Tennessee and the Cumberland	West Main Mission

Williamson County Community & Healthcare Resources	
Access to Healthcare and Preventative Care	
Franklin Clinic	Neighborhood Health
Graceworks Health Clinic	ProHealth Rural Health Services
Matthew Walker Comprehensive Health Center	Williamson County Health Department
Mercy Community Healthcare	Williamson Medical Center
Behavioral Health	
Alcoholics Anonymous USA	Suicide Prevention Hotline
Centerstone of Middle TN	Tennessee Association of Alcohol, Drug, and Other Addiction Services
Cumberland Heights-Partnership to End Addiction	Tennessee Association of Mental Health Organizations
D.A.R.E	The Guidance Center-Franklin
Mercy Behavioral Health	The Tennessee Redline
Narcotics Anonymous USA	Volunteer Behavioral Health
STARS Nashville	Williamson County Anti-Drug Coalition
Social Needs	
American Job Center-Tennessee	STARS-Student Assistance Program
Boys and Girls Club of Williamson County	TN Child Care Resource and Referral Network
Franklin Housing Authority	TN Dept. of Human Services-Supplemental Nutrition Assistance Program
Harvest Share Food Pantry	United Way of Williamson County
Legal Aid Society of Middle Tennessee and the Cumberlandands	Williamson County Schools Family Resource Center

Wilson County Community & Healthcare Resources	
Access to Healthcare and Preventative Care	
Charis Health Center	Tennessee Department of Health
Family Medical Associates & Pediatrics	Vanderbilt Wilson County Hospital
Behavioral Health	
Alcoholics Anonymous USA	Narcotics Anonymous USA
Cumberland Mental Health Services	Oak Haven Recovery Center
Health Connect America-Lebanon	The Tennessee Redline
Mental Health Cooperative	Volunteer Behavioral Health
Social Needs	
American Job Center-Tennessee	Salvation Army-Wilson County
Brooks House	Tennessee Career Center-Lebanon
Community Health Center of Wilson County	TN Child Care Resource and Referral Network
Compassionate Hands	TN Dept. Of Human Services
Joseph's Storehouse Food Ministry	United Way of Wilson County
Mid-Cumberland Community Action Agency	Wilson County Civic League
Mt. Juliet Help Center	Wilson County Schools Family Resource Center

Appendix D: Secondary Data Sources

Publicly available data were pulled and reviewed as a part of this CHNA. Indicators were included from the following categories: demographics, social and economic factors, health outcomes, healthcare access, and health behaviors. Additional indicators were pulled in Davidson County with support from the Metro Public Health Department.

A complete list of the data sources used for indicators included in the secondary data tables is detailed below.

Data Sources

Number	Source	Link
1	County Health Rankings	https://www.countyhealthrankings.org/health-data
2	Vanderbilt Community & Population Health Data and Resources	https://vanderbilt.thehcn.net/index.php
3	Tennessee Department of Health	https://www.tn.gov/health/health-program-areas/statistics/health-data.html
4	America's Health Rankings	https://www.americashealthrankings.org/
5	CDC WONDER	https://wonder.cdc.gov/
6	Tennessee Department of Health: Interactive Disease Data Dashboard	https://www.tn.gov/health/ceds-weeklyreports/interactive-disease-data.html
7	CDC Reported Tuberculosis in the United States, 2022	https://www.cdc.gov/tb/statistics/reports/2022/national_data.htm
8	U.S. Census	https://data.census.gov/
9	U.S. Department of Housing and Urban Development, Office of Policy Development and Research	https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2024_code/select_Geography.odn
10	U.S. Housing Data	https://www.ushousingdata.com/fair-market-rents/tennessee
11	CDC BRFSS Prevalence & Trends Data	https://www.cdc.gov/brfss/brfssprevalence/index.html
12	The Annie E. Casey Foundation Kids Count Data Center	https://datacenter.aecf.org/
13	HRSA Health Workforce Shortage Areas	https://data.hrsa.gov/topics/health-workforce/shortage-areas
14	Tennessee Department of Health: Tennessee Drug Overdose Dashboard	https://www.tn.gov/health/health-program-areas/pdo/pdo/data-dashboard.html
15	CDC - SUDORS Dashboard: Fatal Drug Overdose Data	https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html
16	CDC - PLACES: Local Data for Better Health	https://www.cdc.gov/places/index.html
17	Tennessee State Data Center: 2022 County Population Estimates	https://tnsdc.utk.edu/2023/04/05/2022-county-population-estimates-most-metros-swell-rural-tennessee-counties-see-upswing/
18	WeGo	Calculated based on population within ¼ mile of a bus stop. (WeGo internal report, 2024)

Appendix E: Organizations that Provided Input into the CHNA

To understand the broad interests of the community, VUMC partnered with various entities throughout Bedford, Coffee, Davidson, Rutherford, Williamson, and Wilson Counties. This approach provided valuable insights for identifying and addressing the county's most pressing health concerns, ensuring that varied perspectives from the community were centered.

In developing this process, a concerted effort was made to ensure that individual and organizational representatives from communities facing barriers to optimal health were included. The tables below summarize the organizations that provided input into the CHNA and their sector of focus.

Bedford County

Organization	Organizational Focus
Bedford County	
Bedford County Health Council	Community Health Collaborative Group
Bedford County Health Department	Public Health
Bedford County Juvenile Court	Resources and Support (youth and families)
Bedford County Schools	K-12 Public Education
Blood Assurance	Healthcare
Camelot of Mid-South Tennessee	Mental Health (youth, adults, and families)
Centerstone	Mental Health and Substance Use
Community Clinic of Shelbyville and Bedford County	Healthcare, Dental Care, Community Support
Department of Children Services	Resources and Support (children and families)
Department of Human Services	Resources and Support (children, families, rehabilitation, and food access)
Drug Rescue	Substance Use

Organization	Organizational Focus
Bedford County	
First Choice Pregnancy Counseling Center	Family Planning
Haven of Hope Incorporated	Advocacy, Safety, and Support
Health Connect America	Healthcare, Mental Health and Substance Use
Junior's House Child Advocacy Center	Youth and Family Advocacy and Education
Life Source Family Solutions	Mental Health
Tennessee Department of Mental Health and Substance Abuse Services	Mental Health and Substance Use
The Center for Family Development	Resources and Support (children and families)
The Other Door	Resources and Support
University Of Tennessee Extension Bedford County	Higher Education Institutions (rural communities, small farmers, and other groups)
Volunteer Behavioral Health	Mental Health and Substance Use

Coffee County

Organization	Organizational Focus
Coffee County	
Arnold Air Force Base	US Armed Forces
Catholic Charities Coffee County	Resources and Support (children, families, housing, advocacy, and food access)
Centerstone	Mental Health and Substance Use
Coffee County Board of Education	K-12 Public Education
Coffee County Health Council	Community Health Collaborative Group
Coffee County Health Department	Public Health
Coffee County Recovery Court	Resources and Support, Mental Health, and Substance Use
Coffee County Schools	K-12 Public Education
Manchester City Schools	K-12 Public Education
Michael Reynolds Counseling & Consulting	Mental Health
National Alliance on Mental Illness	Mental Health and Substance Use
On Track Counseling	Mental Health
Partners for Healing	Healthcare and Mental Health
Rural Health Association of Tennessee	Public Health and Advocacy
Safe Baby Court Coffee County	Resources and Support (children and families)
Second Harvest Food Bank of Middle Tennessee	Food Access
Tennessee Department of Health	Public Health
Tennessee Department of Labor	Economic Development, Education, Community Support
Tennessee State University College of Agriculture Cooperative Extension Program	Higher Education Institutions (rural communities, small farmers, and other groups)
Tulahoma City Schools	K-12 Public Education

Davidson County

Organization	Organizational Focus
Davidson County	
Alignment Nashville	Resources and Well-being (students, educators, and families)
Ascension Saint Thomas	Healthcare
Association of Infant Mental Health	Healthcare, Education, and Advocacy (infants, young children, and families)
Community ConneXor	Community Health
Equality Health	Healthcare
Harley Davidson	Business
Health Leads	Healthcare, Public Health, and Education
Holy Family Clinic	Healthcare
Imagine Nashville	Research and Consulting
Love Before ALL LLC.	Consulting
Martha O'Bryan - Tennessee Alliance of Economic Mobility	Economic Development
Mayor O'Connell's Office	Local Government
Meharry Medical College	Higher Education Institutions
Meharry-Vanderbilt Alliance	Higher Education Institutions, Healthcare, and Public Health
Metropolitan Action Commission	Resources and Support (Healthcare, Public Health)
Metropolitan Development & Housing Authority	Housing
Metropolitan Parks and Recreation	Recreational Programming
Metropolitan Planning Housing	Housing
Metropolitan Public Health Department	Public Health
Metropolitan Social Services	Resources and Support (Healthcare, Public Health, Economic Development, Housing)
Nashville Department of Transportation & Multimodal Infrastructure	Public Transportation
Nashville General Hospital at Meharry	Healthcare
Nashville Organized for Action and Hope	Economic Development, Housing, Advocacy, and Education
Nashville Health and Well-being Leadership Council (NHWLC)	Community Health Collaborative Group

Organization	Organizational Focus
Davidson County	
Nurture the Next	Parenting Supportive Services
Our Kids	Healthcare and Mental Health (children and youth)
Second Harvest Food Bank of Middle Tennessee	Food Access
Sunshine Behavioral Health	Mental Health and Substance Use
Tennessee Department of Health	Public Health
Tennessee Justice Center	Advocacy and Education
Tennessee Titans	National Sports Team
The Association of Infant Mental Health in Tennessee – Mental Health (Youth)	Healthcare, Education, and Advocacy (infants, young children, and families)
The Nashville Food Project	Food Access
The Store	Food Access
United Way of Greater Nashville	Economic Development, Food Access, Advocacy, and Resources
UpRise Nashville	Economic Development, Advocacy, and Education
Vanderbilt-Ingram Cancer Center	Healthcare

Rutherford County

Organization	Organizational Focus
Rutherford County	
Alliant Health	Healthcare
American Heart Association	Healthcare and Education
Ascension Saint Thomas	Healthcare
Centerstone	Mental Health and Substance Use
Charis Health Care	Healthcare
City of Murfreesboro	Local Government
Domestic Violence & Sexual Assault Center	Advocacy, Safety, and Support
Doors of Hope	Resources and Support (housing, mental health, and substance use)
Habitat for Humanity	Resources and Support (children, youth, parents)
Insight Counseling Center	Mental Health
Insured Financial Solutions	Finance Consultant
Interfaith Dental: Smile 65	Dental Care
Martha O’ Bryan Center	Resources and Support (children, youth, parents)
Matthew Walker Comprehensive Health Center	Healthcare
Health Department Mid-Cumberland Regional Office	Public Health
Middle Tennessee State University	Higher Education Institution

Organization	Organizational Focus
Rutherford County	
Motlow State Community College	Higher Education Institution
Murfreesboro City Government – Parks and Recreation	Recreational Programming
Operation Stand Down TN	Military Resources and Support
Prevention Coalition for Success	Substance Use
Primary Care and Hope Clinic	Healthcare
Rutherford County Wellness Council	Community Health Collaborative Group
Rutherford County Health Department	Public Health
Second Harvest Food Bank of Middle Tennessee	Food Access
St. Clair Senior Center	Health and Well-being (older adults)
Tennessee Commission on Children and Youth (TCCY)	Children and Youth
Tennessee Department of Health	Public Health
Tennessee Dept of Children Services	Resources and Support (children and families)
Tennessee Health Care Campaign	Advocacy and Education (healthcare access)
Tennessee State University College of Agriculture Cooperative Extension Program	Higher Education Institutions (rural communities, small farmers, and other groups)
Tennessee Suicide Prevention Network	Mental Health
Tennessee Voices	Mental Health (children-adults)
University of Tennessee Knoxville	Higher Education Institutions
Volunteer Behavioral Health Care Services	Mental Health and Substance Use
Williamson Prevention Coalition	Mental Health and Substance Use

Williamson County

Organization	Organizational Focus
Williamson County	
Brentwood Police Department	Law Enforcement
Community Resource Center	Resources and Support
Erikas Safe Place	Mental Health, Substance Use, and Residential Recovery (Youth)
Faith Family Medical Center	Healthcare
Franklin Housing Authority	Housing
Franklin Special School District	K-12 Public Education
Franklin Tomorrow	Community Engagement
Lifeline Peer Project	Mental Health and Substance Use
Mental Health America of the Mid-south	Mental Health and Substance Use
Mercy Community Healthcare	Healthcare

Organization	Organizational Focus
Williamson County	
Mothers Against Drunk Driving	Advocacy and Prevention (substance use)
Nurture the Next	Parenting Supportive Services
Tennessee Child Support Employment and Parenting Program	Economic Development, Parenting Supportive Services
Tennessee Department of Health	Public Health
Tennessee Voices	Mental Health (children-adults)
United For Hope	Resource and Support (children, youth, parents)
Volunteer Behavioral Health Care Services	Mental Health and Substance Use
Wellpoint	Health Benefits
Williamson County Health Council	Community Health Collaborative Group
Williamson County Health Department	Public Health
Williamson County Homeless Alliance	Persons Experiencing Homelessness
Williamson County Juvenile Services	Resources and Support (youth and families)
Williamson County Schools	K-12 Public Education
Williamson County Sheriff's Office	Law Enforcement
Williamson Prevention Coalition	Substance Use (youth)

Wilson County

Organization	Organizational Focus
Wilson County	
Alliant Health Solutions	Healthcare Consulting
American Association of Retired Persons	Resources and Support (older adults)
American Heart Association	Healthcare and Preventative Education
Charis Health Center	Healthcare
Compass Leadership Solutions	Development and Business consulting
Compassionate Hands	Persons Experiencing Homelessness
Drug-Free Wilco	Substance Use
Family Housing Coalition	Persons Experiencing Homelessness
Gibbs Pharmacy	Pharmacy (medication access)
Health Department mid-Cumberland Region	Public Health
Home Safe Inc.	Advocacy, Safety, and Support

Organization	Organizational Focus
Wilson County	
Joseph's Storehouse Food Ministry	Food Access
Mental Health Cooperative	Mental Health and Substance Use
Nashville's Diaper Connection	Family Planning
Pregnancy Care Center	Family Planning
Salvation Army	Resources and Support (children and families, individuals)
Tennessee Department of Health	Public Health
Tennessee State University College of Agriculture Cooperative Extension Program	Higher Education Institutions (rural communities, small farmers, and other groups)
Tennessee Vocational Rehabilitation	Economic Development, Education, Community Support
University of Tennessee Knoxville College of Nursing	Higher Education Institutions
Volunteer Behavioral Health Care Services	Mental Health and Substance Use
Volunteer Network of United Way	Economic Development, Food Access, Advocacy and Education, Community Support
Wilson County Emergency Management	Emergency Management
Wilson County Health Council	Community Health Collaborative Group
Wilson County Health Department	Public Health
Wilson County Schools	K-12 Public Education
Wilson Rides Inc.	Transportation (older adults)

	<p>Explore funding opportunities, data scoring tools, promising practices, health indicators, and other resources on the VUMC Community Health Website.</p>
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