Community Health Needs Assessment

2023





VANDERBILT HEALTH

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

Table of Contents

Table of Figures

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 key health inequities, needs, and assets through systematic, comprehensive data collection in communities of focus.

The five counties where VUMC conducted this CHNA, Bedford, Coffee, Davidson, Rutherford, and Williamson counties, are diverse in socioeconomic status, racial and ethnic groups, health risks, and health outcomes. The CHNA sought a better understanding of 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, and describes how the community prioritized its needs. The accompanying IS outlines the strategies and programs designed to address the prioritized needs.

Collaborations

County Health Councils and Health Departments were critical to the needs assessment in all five counties. In Davidson, Rutherford, and Williamson Counties, VUMC also worked with Ascension Saint Thomas (AST), a local non-profit hospital system, and the county health departments to design and conduct the CHNA. VUMC and AST participated in the CHNA process on behalf of their non-profit hospitals and health systems. Detailed accounts of collaborations can be found in the county specific sections of this report.

Methodology

The CHNA approach relies on primary and secondary data from community members and organizational leaders. VUMC and its collaborators benefitted from input from many individuals and organizations that took the time to share their perspectives and experience, helping VUMC identify significant health needs in the communities served.

The CHNA assessment methods include 1) an environmental scan of 61 county-specific and statewide reports, 2) 89 interviews with community members and leaders, 3) 80 Interviews with representatives from various organizations and sectors within each county, and 4) community surveys (in Davidson, Rutherford, and Williamson Counties) with 726 respondents. The Tennessee Department of Health (TDH) in Bedford and Coffee Counties also conducted a listening session with the Health Council and distributed a community survey in each county.

VUMC also completed an in-depth review of secondary data using indicators recommended by the County Health Rankings Roadmap Rankings Model, the Catholic Health Association, and Healthy People 2030 to describe the health status of the community. These results were shared with county specific need prioritization groups to solicit input in identifying and prioritizing health needs. Figure 1.1 provides an overview of the primary and secondary data methods and prioritization process.

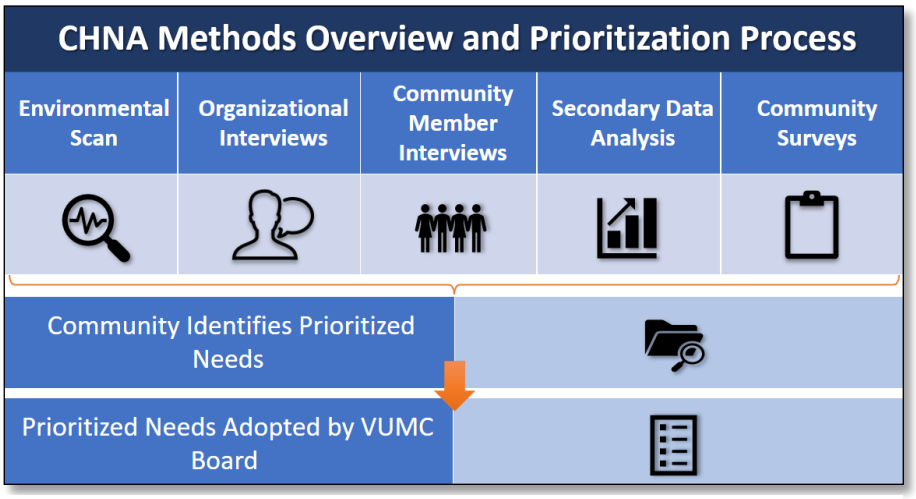

Figure 1.1 CHNA Methods and Prioritization Process (2023)

Findings and Prioritized Needs

The CHNA findings provide insight into the inequities in Bedford, Coffee, Davidson, Rutherford, and Williamson counties, depending on location and social drivers that impact health. Disparities among racial and ethnic groups were also identified.

Each county's prioritization process generated its own prioritized needs with commonalities across counties. VUMC grouped the identified needs into four overarching categories to serve as its prioritized needs: **Access to Care, Equity**, **Chronic Disease and Preventative Care, and Social Drivers of Health.**

Summary of VUMC's Prioritized Needs

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.

Equity

Equity is achieved through the removal of systemic obstacles to ensure all people have a fair and just opportunity to obtain optimal health. Advancing equity requires focusing on the root causes of social, economic, environmental, and structural disparities that lead to differences in outcomes. Health equity is impacted by a variety of factors, including 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. Equity is an issue that also cuts across the identified prioritized needs.

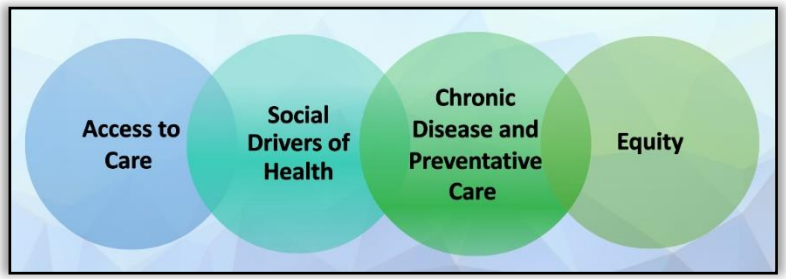

Figure 1.2. CHNA Prioritized Needs (2023)

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 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.

Social Drivers of Health

This prioritized need recognizes the importance of social drivers of health and the influence that where we "live, work, and play" has on health outcomes and health inequities. (CDC) 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 of health conditions like heart disease, diabetes, and obesity and even lowers life expectancy relative to people who have access to healthy foods. Social drivers of health 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.

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 and plans to mobilize initiatives across the academic enterprise. Building and expanding community partnerships are also integral to addressing the prioritized needs. The IS was designed with a special focus on groups with limited access to healthcare an health insurance and historically marginalized or minoritized persons.

Introduction

Vanderbilt University Medical Center (VUMC) is located in Nashville, Tennessee, and primarily serves Tennessee, northern Alabama, and southern Kentucky. VUMC owns and operates six hospitals. Of the six hospitals, VUMC owns and operates the Vanderbilt University Adult Hospital (VUAH), Monroe Carell Jr. Children's Hospital at Vanderbilt (Children's Hospital), the 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). A CHNA and IS for VWCH were completed in FY22 and are posted on the VUMC website.

VUMC acquired Tennova Healthcare, Bedford County, and Tennova Healthcare, Coffee County, in January 2021, changing the hospital's names to Vanderbilt Bedford County Hospital (VBCH) and Vanderbilt Tullahoma-Harton Hospital (VTHH).

As part of a joint venture with Encompass Health Corporation, VUMC owns 50% of Vanderbilt Stallworth Rehabilitation Hospital (Stallworth). The 2023[1] VUMC Community Health Needs Assessments (CHNA) and Implementation Strategy (IS) is a joint CHNA that covers the licensed hospital facilities of Vanderbilt University Hospital (Children's Hospital, VPH, and VUAH), Stallworth, VBCH, and VTHH. 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.

The CHNA process is designed to identify key health needs and assets through systematic, comprehensive data collection in prioritized communities. The CHNA serves as a health profile for the community and describes significant health needs identified collaboratively within the community and gaps between current and desired health status.

Efforts were made to include broad multi-sectorial perspectives on health and healthcare – with a focus on historically marginalized and minoritized populations, including groups that have been economically and socially marginalized and those with limited access to healthcare and health insurance.

[1] In February 2023, this CHNA and accompanying IS were adopted. The adoption was during VUMC's 2023 fiscal year, which is also the tax year 2022 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 "2023 CHNA" and "2023 IS."

Description of Hospitals

VUMC is a growing health system and one of the Southeast's largest and most prominent academic medical centers, with seven hospitals and more than two hundred clinics across Tennessee and neighboring states.

In FY21, Vanderbilt Health provided $829 million in charity care and community benefits to the communities where it provides care.

VUMC is a comprehensive 1,719-bed healthcare facility dedicated to patient care, research, and post-graduate medical education. Its reputation for excellence in each of these areas has made VUMC a major patient referral center for the Mid-South.

Vanderbilt University Adult Hospital (VUAH)

VUAH is a resource for patients and clinicians throughout Tennessee and beyond to provide advanced care for complex and rare conditions. VUAH is fully accredited by the state of Tennessee and the Joint Commission and is a recognized Magnet hospital through the American Nurses Credentialing Center. VUAH 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 FY 2021, VUAH had more than 43,000 discharges, performed more than 70,000 surgeries, and treated more than 67,000 patients in its Adult Emergency Department. VUAH's outpatient clinics performed more than 1.7 million ambulatory visits.

Monroe Carell Jr. Children's Hospital (Children's Hospital)

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

Children's Hospital operates a Level 1 Pediatric Trauma Unit, is home to the state's highest level NICU (Neonatal Intensive Care Unit), and serves as Nashville's Comprehensive Regional Pediatric Center.

Annually, the Children's Hospital has more than 16,000 patient discharges, performs more than 17,500 surgeries, and sees more than 360,000 outpatient clinic visits.

Vanderbilt Psychiatric Hospital (VPH)

VPH 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 has approximately 4,000 annual discharges, and its clinics provide care for about 37,000 mental health visits. VPH also provides Individuals enrolled in TennCare with psychiatric services, including medication assessment and management.

Vanderbilt Behavioral Health (VBH) is the programmatic umbrella for a sizable portion of VUMC's work on mental illness and substance use. In the 2021-22 academic year, VUMC collaborated with approximately 34 Davidson County schools to provide 22 full-time clinicians that provided counseling and mental health services to youth in the state's custody or at risk of a custodial situation. Services provided include individual, family, and group therapy.

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 50/50 joint venture between VUMC and Encompass Health, one of the nation's leading rehabilitation service providers. Annually, Stallworth has approximately 1,300 patient discharges.

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

Stallworth has achieved a Center of Excellence status within the Encompass Health network of hospitals and Joint Commission disease-specific certification for its stroke, spinal cord injury, and traumatic brain injury rehabilitation programs.

Stallworth was the state's first rehabilitation center to achieve spinal cord certification. The most substantial number of patient discharges from Stallworth comes from Davidson, Rutherford, and Williamson Counties.

Vanderbilt Bedford County Hospital (VBCH)

VBCH is a 60-bed facility that employs approximately 300+ 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 a 14-bed Emergency Department, surgical services, imaging services, physical therapy, and a wound care clinic. Within Bedford County, VBCH provides care with five primary care clinics, urgent care, a pediatric clinic, and a sleep lab.

In CY 2021, VBCH admitted 960 patients, performed more than 900 surgeries and had approximately 40,000 outpatient visits. Additionally, the Emergency Department provided care to more than 17,000 patients. As part of the Vanderbilt Health community of hospitals, VBCH is the only provider of inpatient medical services in Bedford County.

Vanderbilt Tullahoma-Harton Hospital (VTHH)

VTHH is a 135-bed facility with approximately 3,000 annual discharges. VTHH 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 spring of 2022. This national distinction recognizes achievements in protecting patients from preventable harm and error. VTHH is also the first in Coffee, Franklin, Lincoln, and Bedford counties to receive a Level II Neonatal Intensive Care Unit.

VTHH's 2021 community impact included: providing care to 3,099 inpatients (including 256 COVID inpatients), treating 29,107 outpatients, 22,585 Emergency Department patients, performing 2,587 surgeries, welcoming 458 newborns, and providing $58,160 in community organization/youth sponsorships.

Background

Vanderbilt's Office of Health Equity (OHE) conducted the CHNA process incorporating a broad range of primary and secondary data collection and analysis as well as broad community engagement.

Primary data collection for VUMC included virtual and face-to-face interviews with community members and organizational leaders within their respective counties. Additionally, online community member intercept surveys were collected in Davidson, Rutherford, and Williamson Counties. The CHNA also incorporates an extensive review of publicly available data on health, including health determinants and health outcomes.

VUMC has made the CHNA/IS reports for 2013, 2016, 2019, and 2023 accessible to the public via VUMC's Community Health Equity and Stallworth websites. Each website has a regularly monitored public comment portal available.

VUMC's Office of Health Equity will review any comments submitted. Paper copies of the reports are available at no cost at VUMC, VBCH, VTHH, and Stallworth.

Community Served

The first step in the CHNA process is clarifying the geography for 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.

Based on discharge data from each of VUMC's hospitals, VUMC focused on the community in the geographic area, including these five counties as the "community served" for this CHNA. A separate **CHNA** was conducted for Wilson County and approved in FY22. The section below includes preliminary demographic data for each county (specifically population size, population growth, household income, and insurance coverage). Each county's detailed demographics and additional data are included in the county specific report. The detailed Appendix (Appendix E) includes additional data and data sources.

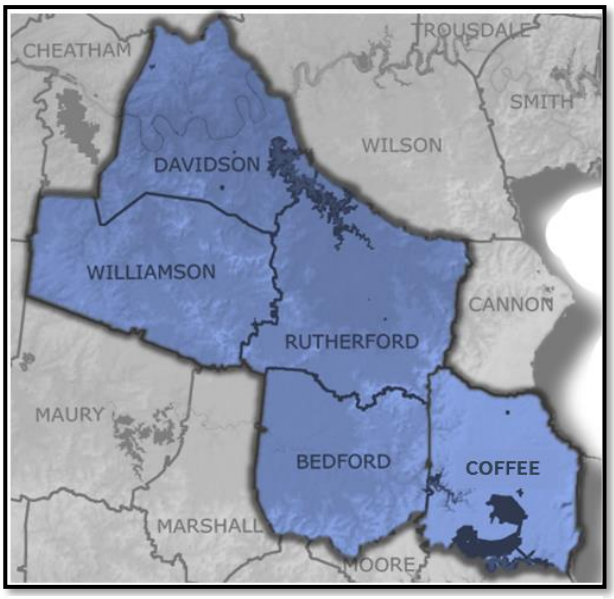

Figure 1.3. VUMC's "Community Served." (2023)

Demographics At-A-Glance[2]

Bedford County

The 2021 population of Bedford County is estimated to be 51,119. The total population increase for Bedford County from 2010 to 2020 was 13.4%. The rate of people without insurance in Bedford County is higher than in the state (24.1% for Bedford County; 12% for Tennessee) (HCI). The median household income of Bedford County has been on an upward trend, with the highest being $52,973 from 2016-2020. However, the Bedford County median household income value is lower than the state of Tennessee ($54,833) and US ($64,994) values (HCI).

[2] Demographic data was pulled from Conduent Healthy Communities Institute (HCI) Data Platform. The detailed sources and comparisons for each indicator are in Appendix E. An in-depth analysis of each county is in the county specific reports.

Coffee County

The 2021 population of Coffee County is estimated to be 59,032. The total population increase for Coffee County from 2010 to 2020 was 11.9%. The rate of people without insurance in Coffee County is higher than in the state (19.1% for Coffee County; 12% for Tennessee). The median household income in Coffee County is lower than the state ($54,833) and national ($64,994) averages (HCI).

Davidson County

Davidson County has experienced rapid and significant growth over the last decade. The 12-county Metropolitan Statistical Area (MSA) region surrounding and including Davidson County is now home to more than two million residents and is the 35th largest metropolitan area in the United States. The 2021 population of Davidson County is estimated to be 715,884, and it is one of the fastest-growing counties in Tennessee. The total population increase for Davidson County from 2010 to 2020 was 14.2%. The rate of people without insurance in Davidson County is higher than in the state (17% for Davidson County; 12% for Tennessee) (HCI).

Rutherford County

The 2021 population of Rutherford County is estimated to be 352,182, and it is one of the fastest-growing counties in Tennessee. The total population increase from 2010 to 2020 was 25.6%. The median household income is above the state median ($69,600 for Rutherford County; $55,276 for Tennessee) (HCI). The rate of people without insurance in Rutherford County is lower than in the state (10 percent for Rutherford County; 12 percent for Tennessee) (HCI).

Williamson County

The 2021 population of Williamson County is estimated to be 247,726, and it is one of the fastest-growing counties in Tennessee. The 12-county Metropolitan Statistical Area (MSA) region that includes both Davidson and Williamson Counties is now home to more than 2 million residents and is the 35th largest metropolitan area in the United States (HCI). The total population increase for Williamson County from 2010 to 2020 was 26.1%. The rate of people without insurance in Williamson County is lower than in the state (7% for Williamson County; 12% for Tennessee) (HCI).

Collaborations

VUMC's OHE serves as an institutional home for catalyzing and enabling educational, research, clinical, and operational initiatives to prevent and address inequities in health among marginalized, minoritized, and socially disadvantaged populations.

The OHE connected with various entities throughout Davidson, Williamson, Rutherford, Bedford, and Coffee Counties to conduct the CHNA process. Each county's Health Councils and Health Departments were critical in all aspects of conducting the CHNA. VUMC focused on including individuals who represent historically marginalized racial and ethnic minority groups, groups with limited access to healthcare and health insurance, and those experiencing substance use disorders, among others, in the CHNA.

Purpose and Objective

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 with 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 VUMC Board of Directors is the governing body for VUMC. The board adopted the report in February 2023, which was made widely available to the public via VUMC's Community Health Equity Platform and is available at each hospital.

Health Equity Lens

This CHNA utilized a health equity lens which included a strategic focus on groups who have been historically and economically marginalized and minoritized. The CHNA approach also recognized that individual and population health is determined by numerous factors, most of which are outside of healthcare delivery, commonly referred to as "social drivers of health." According to the Center for Health and Learning (CHL), an outgrowth of an initiative by the Center for Disease Control and Prevention's (CDC) Division of Adolescent and School Health, social and economic factors contribute 40%, health behaviors 30%, genetics 10%, the physical environment 10%, and finally clinical care 10%. Social Drivers of Health (SDOH) also contribute to health disparities and inequities.

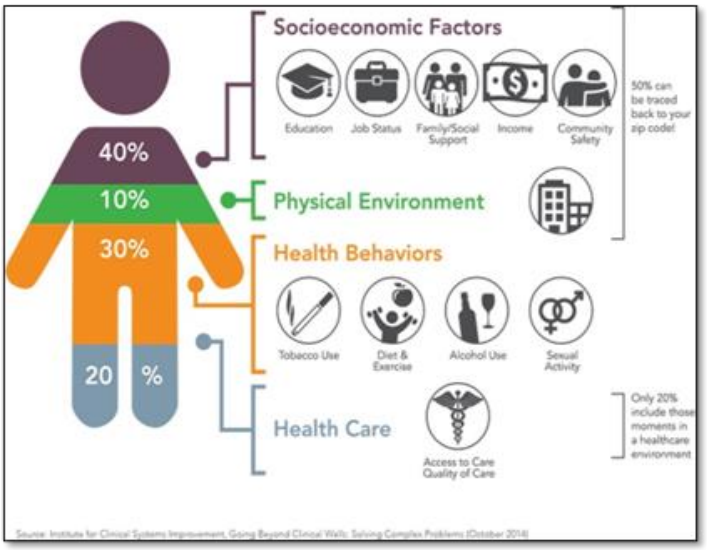

Figure 1.4. Social Determinants of Health, Institute for Clinical-Systems Going Beyond Clinical Walls Solving Complex Problems (2014)

Healthy People 2023 states, "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 action to improve the conditions in people's environments." (Health People 2030)

Methodology

Health needs and assets for each county were determined using primary and secondary data and community input on the identified and significant needs. A health equity lens informed the methodological approach to the CHNA.

Input from people representing the broad interests of the community, including those with expertise in public health, was obtained through organizational and community member interviews and community surveys. VUMC and collaborators also reviewed relevant secondary data comprehensively, where each indicator was stratified by race and ethnic groups, gender, geography, and other variables whenever possible. In addition, VUMC continuously solicits written feedback on the most recent CHNA/IS on the VUMC Community Health Equity and Stallworth's respective websites.

Environmental Scan

VUMC conducted an environmental scan to examine existing reports that identify strengths, assets, and areas of improvement regarding health and healthcare in the community.

Criteria for inclusion in the review were that reports included data collected from or about local communities in Bedford, Coffee, Davidson, Rutherford, and Williamson Counties. Reports covering multiple counties were included in each county's environmental scan. The report publication dates for Davidson, Rutherford, and Williamson Counties ranged from 2017-2022. The report publications for Bedford and Coffee County ranged from 2019 to 2021. Reports used for the environmental scan were analyzed on a rolling basis during the assessment period. Reports that came in after the timeline for the collection were read and cataloged.

For each report included in the scan, the focus geography and populations were identified, and the health topics discussed were summarized to provide an overview of the existing themes. 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.

Environmental Scan Reports Leads and Organizational Focus

Geography Represented	Total Count
Bedford County	4
Coffee County	6
Davidson County	24
Rutherford County	10
Williamson County	7
Statewide Reports	10

Secondary Data Analysis

VUMC considered indicators from the County Health Rankings, Roadmap Rankings Model, Healthy People 2030 Targets, and the Catholic Health Association to describe the health status and social, economic, and environmental drivers of health. Data analysis was done using a health equity lens and prioritized "upstream" social drivers. Data was reviewed and analyzed between December 2021 and March 2022 for Davidson, Rutherford, and Williamson counties. Bedford and Coffee counties reviewed and analyzed data between June 2022 and August 2022.

Categories for indicators explored included demographics, social and economic factors, health outcomes, physical environment, clinical care, and health behaviors. COVID-19 data was included due to the pandemic's significant impact in every county.

Data were drawn from publicly available sources cataloged by Conduent Healthy Communities Institute (HCI). Supplemental data was also included from the Tennessee Department of Health and local reports from Metro Social Services and the Local Public Health Departments.

A complete list of the data and sources used in this report is listed in the appendices. The HCI data resource can be explored **HERE**. These data are updated regularly and may reflect more current data than was available at each county's collection time.

Community Survey (Davidson, Rutherford, and Williamson Counties)

An online intercept survey was developed to collect perspectives and insights from a convenience sample of residents in Davidson, Rutherford, and Williamson counties. The survey included demographic information and three open-ended questions that identified barriers to healthcare.

The survey link was shared via email using VUMC, AST, and county Health Council listservs. Survey responses were monitored throughout the process to determine whether respondent demographics mirrored community demographics. Outreach strategies to complete the survey were used to broaden participation in communities with less representation.

Community Member Interviews

Community member interviews were completed in each county to understand better the community members' thoughts on health needs and assets. In collaboration with partners, VUMC conducted one-on-one interviews with open-ended questions focused on community assets, often excluded communities, priority needs, barriers, and solutions. The interview protocol was translated into Spanish and Arabic as well.

VUMC recruited interviewees with assistance from community partners who helped identify individuals to interview. Interview data were entered into a secure database and reviewed by a team to determine common themes.

Organizational Interviews

VUMC worked with various collaborators to identify organizational leaders from multiple sectors and organizations to understand the health of each county and its assets.

Efforts were made to include broad multi-sectorial perspectives with expertise in public health and healthcare – with a strategic focus on historically marginalized and minoritized populations, including groups that have been economically and socially marginalized and those with limited access to healthcare and health insurance.

The interview protocol included open-ended questions focused on health concerns, social drivers of health, healthcare issues, and community resources. Examples of interviewees

included were health department directors from each county, community safety net providers, public health researchers, and community-based organizations, among others.

Identifying and Prioritizing the Needs

County Specific Prioritized Needs

Results from organizational and community member interviews, the community intercept survey, and secondary data analysis were presented to county-specific needs prioritization committees. VUMC and collaborators convened prioritization committees to review a summary of the data. Prioritization committees were encouraged to use a health equity lens while selecting prioritized needs. Understanding how historically marginalized and minoritized populations are disproportionately impacted is integral to the CHNA process.

In all counties, elements of the Mobilizing for Action through Planning and Partnership (MAPP) process were utilized to prioritize which of the broader needs were most significant. (NACCHO, 2008). Three criteria were used to identify the most significant needs. They included the magnitude of the need, the seriousness of the consequences, and the feasibility of addressing the need. The table below outlines the criteria used to prioritize the needs of each county.

The prioritization process included two meetings. Based on the themes and trends identified during the assessment, a broad set of needs was presented to the prioritization committee. These needs included health outcomes and social drivers impacting the county's health status. The identified needs were categorized into groups, such as health behaviors, quality of life, clinical care, or systemic issues.

Magnitude	• How many people does the problem affect, either actually or potentially? • How significant is the problem? • In terms of human impact, how does it compare to other health concerns?
Seriousness of the Consequences	• What degree of disability or premature death occurs because of this problem? • What is the burden on the community (economic, social, or other)? • What would happen if the issue were not made a priority?
Feasibility	• Are there available resources to manage it sustainably? • How much change can be made? • Is the problem preventable? • What are the community's intrinsic barriers, and how difficult are they to overcome? • What is already being done, and is it working? • What is the community's capacity to address it?

Attendees deliberated on which needs to prioritize. Prioritization committee members were able to add to this broader set of needs based on community, profession, and lived experience.

In Davidson, Rutherford, and Williamson counties, prioritization meetings were co-facilitated by VUMC, AST, and each county's health department. In Bedford and Coffee counties, the prioritization process was co-facilitated by VUMC and each county's health department. The needs adopted for each county are listed in the table below:

County Specific Needs

While overlapping themes were highlighted in each county, each county summit also yielded its own detailed set of prioritized needs described in the table below.

County Specific Prioritized Needs

County	Bedford	Coffee	Davidson	Rutherford	Williamson
Prioritized Need	Mental Health	Mental Health	Awareness and Navigation of Community Resources	Mental Health	Mental Health
	Substance Use	Substance Use	Economic Opportunity and Job Skill Development	Substance Use	Substance Use
			Food Access	Infant Mortality	Healthy Living and Prevention
			Housing and Transportation	Affordable and Safe Housing	Affordable Housing
			Whole-Person Focused Health	Healthcare Access	

VUMC's Prioritized Needs

For VUMC's CHNA and IS, each county specific need was grouped into four overarching categories for VUMC to address. VUMC also consulted the Community Health and Health Equity Advisory Committee (CHHEAC), a group of VUMC senior leaders, for guidance on the prioritized needs, given the breadth of needs identified across five counties. The Advisory Committee considered the scope, severity, ability, and capacity of VUMC to impact an issue and recommended that VUMC adopt four high-level needs listed below.

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 February 2023.

- **Access to Care**
- **Equity**
- **Chronic Disease/Preventative Care**
- **Social Drivers of Health**

Limitations and Information Gaps

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

- **Secondary data:** The assessment considered many factors affecting health, including the social drivers of 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, some publicly available secondary data sources for Bedford and Coffee County were limited.
- **Organizational interviews:** An effort was made to conduct interviews with various sectors and organizational leaders in the community. However, given the challenges related to the COVID-19 pandemic response, interviews had to be completed virtually, and there were limitations on whom we could reach.
- **Community member interviews:** Community member interviews were conducted to obtain input from historically marginalized and minoritized community members. Language, cultural barriers, and concerns regarding anonymity between interviewers and interviewees were barriers during the interview process. Given the challenges related to the COVID-19 pandemic response, in-person interviews were limited, requiring the addition of virtual options, which is a digital and technological barrier for some groups we hoped to include in the CHNA.
- **Unanticipated events:** Unplanned events may affect a community's ability to conduct portions of a CHNA, including collecting community input and analyzing secondary data. For the 2023 CHNA/IS, the COVID-19 pandemic and the devastating tornado that swept through the region in early 2020 resulted in challenges with the CHNA/IS process.

Bedford County

Community Health Needs Assessment

Bedford County

Introduction

The 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 worked alongside VUMC to provide advisory support on the CHNA approach. The health council and health department were also critical in identifying and recruiting interview participants who were either part of or represented historically marginalized and minoritized groups, including medically marginalized and those managing substance use, among other populations at a higher risk of poor health outcomes.

The health department collected additional data by conducting a listening session with health council members. Additionally, Bedford County Health Council distributed an online survey to community members via community flyers that included the survey link. The health department also designed a voting process allowing health council members to vote on the prioritized needs.

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 about Bedford County, Tennessee, in local or statewide reports that include Bedford County.

VUMC analyzed eight reports from a diverse set of community partners in Bedford County. While themes and needs varied, several historically marginalized populations were mentioned explicitly in reports, including older adults, Latinx, and Black/African American communities.

Reports used for the environmental scan were analyzed on a rolling basis during the assessment period. Reports that came in after the collection timeline were read and cataloged. The table below lists the organizational lead and focus for reports included in the scan.

Environmental Scan Report Leads and Organizational Focus

Organizations Represented	Organizational Focus
Community Clinic of Shelbyville and Bedford County	Healthcare
Feeding America	Food Access
Second Harvest Food Bank of Middle Tennessee	Food Access
Tennessee Department of Health	Public Health
Tennessee Charitable Care Network	Healthcare
Vanderbilt University Medical Center	Healthcare

Major Themes

Significant themes from the Bedford County environmental scan were food access, increased obesity rates, access to healthcare and dental services, and a high rate of diabetes and hypertension. They are described in more detail below:

Obesity: A central theme among reports was the high rate of obesity in adults and youth. Additionally, persons who have been historically marginalized, such as those identifying as Latinx, or Black/African American, are at an increased risk.

Access to care and chronic disease: Reports indicate that a lack of adequate health insurance and limited access to healthcare and dental services place groups that have been historically marginalized at a greater risk of healthcare inequities, specifically the Latinx communities in Bedford County.

One Bedford clinic reported that in FY20, 55% of patients were diagnosed as diabetic, and 40% were diagnosed with hypertension. Sixty percent of patients seen during this time identified as part of the Latinx community.

Food Access: Second Harvest Food Bank report indicates that Bedford County ranked 11th out of 42 in emergency food boxes received from 2020-2021. In 2019, Bedford County had a 12.9% food insecurity rate (4,490 adults and 1,750 children).

Conclusion

Bedford County is abundant in resources and benefits from many collaborative partnerships. Despite these resources, there are many health needs among residents. By understanding these main points of concern in Bedford County, resources can be deployed to improve the health of all county residents.

Primary Data: Community Input

VUMC recognizes the vital importance of understanding the health needs and assets of the community; therefore, it consulted with a range of public health and social service providers representing the broad interests of Bedford County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and 2) communities with limited access to healthcare and health insurance and economic advancement or considered historically marginalized and minoritized.

VUMC used multiple methods to gather community input, including organizational and community member interviews. These methods provided additional perspectives on selecting and addressing top health concerns facing Bedford County. A summary of the process and results is outlined below.

Organizational Interviews

VUMC conducted 15 one-on-one organizational interviews to gather feedback from key organizations on the health needs and assets of Bedford County. Representatives from 14 different organizations and sectors participated in the interviews. Examples of sectors represented include local government, law enforcement, non-profit organizations, and clinics serving historically marginalized and minoritized groups. The table below summarizes key points, meaningful quotes, and populations of focus from the interviews.

Bedford County Organizational Interviews (n=15)

Data Highlights

- BIPOC, refugees, immigrants, Latinx, those experiencing homelessness, and Guatemalan and Somalian populations are noted as needing additional community support and resources.
- The top broad areas of concern include housing inventory and costs and resources for people experiencing homelessness.
- The top health-related concerns include the lack of resources for undocumented immigrants, mental health/substance use, and feelings of isolation due to technological inequities.
- There is a concern for community health as COVID-19 vaccine readiness lags.
- COVID-19 worsened existing needs in the community, particularly the loss of household income, food access, and mental health needs.
- Bedford County is a desirable place to live due to its growth and outdoor activities, but not everyone feels the benefits of recent development.
- Increased wages and expanded economic opportunities are needed to match the increased cost of living.
- Strategies focused on nutritional concerns are needed to address obesity rates and improve quality of life.

Interviewee Population/Sector Focus

- Business
- Community advocacy
- Faith-based
- Healthcare
- K-12 public schools
- Law enforcement
- Local government
- Mental health and substance use services
- Resources for Spanish-speaking community members
- Resources for those with limited access to healthcare and insurance

Meaningful Quotes

- “Internet and cellphone usage are hard to come by in the county. Communication lines are not available, and it impacts how people can receive care. People have to drive into town to call 911.”
- “Most people think resources exist at school or the church, and if they don’t see the resources there, they think they are out of luck and will not actively try to get resources.”
- “The past few years, minority students have been falling behind. Bedford County school [scores] are already low, and minority students are even worse than that, which indicates the lack of support for those students.”

Community Member Interviews

VUMC conducted 26 one-on-one community member interviews on the health needs of Bedford County. Interviews consisted of open-ended questions focused on community assets, often excluded communities, priority needs, barriers, and “magic wand” solutions.

To include feedback from the Latinx community, the interview protocol was translated, and interviews were conducted in Spanish. Interviewees were recruited through partnerships with community organizations.

Interview data were entered into a secure database and reviewed by a team to identify common themes. The table below summarizes information from the community member interviews.

Bedford County Community Member Interviews (n=26)

Data Highlights

- Documentation status continues to affect all aspects of life for Latinx immigrants
- Equitable access, along with increasing options for outdoor recreation, would promote a healthier lifestyle for community members
- Lack of transportation prevents equitable access to grocery stores, employment, healthcare, and leisure activities
- A lack of public health education and outreach has contributed to an increase in chronic health conditions.
- Increased access to healthcare is necessary to achieve overall community health.
- Increasing support to historically marginalized and minoritized groups will reduce inequities in economic advancement and access to healthcare, education, and community resources.
- There is a growing concern for people experiencing homelessness and a decrease in affordable housing units.

Population Focus

- BIPOC communities
- Groups that have been economically marginalized
- Spanish-speaking communities

Interviewee Demographics

- Group composition: Latinx (15), Black/African American (9), white (1), identified as all three of the following: Indigenous American/Native Alaskan, white, and Black/African American (1)
- The age range was 21-72, with a median age of 46.5
- Zip Codes Represented: 37160 (n=22), 37128 (n=1), did not respond (n=3)

Meaningful Quotes

- “A lot of people go to work and back home. Unless someone is already a part of an assistance program, there is no one talking about the resources and sharing it with the community.”
- “Guatemalan patients that come to the clinic often, and there is a barrier because of the difference in dialect, which makes them feel like they cannot come back.”
- “The Latinx community does not have access to subsidized or affordable housing.”

Secondary Data

For this overview, the indicators highlighted were selected based on prioritized needs selected by the Bedford County Health Council. Data for each indicator were pulled from the Conduent Healthy Communities Institute (HCI) data platform's disparities dashboard and Health Equity Suite indices. HCI is a centralized hub for publicly accessible data and community health initiatives available on the VUMC website. Data for some indicators were pulled from other publically available data sources and are linked within the report. Additional secondary data indicators were also collected for the needs assessment. Please refer to Appendix E for the complete secondary data table for Bedford County.

Understanding how health inequities and social drivers of health impact different populations in Bedford County was essential during the assessment process. VUMC examined emerging and persisting inequities across multiple areas, highlighting disparities between population groups and geographic areas.

Bedford County is located in middle Tennessee, southeast of the Nashville metropolitan area. The population of this largely rural county has been gradually increasing over the past ten years, with a total population of 51,119 in 2021 (HCI).

Mental Health

Mental health includes emotional, psychological, and social well-being. It can impact how one thinks, feels, and acts. It also aids in determining how to manage stress, relate to others, and make healthy choices. Mental health is essential at every stage of life, from childhood and adolescence through adulthood. Poor mental health symptoms, like depression, can lead to poor physical health outcomes (CDC, 2018). 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 (HCI).

Since 2016, the percentage of adults who stated their mental health, including stress, depression, and emotional distress, was poor for 14 or more days in a 30-day period has been increasing in Bedford County. The Bedford County percentage of the population with frequent mental distress (18.3%) is higher than both the Tennessee (16.3%) and US (14.0%) values. (HCI).

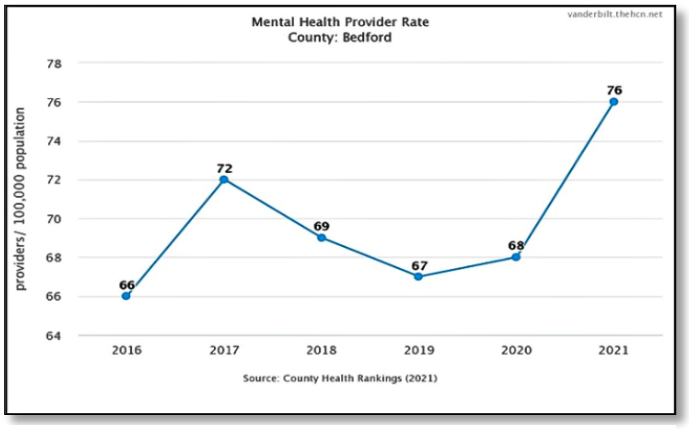

Figure 2.5 Mental Health Provider Rate, Bedford County (2021)

There has been a rise in mental health providers in Bedford County. Since 2019, the rate of mental health providers per 100,000 population has been increasing (Figure 2.2). The current

mental health provider rate in Bedford County is 1 provider per 1,320 people. However, this rate is lower than the Tennessee (1 provider per 590 people) and U.S. (1 provider per 350 people) values (County Health Rankings). Mental health providers include psychiatrists, licensed clinical social workers, counselors, and advanced practice nurses specializing in mental health care.

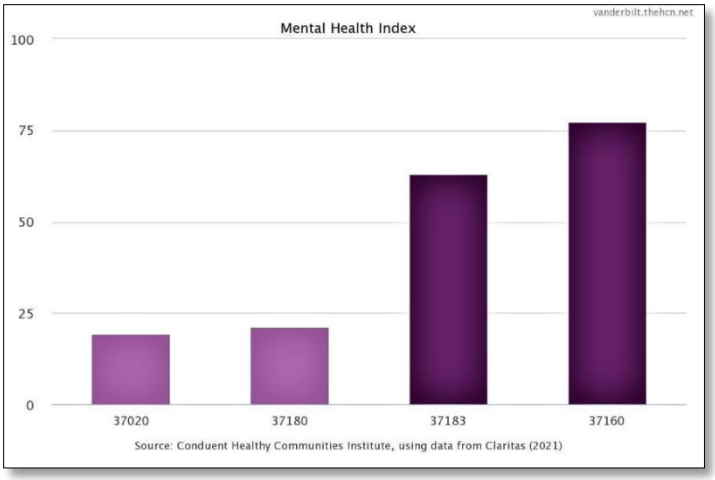

Figure 2.6. Mental Health Index, Bedford County (2021)

The HCI's 2021 Mental Health Index 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). Figure 2.1 highlights the index scores for four zip codes in Bedford County. The darker color indicates a more significant need relative to similar locations within VUMC's community of focus. The 37183 and 37160 zip codes have the county's highest demand for mental health services (HCI).

Substance Use

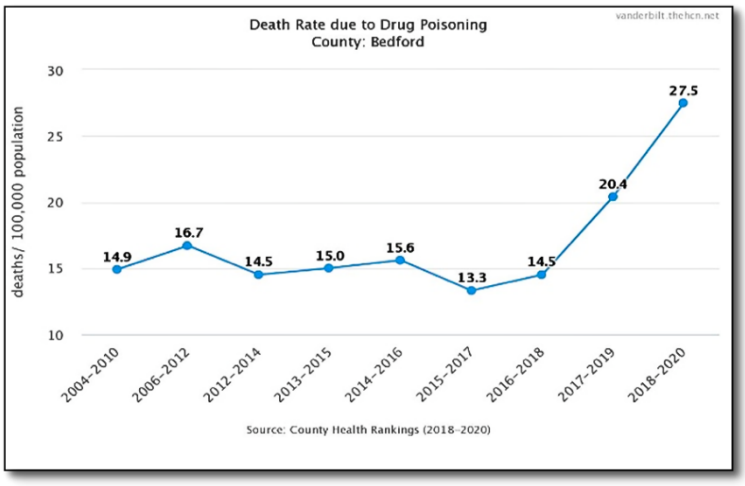

Figure 2.7. Death Rate Due to Drug Poisoning, Bedford County (2018-2020)

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.

In the United States, over 100 drug overdose deaths occur daily. Drug overdose deaths are the leading cause of injury in the United States. Most of these deaths are due to a pharmaceutical overdose involving analgesics, such as prescription painkillers (HCI). In 2021, 3,814 Tennesseans died of a drug overdose, which increased from 2020. Twenty-four reported deaths were in Bedford County, and more than half (n=15) involved fentanyl (TDH, 2021). Nationally, white males between the ages of 45 and 49 are more likely to be among those who die from a drug overdose (HCI). In Tennessee, drug overdose deaths for Black/African Americans and Latinx populations have increased by 34% and 20%

from 2020 to 2021. The number of both white and Non-Hispanic persons who died from drug overdose increased by 25% and 26% from 2020-2021 (TDH, 2021). Drug overdose death rates have increased in Bedford County since 2017, the most recent and highest rate being 27.5 deaths per 100,000 population in 2020. This rate is higher than the US rate (23.0) but lower than the Tennessee rate (33.9) (HCI).

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, 17 of the 24 (71%) overdose deaths in 2021 were caused by Opioids. (TDH, 2021).

Economic Opportunity

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

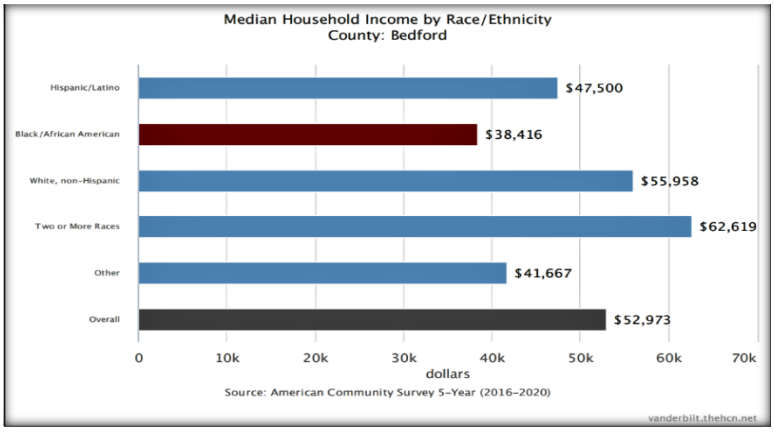

Figure 2.8. Median Household Income by Race/Ethnicity, Bedford County (2016-2020)

The median household income of Bedford County has been trending upward, with the most current (2020) median income of $52,973. This value is lower than the Tennessee ($54,833) and US ($64,994) median household incomes. There is also a significant inequity as the median household income for Black/African American persons ($38,416) is nearly 30% less than the overall Bedford County value (HCI).

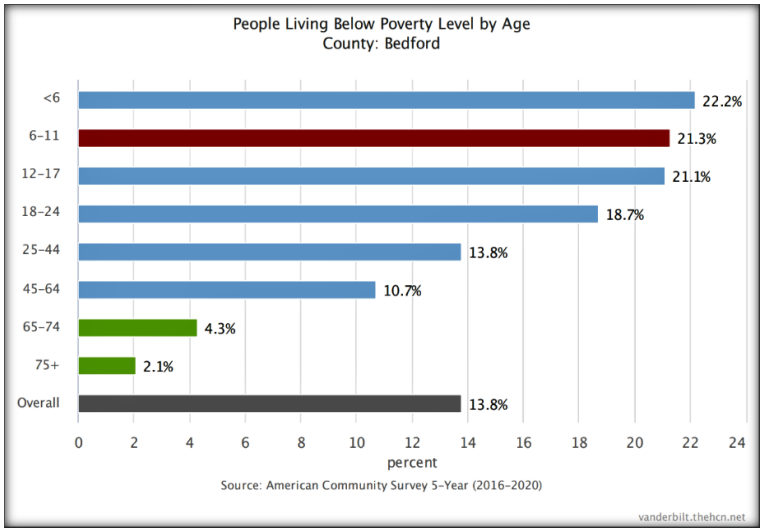

Figure 2.9. People Living Below Poverty Level by Age, Bedford County (2016-2020)

Poverty is one of the most critical indicators of a community's future health and well-being. Poverty creates barriers to accessing nutritious food, transportation, and preventative healthcare. Federal poverty thresholds are set annually

by the Census Bureau and vary by family size and family member age. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are insufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower-quality schools and decreased business survival. In Bedford County, younger persons (0-24 years old) are more likely to live under the federal poverty level (HCI).

Access to Healthcare

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 92.1%. Since 2016, the percentage of people with health insurance in Bedford County has decreased. Currently, only 84.9% of residents have health insurance. Males (83.8%) are less likely than women (86.0%) to have health insurance (HCI).

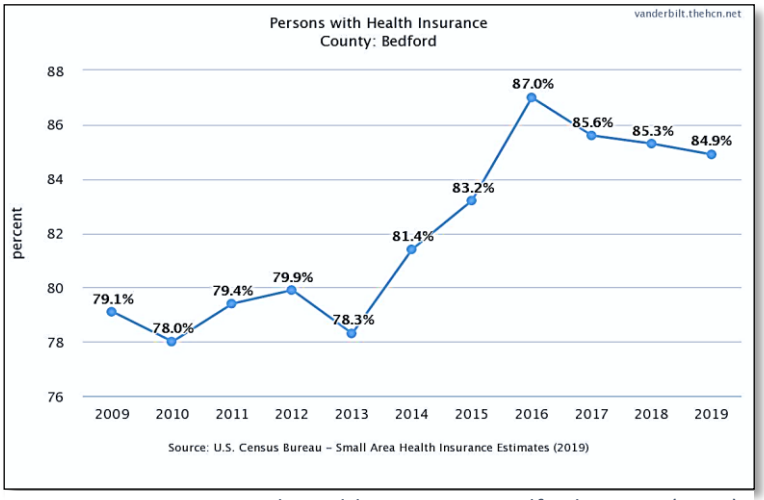

Figure 2.10. Persons with Health Insurance, Bedford County (2019)

Summary of COVID-19's Impact on Bedford County

The COVID-19 pandemic has impacted communities worldwide, and profound inequities emerged as the pandemic grew. Overall, in the United States, older adults have the highest risk of death from COVID-19 than any other age group, as 81% of deaths are among people over 65 years of age. There are significant inequities in racial and ethnic groups as well. BIPOC populations have a higher risk of exposure, infection, and death than white and non-Hispanic.

COVID-19 highlights in Bedford County:

- Residents between the age of 21-30 experience the highest case rate in Bedford County (42,297 per 100,000 residents).
- Residents identifying as other or multiracial are more than five times more likely to be positive for COVID-19 than their white counterparts.

Several reasons for these differences include the following:

- Inadequate access to healthcare
- Living in crowded housing with close physical contact
- Multigenerational households
- Working in environments in which social distancing is not possible

COVID-19's Impact on Bedford County (As of December 9, 2022)*		
Indicator	**Bedford County**	**Tennessee**
Total Cases Weekly Rate	17,252 146.84 per 100k	2,399,246 146.4 per 100k
Total Hospitalizations Weekly Rate	334 6 per 100k	51,151 Rate not available
Total Deaths Weekly Rate	245 Suppressed (<10)	28,406 1.5 per 100k
Population Fully Vaccinated	44.6%	56.1%
Source: CDC COVID Data Tracker and Tennessee Department of Health COVID-19 Data Dashboard - Tennessee Department of Health and The Tennessee COVID-19 Vaccination Reporting		

*This report was finalized in January 2023 and all data included reflect what was publicly available at the time the report was completed. For more updated COVID-19 data please see: The **Tennessee Department of Health COVID-19 Weekly Summary**. For updated information for all indicators included in this report and the appendix, see: **HCI dashboard**.

Identifying and Prioritizing Community Needs

VUMC presented the organizational and community member interview findings, environmental scan results, and secondary data analyses in the fall of 2022 to the Bedford County Health Council. A health council is a community-led group of local collaborators that meet to advance health priorities while considering the broad interests of the community.

The Bedford County Health Council considered the needs emerging from the data and selected needs based on the magnitude of the need, the impact the need has on the community, and the feasibility of addressing the need. The Tennessee Department of Health co-facilitated the CHNA prioritization process in Bedford County. The table below outlines the criteria used to prioritize the needs of each county.

Magnitude	• How many people does the problem affect, either actually or potentially? • How significant is the problem? • In terms of human impact, how does it compare to other health concerns?
Seriousness of the Consequences	• What degree of disability or premature death occurs because of this problem? • What is the burden on the community (economic, social, or other)? • What would happen if the issue were not made a priority?
Feasibility	• Are there available resources to manage it sustainably? • How much change can be made? • Is the problem preventable? • What are the community's intrinsic barriers, and how difficult are they to overcome? • What is already being done, and is it working? • What is the community's capacity to address it?

The prioritized needs identified 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.

Summary of Prioritized Needs

Prioritized Need: Substance Use

Why is it Important?	Data Highlights
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.	• Opioids (specifically Fentanyl) is the leading cause of drug overdose deaths in Bedford County. • The mortality rate for drug poisoning (27.5 deaths per 100,000 population) has increased in Bedford County since 2016. • The percentage of adults who currently smoke cigarettes in Bedford County is 24.3%. This rate is almost four times above the Healthy People 2030 Target (6.1%).
Community Challenges & Perceptions	**Populations Impacted**
• An increasing number of teens have started to use tobacco, vaping products, and marijuana in Bedford County. • Stigma in the community may be a barrier for people seeking treatment. • There is a need for more substance use resources and support.	• Older adults • Teens • Young Adults

Prioritized Need: Mental Health

Why is it Important?	Data Highlights
Psychological distress can affect all aspects of daily life. 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.	• The percentage of adults who experience frequent mental distress (18.3%) is higher in Bedford County than in the US (14.0%) and other Tennessee (16.3%) counties. • The percentage of adults who report having more than 14 poor mental health days in a 30-day period is 18.1% and has been increasing in Bedford County since 2018.
Community Challenges & Perceptions	**Populations Impacted**
• Stigma in the community may prevent people from seeking care. • There is a need for affordable mental health services and increased facilities. • There is a need for increased mental health support for youth.	• Historically marginalized and minoritized populations • LGBTQI+ • Older adults • Populations that have been economically marginalized • Teens • Young Adults

Coffee County

Community Health Needs Assessment

Coffee County

Introduction

The 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 worked alongside VUMC to provide advisory support on the CHNA approach. The health council and health department were also critical in identifying and recruiting interview participants who are either part of or represent historically marginalized and minoritized groups, including medically marginalized and those struggling with substance use, among other populations at a higher risk of poor health outcomes.

The health department collected additional data by conducting a listening session with health council members. Additionally, Coffee County Health Council distributed an online survey to community members via community flyers that included the survey link. Also, the health department designed a voting process allowing the health council members to vote on the prioritized needs.

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 health and health-related reports published about Coffee County, Tennessee, and several statewide reports that addressed Coffee County.

VUMC analyzed nine individual reports from a diverse set of community partners in Coffee County. While themes and needs varied, several historically marginalized populations were mentioned explicitly in reports, including Latinx and Black Indigenous People of Color (BIPOC) communities.

Reports used for the environmental scan were analyzed on a rolling basis during the assessment period. Reports that came in after the collection timeline were read and cataloged. The table below lists the organizational lead and organizational focus for reports included in the scan.

Environmental Scan Report Leads and Organizational Focus

Organizations Represented	Organizational Focus
Ascension Saint Thomas Mobile Health Clinic	Healthcare
Feeding America	Food Access
Partners For Healing	Healthcare
Second Harvest Food Bank	Food Access
Tennessee Department of Health	Public Health
Vanderbilt University Medical Center	Healthcare

Major Themes

Significant themes from the environmental scan in Coffee County were barriers to food access and access to healthcare. They are described in more detail below:

Food access: In 2019, Coffee County's food insecurity rate (13.9%) was slightly higher than Tennessee's (13.3%). In 2021, the Feeding America report indicated that 41.3% of children in Coffee County under five received WIC, compared to the state (30.6%). There is also a concern that children who qualify for benefits are not receiving them.

Access to healthcare: Reports indicate that a lack of affordable health insurance options results in many going without insurance. Coffee County has only one community and faith-based clinic and no safety net dental services. Surrounding counties also severely lack safety net clinics making the option to travel for needed care more challenging.

Conclusion

Coffee County is abundant in resources and benefits from many collaborative partnerships. Despite the resources, there are many health needs among residents. By understanding these main points of concern in Coffee County, resources can be deployed, and outreach improved to enhance the health of all county residents.

Primary Data: Community Input

VUMC recognizes the vital importance of understanding the health needs and assets of the community; therefore, it consulted with a range of public health and social service providers representing the broad interests of Coffee County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research and 2) communities with limited access to healthcare and health insurance and economic advancement or who are considered historically marginalized and minoritized.

VUMC used multiple methods to gather community input, including organizational and community member interviews. These methods provided additional perspectives on selecting and addressing top health concerns facing Coffee County. A summary of the process and results is outlined below.

Organizational Interviews

VUMC conducted 17 one-on-one organizational interviews to gather feedback from key organizations on the health needs and assets of Coffee County, with some interviewees offering perspectives from more than one organization.

Representatives from 16 different organizations and sectors participated in the interviews. Examples of sectors represented include local government, law enforcement, non-profit organizations, and clinics serving historically marginalized and minoritized groups.

The table below summarizes key points, meaningful quotes, and populations of focus from the interviews.

Coffee County Organizational Interviews (n=17)

Data Highlights

- An enhanced focus on historically marginalized groups is needed to address inequities in healthcare access, education, and community resources.
- COVID-19 worsened existing needs in the community, especially feelings of isolation and technological inequities.
- People who are underpaid and struggling against economic marginalization, those who speak a language other than English, BIPOC, older adults, people experiencing homelessness, and people impacted by generational poverty are identified as needing additional community support and resources.
- The top concerns mentioned were affordable housing, access to resources, public education, lack of economic opportunity, and substance use.
- The top health concerns mentioned were mental health, access to healthcare, dental care, and substance use.

Population/Sector Focus

- Advocacy for Immigrant populations
- Business
- Faith-based
- Healthcare
- K-12 public school education
- Law enforcement
- Local government
- Resources for Black/African American community members
- Shelters for people experiencing homelessness
- Spanish-speaking community support
- Substance use providers
- Support for people who have been historically excluded from healthcare access and economic opportunities

Meaningful Quotes

- “Coffee County needs a halfway house for those with mental health disorders and are discharged from the hospital.”
- “During COVID, everyone was disconnected, and many were even disconnected from their extended families in other countries.”
- “People are educated but can miss what’s happening with low-income populations.”

Community Member Interviews

VUMC conducted 33 one-on-one interviews on the health needs of Coffee County. Interviews consisted of open-ended questions focused on community assets, often excluded communities, priority needs, barriers, and “magic wand” solutions.

To include feedback from the Latinx community, the interview protocol was translated, and interviews were conducted in Spanish. Interviewees were recruited through partnerships with community organizations.

Interview data were entered into a secure database and reviewed by a team to identify common themes. The table below summarizes key points, meaningful quotes, and populations of focus from the community member interviews.

Coffee County Community Member Interviews (n=33)
Data Highlights
• An enhanced focus on historically marginalized groups (emphasis on BIPOC and Latinx) is needed to address inequities in healthcare access, education, and community resources. • Broad areas of concern include housing inventory and costs, transportation, access to outdoor recreation, and lack of health-focused community outreach. • Health-related concerns include mental health, limited healthcare, health insurance access, and substance use. • Increased options and equitable access to outdoor recreation are needed to promote a healthier lifestyle. • Lack of transportation and sidewalks. • Older adults identified as needing additional community support and resources.
Population Focus
• Black/African American communities • People with limited access to affordable healthy foods • Spanish-speaking communities
Interviewee Demographics
• Group composition: Black/African American (12), Latinx (6), white (11), identified as "None of these describes me" (3), Asian/Asian American (1) • The age range was 20-70, with a median age of 27 • Zip Codes Represented: 37388 (n=13), 37355 (n=7), 37398 (n=5), 37330 (n=2), did not respond (n=5), 37360 (n=1)
Meaningful Quotes
• "Children are bored and need to be more active outside." • "Sometimes we bottle up our feelings and emotions and never give them space to be released." • "The things that are in our foods are slowly harming us, and everybody doesn't know how to or can't afford to get healthy foods." • "We need a community center or game room for teenagers because they often turn to drugs because there are no activities for them."

Secondary Data

For this overview, the indicators highlighted were selected based on prioritized needs selected by the Coffee County Health Council. Data for each indicator were pulled from the Conduent Healthy Communities Institute (HCI) data platform's disparities dashboard and Health Equity Suite indices. HCI is a centralized hub for publically accessible data and community health initiatives available on the VUMC website. Data for some indicators were pulled from other publically available data sources and are linked within the report. Additional secondary data indicators were also collected for the needs assessment. Please refer to Appendix E for the complete secondary data table for Coffee County.

Coffee County is located in middle Tennessee, southeast of the Nashville metropolitan area. The population of this largely rural county has been gradually increasing, with a total population of 59,032 in 2021 (HCI).

Understanding how health inequities and social drivers of health impact different populations in Coffee County was essential during the assessment process. VUMC examined emerging and persisting inequities across multiple areas, highlighting disparities between population groups and geographic areas.

Mental Health

Mental health includes emotional, psychological, and social well-being. It can impact how one thinks, feels, and acts. It also aids in determining how to manage stress, relate to others, and make healthy choices.

Mental health is essential at every stage of life, from childhood and adolescence through adulthood. Poor mental health symptoms, like depression, can lead to poor physical health outcomes (CDC, 2018).

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 (HCI).

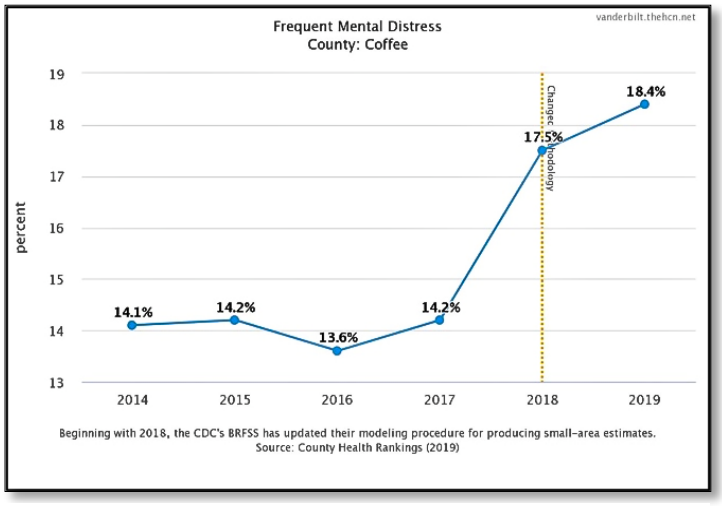

Figure 3.11 Frequent Mental Distress, Coffee County (2019)

The number of people experiencing mental health concerns is increasing across the nation. However, Coffee County is experiencing even higher levels of mental health conditions. In Coffee County, 18.4% of adults reported having frequent mental distress in 2019. This percentage is higher than Tennessee (16.3%) and US (14.0%) values (HCI).

Similarly, poor mental health days are also higher in Coffee County. Poor mental health days are the number of poor mental health days in the past 30 days. In 2019, Coffee County adults reported having an average of 5.6 poor mental health days in the past 30 days. This is slightly above the number of days reported by Tennessee adults (5.1) and higher than the nation's average of 4.5 days (County Health Rankings, 2019).

The mental health provider ratio drives access to mental health services. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers treating substance use, and advanced practice nurses specializing in mental health care. Nationwide, there is one mental health provider per 350 citizens. In Tennessee, providers are more scarce, with one provider per 590 citizens. Coffee County has a higher ratio than the state but worse than the nation, with one provider per 430 people (County Health Rankings, 2022). Coffee County has a higher ratio than the state but worse than the nation, with one provider per 430 people (County Health Rankings, 2022).

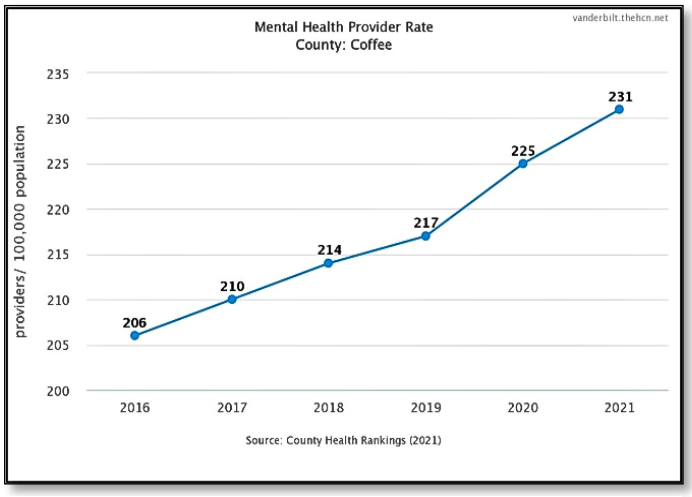

Figure 3.12. Mental Health Provider Rate, Coffee County (2021)

Substance Use

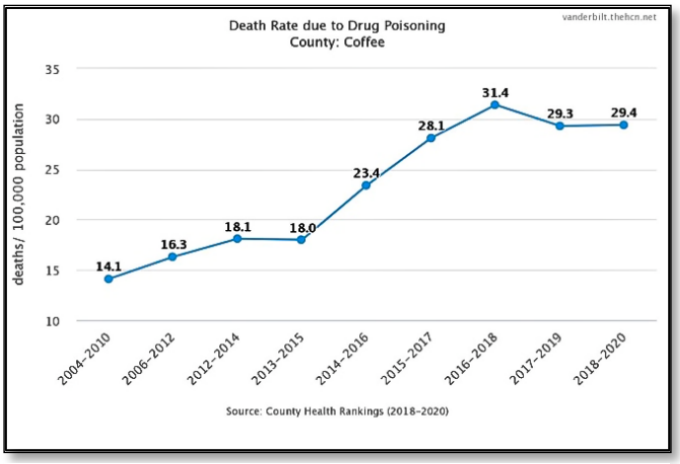

Figure 3.13. Death Rate Due to Drug Poisoning, Coffee County (2018-2020)

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.

In the United States, over 100 drug overdose deaths occur daily. Drug overdose deaths are the leading cause of injury in the United States. Most of these deaths are due to a pharmaceutical overdose involving analgesics, such as prescription painkillers (HCI). In 2021, 3,814 Tennesseans died of a drug overdose, which increased from 2020. Twenty-five of the total reported deaths were in Coffee County, and more than half (n=13) involved fentanyl (TDH,

2021). In Coffee County, drug overdose deaths have increased since 2015, with the most recent value reported at 29.4 deaths per 100,000 population in 2020. This is higher than the US rate (23.0 per 100,000) but lower than the Tennessee rate (33.9 per 100,000) (HCI).

Nationally, white males between 45 and 49 years old are more likely to be among those who die from a drug overdose (HCI). In Tennessee, drug overdose deaths among Black/African Americans and Latinx populations have increased by 34% and 20%, respectively, from 2020 to 2021. The number of white and Non-Hispanic persons who died from drug overdose increased by 25-26% from 2020-2021 (TDH, 2021).

Opioids have consistently played a significant role in drug overdose deaths. Common opioids include heroin and prescription medications such as oxycodone, hydrocodone, and fentanyl. In Coffee County, 16 of the 25 (64%) overdose deaths in 2021 were caused by opioids (TDH, 2021).

Economic Opportunity

Poverty is one of the most critical indicators of communities' future health and well-being. Poverty creates barriers to accessing nutritious food, transportation, and preventative healthcare.

In 2021, the Federal Poverty Level was $12,880 for an individual and $26,500 for a family of four. In Coffee County, 14.4% of residents live at the poverty level. This number is slightly lower than the state (14.6%) but higher than the US (12.8%). Within Coffee County, racial and ethnic inequities exist between groups living below the poverty level. Persons who are Native Hawaiian/ Pacific Islander experience poverty at higher rates than any other racial or ethnic group in the county (92.3 %), closely followed by those who identify as Hispanic/Latino (34.7%) and Black/African American (33.7%) (HCI).

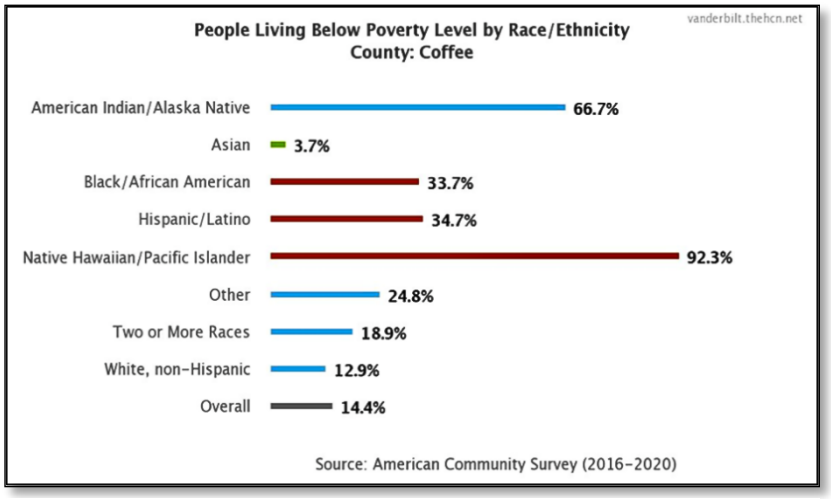

Figure 3.14. People Living Below Poverty Level by Race/Ethnicity, Coffee County (2016-2020)

Opportunities for quality employment can help ensure financial stability, positively impacting the ability to live in healthy neighborhoods, purchase healthy food, and access other resources that support health and overall well-being. Furthermore, since many people get their health insurance coverage through their employer, lower unemployment rates lead to better access to healthcare and better health outcomes. In Coffee County, a high percentage of the community is employed. The unemployment rate is only 2.5%, lower than the state (3.3%) and the nation (4%). However, when looking at the median household income by racial and ethnic groups, Black/African American communities earn significantly less than other communities. In Coffee County, the median household income for Black/African American persons is $32,478; this is $20,000 less than the overall median household income of $51,030 (HCI).

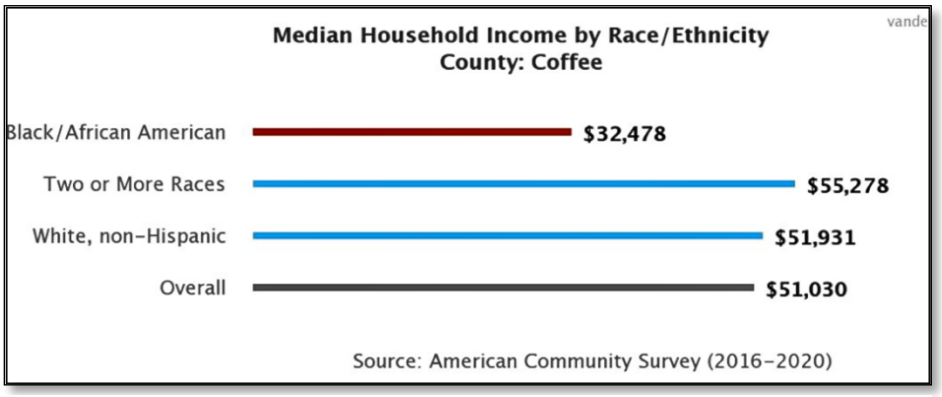

Figure 3.15. Median Household Income by Race/Ethnicity, Coffee County (2016-2020)

Food Access/Food Insecurity

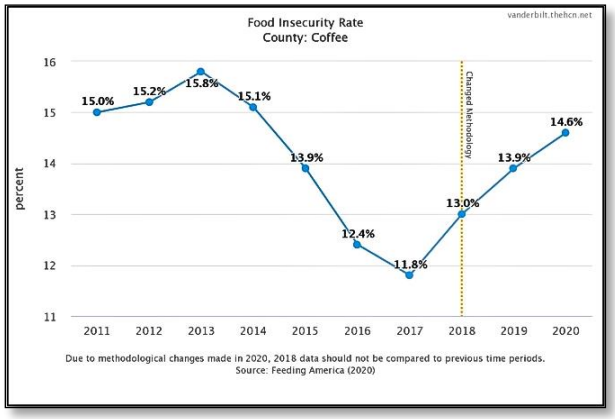

Figure 3.16. Food Insecurity Rate, Coffee County (2020)

Poverty and unemployment rates are often predictors of food insecurity within the United States. Food insecurity is defined by the U.S. Department of Agriculture (USDA) as the limited or uncertain availability of nutritionally adequate foods or the indefinite ability to acquire these foods. It is also associated with adult chronic health conditions, including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health conditions, including major depressive disorder. In Coffee County, food insecurity rates have increased since 2017. In 2020, it was reported that 14.6% of the population experienced food insecurity at some point during the year. This rate is higher than the national level (11.8%) and the state level (11.9%) (HCI).

The food Environment Index combines two measures of food access to measure the health of the food environment. This data includes the percentage of the population that is economically marginalized and has decreased access to a grocery store, as well as the percentage of the people that did not have access to a reliable source of food during the past year. In Coffee County, rising food environment index scores have stalled. The Food Insecurity Index created by HCI highlights geographic areas of Coffee County with the greatest need (darkest color) related to food insecurity (HCI).

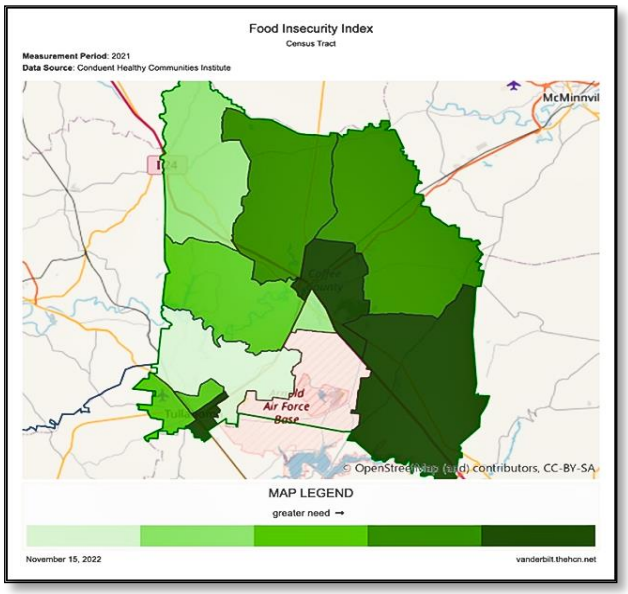

Figure 3.17. Food Insecurity Index, Coffee County (2022)

Access to Healthcare

Healthcare access is an important indicator when assessing healthcare and can include adult wellness visits and dental visits. In 2020, 88.6% of people in the United States had a consistent location to seek care for medical conditions. Additional indicators of a robust healthcare system include Medicare cost, people with and without insurance, non-physician primary care provider rate, and healthcare affordability (CDC, 2020).

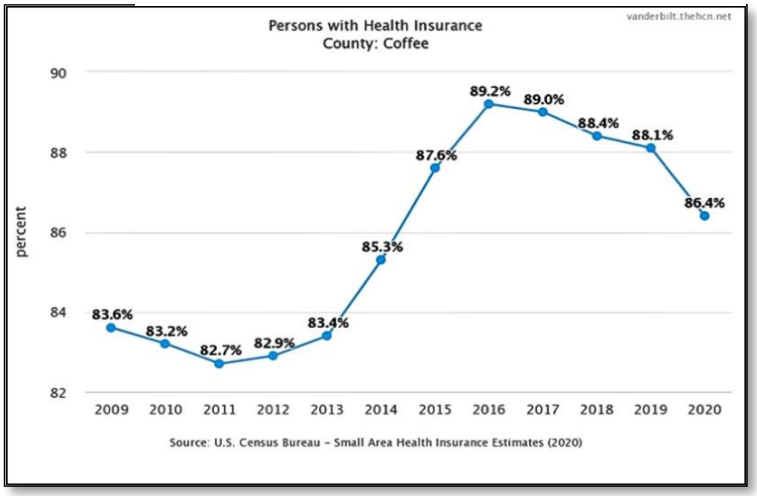

Figure 3.18. Persons with Health Insurance, Coffee Count (2020)

For most working adults, insurance coverage is a significant factor when seeking healthcare and making health decisions. Though uninsured rates remain low, there are still populations without insurance, primarily due to cost and employment status.

A lack of insurance prevents access to care and can lead to delays in treatment, poor health outcomes, and increased costs. Healthy People 2030 aims to increase the percentage of people with health insurance to 92.1%. In 2020, the percentage of the population ages 0-64 in Coffee County with any form of health insurance coverage was 86.4%. This percentage is slightly lower than the Tennessee value of 87.8% and has decreased since 2016 (HCI). Insurance coverage inequities exist in Coffee County when stratifying by race and ethnicity. Most recently, 33.7% of Hispanic/Latinx residents lack insurance. This rate is significantly higher than their non-Hispanic white counterparts (7.4%) (US Census, 2017).

Summary of COVID-19's Impact on Coffee County

The COVID-19 pandemic has impacted communities worldwide, and profound inequities emerged as the pandemic grew. Overall, in the United States, older adults have the highest risk of death from COVID-19 than any other age group, as 81% of deaths are among people over 65 years of age. There are significant inequities within racial and ethnic groups as well. BIPOC populations have a higher risk of exposure, infection, and death than white and non-Hispanic.

COVID-19 highlights in Coffee County include:

- Residents between the age of 31-40 have the highest case rate in Coffee County (42,617 per 100,000 residents)
- Residents identifying as Black/African American are 1.1 times more likely to be positive for COVID-19 than their white counterparts.
- Residents identifying as Native Hawaiian/Pacific Islanders are 1.2 times more likely to test positive for COVID-19 than their white counterparts.
- Residents identifying as Other/Multiracial are 1.6 times more likely to test positive for COVID-19 than their white counterparts.

Several reasons for these differences include:

- Higher rates of underlying health conditions
- Inadequate access to healthcare
- Living in crowded housing with close physical contact
- Multigenerational households
- Working in environments where social distancing is not possible

COVID-19's Impact on Coffee County (as of December 9, 2022)*		
Indicator	**Coffee County**	**Tennessee**
Total Cases Weekly Rate	19,928 176.93 per 100k	2,399,246 146.4 per 100k
Total Hospitalizations Weekly Rate	428 12.6 per 100k	51,151 rate not available
Total Deaths Weekly Rate	287 Suppressed (<10)	28,406 1.5 per 100k
Population Fully Vaccinated	47.6%	56.1%
Source: CDC COVID Data Tracker and Tennessee Department of Health COVID-19 Data Dashboard - Tennessee Department of Health and The Tennessee COVID-19 Vaccination Reporting		

*This report was finalized in January 2023 and all data included reflect what was publicly available at the time the report was completed. For more updated COVID-19 data please see: The **Tennessee Department of Health COVID-19 Weekly Summary**. For updated information for all indicators included in this report and the appendix, see: **HCI dashboard**.

Identifying and Prioritizing the Needs

VUMC presented the organizational and community member interview findings, environmental scan results, and secondary data analyses in the fall of 2022 to the Coffee County Health Council. A health council is a community-led group of local collaborators that meet to advance health priorities while considering the broad interests of the community.

The health council considered the needs emerging from the data and selected needs based on the magnitude of the need, the impact the need has on the community, and the feasibility of addressing the need. The Tennessee Department of Health co-facilitated the CHNA prioritization process in Coffee County. The table below outlines the criteria used to prioritize the needs of each county.

Magnitude	• How many people does the problem affect, either actually or potentially? • How significant is the problem? • In terms of human impact, how does it compare to other health concerns?
Seriousness of the Consequences	• What degree of disability or premature death occurs because of this problem? • What is the burden on the community (economic, social, or other)? • What would happen if the issue were not made a priority?
Feasibility	• Are there available resources to manage it sustainably? • How much change can be made? • Is the problem preventable? • What are the community's intrinsic barriers, and how difficult are they to overcome? • What is already being done, and is it working? • What is the community's capacity to address it?

The prioritized needs identified by the Coffee County Health Council are as follows:

- Mental Health
- Substance Use

Based on insight gained from primary and secondary data analysis and prioritization meetings, the summary tables below outline more about each need.

Summary of Prioritized Needs

Prioritized Need: Substance Use

Why is it Important?	Data Highlights
Substance use encompasses the excessive use of all substances, including alcohol, tobacco, prescription medications, opioids, and illicit substances. Reducing substance use can improve the overall health and well-being of a community.	• Drug overdose deaths have been steadily increasing. The most recent value reported in 2018-2020 was 29.4 deaths per 100,000 • In 2021, 16 of the 25 (64%) overdose deaths in Coffee County were caused by opioids. • The percentage of adults who binge drink is high when compared to other Tennessee counties
Community Challenges & Perceptions	**Populations Impacted**
• High production of methamphetamine • Few substance use treatment options are in the county. • There is a need for affordable and accessible counseling for those struggling with substance use	• People experiencing homelessness • Teens • Young adults

Prioritized Need: Mental Health

Why is it Important?	Data Highlights
Mental health includes emotional, psychological, and social well-being. It can affect how one thinks, feels, and acts. It also aids in determining how to manage stress, relate to others, and make healthy choices.	• In 2019, Coffee County adults reported having an average of 5.6 poor mental health days in the past 30 days. • The percentage of adults in Coffee County diagnosed with depression is increasing.
Community Challenges & Perceptions	**Populations Impacted**
• If the community focuses on improving mental health, there will be an improvement in other need areas, such as substance use. • The community is not always aware of or able to access the existing mental health resources. • There is a need for transportation to mental health services.	• Historically marginalized and minoritized populations • Those that have been economically marginalized • LGBTQI+ • Older adults • Teens • Young adults

Davidson County

Community Health Needs Assessment

Davidson County

Introduction

The 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, VUMC worked closely with Ascension Saint Thomas (AST) and the Metro Nashville Public Health Department (MNPHD) to design and conduct the CHNA.

The Healthy Nashville Leadership Council (HNLC) provided advisory support on many CHNA decisions, including the CHNA subcommittee's development. VUMC and AST participated in the CHNA process on behalf of their non-profit hospitals and health systems. The Elmahaba Center and the Tennessee Immigrant and Refugee Rights Coalition (TIRRC) also helped to identify and conduct interviews with community members in Spanish and Arabic.

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 report summarizes health and health-related reports published about Davidson County, Tennessee, and several statewide reports that addressed Davidson County.

VUMC analyzed eighteen reports from a diverse set of community partners in Davidson County. While themes and needs varied, several historically marginalized populations were mentioned explicitly in reports, including Spanish and Arabic speakers, immigrant and refugee populations, and people who have been economically marginalized. Reports used for the environmental scan were analyzed on a rolling basis during the assessment period. Reports that came in after the collection timeline were read and cataloged. The table below lists the organizational lead and organizational focus for reports included in the scan.

Environmental Scan Report Leads and Organizational Focus

Organizations Represented	Organizational Focus
American Cancer Society	Cancer Treatment and Support
End Slavery Tennessee	Human Trafficking
Gideon's Army	Youth Development/Youth Violence
Hispanic Family Foundation	Support for Hispanic and Immigrant Communities
Inspiritus	Integrated Community and Crisis Services
Interfaith Dental	Affordable Dental Care
Medical Foundation of Nashville	Healthcare
Metro Homeless Impact Division (2 reports)	Services for People Experiencing Homelessness
Metro Nashville Public Health Department (2 reports)	Community Health Resources and Services
Metro Social Services	Social Support
Morton Memorial United Methodist Church	Faith-based
Nashville Health	Health Organization Collaborative
Nashville Healthcare Council	Health Organization Collaborative
Room in the Inn	Services for People Experiencing Homelessness
Second Harvest Food Bank of Middle Tennessee	Food Access
Sexual Assault Center	Sexual Assault Care and Support
Siloam Health	Healthcare Services and Resources for Uninsured Individuals
Tennessee Charitable Care Network	Health Organization Collaborative

Organizations Represented	Organizational Focus
Tennessee Commission on Aging and Disability	Support for Older Adults
Tennessee Office for Refugees	Advocacy and Support for Refugee Populations
The Equity Alliance	Economic and Political Advocacy
The New Beginnings Center	Exercise, Lifestyle, and Nutrition

Major Themes

Significant themes from the environmental scan in Davidson County include the accessibility and availability of care, support navigating the healthcare infrastructure, food access and nutrition concerns, mental health and isolation, and COVID-19 as an accelerant to existing needs. They are described in more detail below:

Accessibility and availability of care: Davidson County enjoys a rich healthcare environment, with many health and healthcare organizations headquartered in Nashville and more than 15 hospitals available for residents. However, "The Community Needs Evaluation - The State of Wellbeing" reported that the benefit of this environment does not reach those who do not have access to health insurance.

Navigating the diagnosis of a health condition without health insurance can be very costly and confusing, and the continuum of care for patients can be stalled. Many providers and clinics will not accept patients without insurance, and frequently the clinics that do have long wait times.

The analyzed reports also show that patients without insurance are often economically marginalized, having fewer options and greater financial risk. Additionally, groups who speak English as a second language experience significant barriers when communicating with providers and navigating complex healthcare settings. These complications can stress the individual, healthcare, and public health ecosystems. Furthermore, people without insurance often seek care in urgent care settings or the emergency department, where referrals to an outpatient healthcare provider or home health services are not usually made.

Support navigating healthcare infrastructure: Many reports emphasize the need to meet people where they are and respond with care models that work for that population group.

Examples include community health worker models, telehealth models, and mobile health units that can adapt to the specific health concerns and cultural needs of people who experience disadvantages due to English not being their primary language.

Various telehealth models highlight broadband's capabilities to reach many (but not all) populations and keep community members safe during the COVID-19 pandemic.

Mobile health units were able to deliver food, vaccines, and other community resources to populations with limited access to resources.

Food access and nutrition concerns: A central theme addressed was food access, especially for youth and older adult populations. Reports showed that many youths in Davidson County eat at least two of their daily meals in school. With schools being closed during COVID-19, many families with school-aged children struggled to supply meals for their families.

Additionally, older adults were encouraged to stay at home during the COVID-19 pandemic. Several organizations noted that these older adult populations often had to ration food for themselves until someone could safely access food, medication, and other nutritional resources.

Mental health and isolation: Another central theme was increased isolation, resulting in poor mental health outcomes. Access to mental health services and limited involvement in community life were already existing needs in the community. With minimal access to loved ones, teachers, care providers, and friends, as well as the increased use of technology during the COVID-19 pandemic, the reports suggest a heightened need for connection and stress relief.

COVID-19 exacerbated existing needs: The challenges that accompanied the COVID-19 pandemic were mentioned in nearly every report and often deepened current challenges. For example, if a family's access to fresh fruits and vegetables depends on a mobile grocery unit drop-off, and that unit is understaffed or not operating due to COVID-19, that family becomes much more susceptible to hunger.

With health systems stretched beyond capacity and limited resource access during stay-at-home orders, many community members with substance use disorders found themselves with little to no support services.

Additionally, many reports mentioned that community members intentionally began to put off routine care (dentist appointments, primary care appointments, etc.) due to fear of contracting COVID-19.

COVID-19 complicated the childcare landscape primarily with school closures, as there were insufficient resources to meet the increasing demands of parents and families. In 2019, the number of licensed childcare spaces in Nashville decreased by 6,844 from what was available in 2016.

Conclusion

The effects of the COVID-19 pandemic and its ever-changing dynamics have created concern for the diverse communities of Davidson County. However, the county needs support from local collaborative partners whose resources 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.

Primary Data: Community Input

VUMC recognizes the vital importance of understanding the health needs and assets of the community; therefore, it consulted with a range of public health and social service providers representing the broad interests of Davidson County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research and 2) communities with limited access to healthcare and health insurance and economic advancement or who are considered historically marginalized and minoritized.

VUMC used multiple methods to gather community input, including community intercept surveys and organizational and community member interviews. These methods provided additional perspectives on selecting and addressing top health concerns facing Davidson County.

A summary of the process and results is outlined below.

Surveys

Through collaboration with AST, MNPHD, and HNLC, VUMC conducted an online community intercept survey to gather the perceptions, thoughts, and concerns of each unique community regarding health priorities for Davidson County.

The survey included demographic information and three open-ended questions that identified barriers to healthcare.

In the fall of 2021, the survey link was distributed electronically to a diverse audience, including members of the Health Council, organizational interviewees, and through community organizations. The data gathered from the 336 individuals who responded provided valuable insight into Davidson County's significant areas of concern.

The complete report of survey responses and themes can be found **HERE**.

Davidson County Community Member Survey (n=336)
Data Highlights
• Improve access to green spaces, sidewalks, bike paths, and healthy food options. • The need for transportation, access to affordable physical and behavioral healthcare, and inadequate insurance coverage created significant barriers to healthy lifestyles for residents. • Racial and ethnic diversity in government is lacking. • Residents want to see Medicaid expanded and other high-quality, affordable, and culturally inclusive healthcare options. • The affordability of needs, including housing, healthy food, and medications, is outpacing income and limiting the ability to seek care.
Respondent Demographics
• Age range: 20-81 years of age, with a median age of 48 • Primary zip codes represented: 37211, 37013, 37205, 37221, 37209, 37206, and 37207 • Respondent breakdown: 66% Caucasian/white, 21% Black/African American, 4% Latinx/Hispanic, and 3% Asian.
Meaningful Quotes
• "Affordable group exercise programs and nutrition services. Bad food is cheap, and good food is expensive. Maybe a free type of farmers' market with fresh fruit and produce in poorer areas of the counties. Better utilization of the products that get wasted from restaurants and grocery stores." • "Health Disparities, access to care such as transportation, childcare, and time off work. Language barriers to sharing the importance of regular healthcare. This would include mental health as well!" • "Homeless youth, especially homeless LGBTQI+ youth, have no pathway to healthcare–and they need it." • "Nashville's main focus seems to be on the tourists. It does not seem to care about the actual people that work and live in Davidson County. There is not affordable housing in Nashville for the average worker. We seem to cater to the incoming out-of-towner people." • "The need for health navigation and education in many languages–particularly, Indigenous languages from Latin America–in partnership with trusted community organizations."

Organizational Interviews

VUMC and AST conducted 37 one-on-one organizational interviews to gather feedback from key organizations on the health needs and assets of Davidson County, with some interviewees offering perspectives from more than one organization.

Representatives from 39 different organizations and sectors participated in the interviews in the fall of 2021. Examples of sectors represented include local government, law enforcement, non-profit organizations, and clinics serving historically marginalized and minoritized groups.

The table below summarizes key points, meaningful quotes, and populations of focus from the organizational interviews.

Davidson County Organizational Interviews (n=37)

Data Highlights

- Addressing the lack of transportation and housing affordability will increase the workforce's stability.
- Black Indigenous People of Color (BIPOC), refugees, immigrants, LGBTQI+, and non-English speaking populations were identified as needing additional community support and resources.
- Community infrastructure and safety are necessary for overall community health and accessibility.
- COVID-19 intensified existing needs in the community, including the need for economic opportunities, affordable housing, equitable access to mental health, substance use, and healthcare resources. These needs disproportionately impacted marginalized and minoritized populations.
- Davidson County is a desirable place to live due to its growth and increased health and business sectors; however, not everyone benefits from Davidson County's success.
- Increased wages, expanded economic opportunities, and local business support are needed to match the increased cost of living.
- Need for cultural humility in COVID-19 messaging.
- Older adults and LGBTQI+ populations were also noted as impacted by COVID-19 inequities.
- The top broad areas of concern include housing inventory and costs, transportation, growth, and economic circumstances.
- The top health-related concerns include mental health, limited access to healthcare and health insurance, and substance use.

Population/Sector Focus

- Arabic-speaking community support
- Business
- Faith-based
- Healthcare
- Higher education
- K-12 public school education
- Local government
- Services for people with limited access to healthcare and insurance
- Spanish-speaking community support
- Support for older adults

Davidson County Organizational Interviews (n=37)
Meaningful Quotes
• "Immigrants are not celebrated [for anything] concrete and real. One person is just a show; they can't represent everyone and do the work that needs to be done." • "Need a system that works together and connects back where home and healthcare system are connected in the continuum of care." • "There is discussion about moving [existing] public housing. This needs to be balanced with Nashville's growth. We need to look at not only how does it make people money, but how does it may [quality of life] better."

Community Member Interviews

VUMC and AST conducted 10 one-on-one interviews to gather feedback from community members on the health needs of Davidson County. Interviews consisted of open-ended questions focused on community assets, often excluded communities, priority needs, barriers, and “magic wand” solutions. The interview protocol was translated into Spanish and Arabic, and interviews were conducted in these languages. Interviewees were recruited through partnerships with community organizations Elmahaba Center and TIRRC.

Interview data were entered into a secure database and reviewed by a team to identify common themes. The table below summarizes key points, common themes, meaningful quotes, and focus populations from the community member interviews.

Davidson County Community Member Interviews (n=10)
Data Highlights
• Documentation status continues to affect all aspects of life for Latinx immigrants, including obtaining a driver's license, access to quality employment opportunities, and an overall sense of security/stability. • Limited health insurance and healthcare access affect routine, specialty, dental, and mental health care. • Lack of available health information, particularly about preventive screenings, substance use, and COVID-19 precautions. • Other themes were access to healthcare, health education, and mental health. • Rising crime causes a perceived lack of safety in Latinx neighborhoods. • Encouraging cultural humility and increasing language resources are needed in healthcare for those for whom English is not their primary language. • There is a growing concern for mental health and substance use within immigrant communities.
Population Focus
• Immigrants living without a documented status • Latinx community members • People with limited access to healthcare and insurance
Meaningful Quotes
• "A little while ago, they offered me a change in employment to take care of children. I currently clean houses. Since I don't have a [driver's] license, I can't work in what I want to do - work with children." • "As immigrants, there is a lack of information regarding health. A lot of us don't have health insurance; we don't know when to go to the doctor." • "Crime has increased. We have seen various bad cases of robberies and assaults. Every time, we hear this happening more often in our community." • "Sometimes I don't like certain treatments at my clinic, and I would rather go to a specialist. But no health insurance means excessive costs." • "We [immigrants] came with goals, but now there is a lot of depression. We wish we could go back to our countries, but we can't."

Secondary Data

For this overview, the indicators highlighted were selected based on prioritized needs selected by the Healthy Nashville Leadership Council. Data for each indicator were pulled from the Conduent Healthy Communities Institute (HCI) data platform's disparities dashboard and Health Equity Suite indices. HCI is a centralized hub for publically accessible data and community health initiatives available on the VUMC website. Data for some indicators were pulled from other publically available data sources and are linked within the report. Additional secondary data indicators were also collected for the needs assessment. Please refer to Appendix E for the complete secondary data table for Davidson County.

Davidson County is located in middle Tennessee and has experienced rapid and significant growth over the last decade. The 12-county Metropolitan Statistical Area (MSA) region that includes Davidson County is now home to more than 2 million residents and is the 35th largest metropolitan area in the United States. The 2021 population of Davidson County was estimated to be 715,884, and it is one of the fastest-growing counties in Tennessee. The total population increase for Davidson County from 2010 to 2020 was 14.2% (HCI).

Understanding how health inequities and social drivers of health impact different populations in Davidson County was essential during the assessment process. VUMC examined emerging and persisting inequities across multiple areas, highlighting disparities between population groups and geographic areas.

Economic Opportunity & Job Skill Development

Access to the health insurance market is made more accessible through sustainable employment. High employment rates lead to increased access to healthcare and better health outcomes since many families receive health insurance through their employers.

The average Nashvillian is 10 – 20 percent "worse off" financially in 2022 than in 2021 due to rising costs (Metro Social Services, 2022). While wages and income have continued to trend up overall, they have not kept pace with the cost of living in Nashville. The median household income of an area reflects its relative affluence and prosperity. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates (HCI).

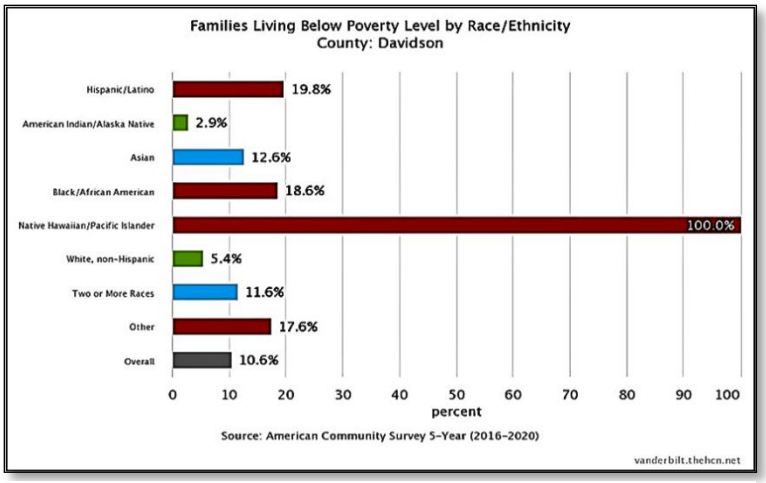

Figure 4.19. Families Living Below Poverty Level by Race/Ethnicity, Davidson County (2016-2020)

Families and individuals working in low-wage jobs make insufficient income to meet minimum standards, given the local cost of living. The MIT Living Wage Calculator estimates the specific cost of living for every U.S. community based on its typical expenses. The tool helps determine 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 $62,792. This amount is higher than the overall median income in Davidson County ($62,515). These data align with Metro Social Service's 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, 2022).

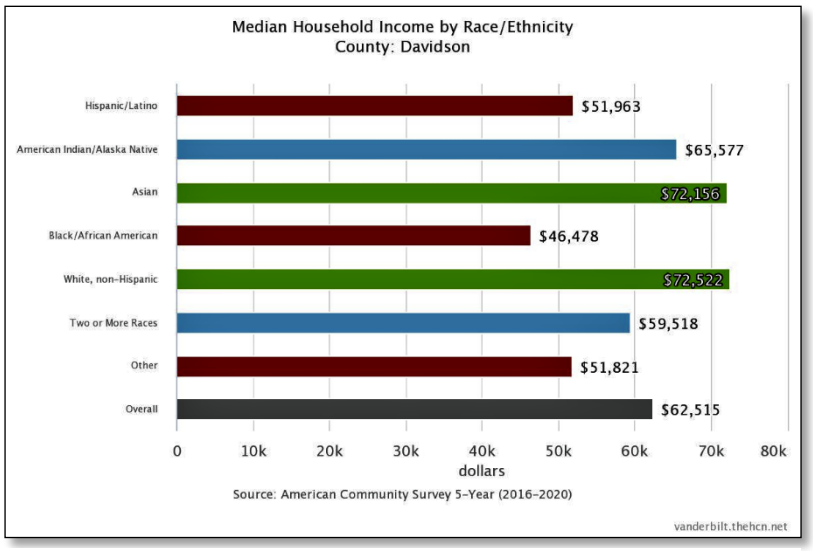

Figure 4.20. Median Household Income by Race/Ethnicity, Davidson County (2016-2020)

There are significant disparities in median household income for Black, Hispanic/Latinx, and other races. In Davidson County, Black households earn 25.7% less than the overall median ($62,515) and about 35% less than their white and Asian counterparts. This inequity means that significantly more Black, Hispanic/Latinx, and other racial groups households are living below the living wage income needed for basic household requirements.

The 2022 Federal Poverty Level (FPL) for a family of three is $23,030, much lower than the living wage. In Davidson County, 10.6% of families live below the FPL. This rate has been declining over the past seven years. Yet, individuals identifying as Native Hawaiian/Pacific Islander, Hispanic/Latinx, Black, and other racial groups are still experiencing poverty at rates significantly higher than their neighbors. A high poverty rate is both a cause and a consequence of poor economic conditions.

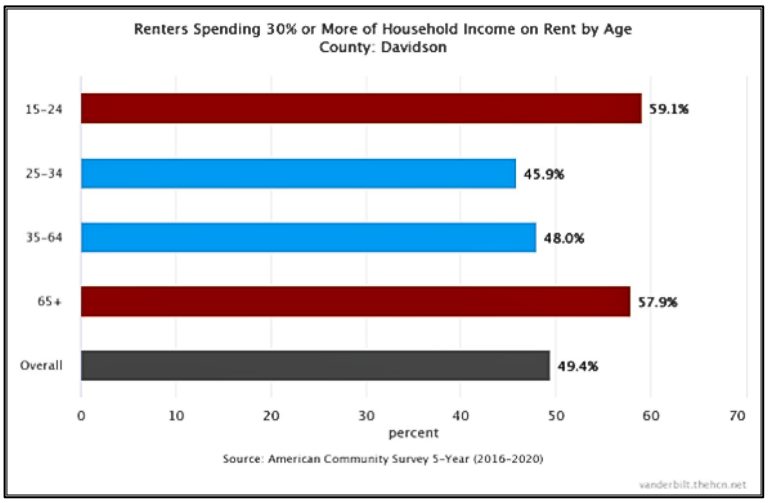

Figure 4.21. Renters Spending 30% or More of Household Income on Rent by Age, Davidson County (2016-2020)

A high poverty rate indicates that local employment

opportunities are insufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower-quality schools and decreased business survival.

Food Access/Food Insecurity

A lack of access to healthy foods is often a significant barrier to healthy eating habits. People with low-incomes and historically marginalized neighborhoods often have limited numbers of stores that offer healthy food options. People living farther away from grocery stores are less likely to access healthy food options regularly, making them more likely to consume foods readily available at convenience stores and fast-food outlets.

The Food Insecurity Index created by HCI combines two measures of food access: the percentage of the population that has low-income and has low access to a grocery store and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity) (HCI).

While food environment index scores have improved in Davidson County, access to healthy and affordable food continues to be a barrier as the city rapidly develops. The food environment index highlights geographic areas (Figure 4.4) of Davidson County with the greatest need (darkest color) related to food insecurity (HCI).

The COVID-19 pandemic highlighted the need for children's access to healthy food through schools. Feeding America assesses that 31% of food-insecure children are ineligible for assistance in Davidson County, one of the highest rates in the state. Additionally, the density of fast-food restaurants in Davidson County is one of the highest in the country and trending up (HCI).

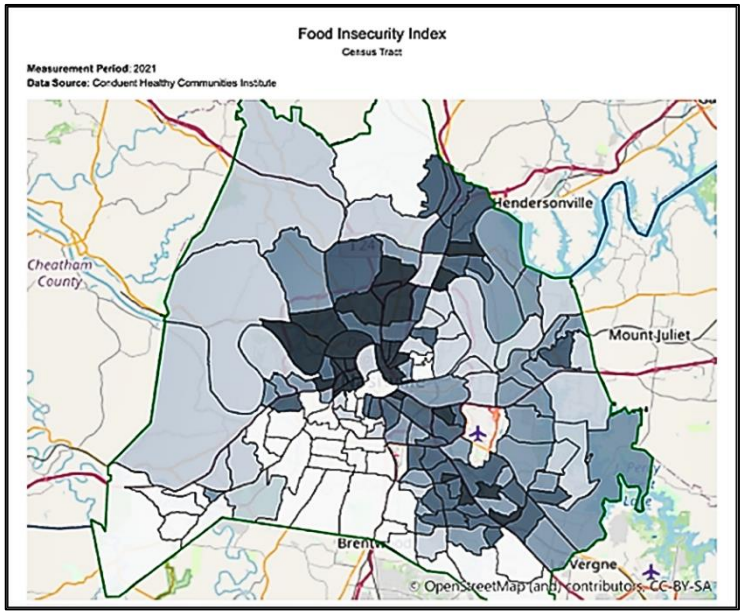

Figure 4.22. Food Insecurity Index, Davidson County (2021)

Housing and Transportation

Housing and transportation are essential for accessing employment, healthcare, healthy food, and other community resources. These components of the built environment have a tremendous impact on health. The lack of affordable housing affects families' ability to meet other essential expenses, placing many under tremendous financial strain. High housing-related costs place a particular economic burden on families who have been economically marginalized, forcing trade-offs between basic needs. One study found that people who have a lower income and have trouble paying rent, mortgage, or utility bills were less likely to establish preventative medical care and more likely

to postpone treatment. This resulted in people seeking medical care in the emergency room. Another study showed that children in areas with higher rates of unaffordable housing tended to have poorer health, more behavioral concerns, and lower school performance (RWJF, 2011). RWJF, 2011).

In Davidson County, roughly 1 in 4 mortgaged homeowners and 1 in 2 renters have a high-cost burden. The cost burden disproportionately impacts young (<25) and Older Adults (65+) among renters (HCI). Due to rising costs outpacing income, many households move away from the city and into surrounding counties. However, the public transportation infrastructure is insufficient to support displaced families.

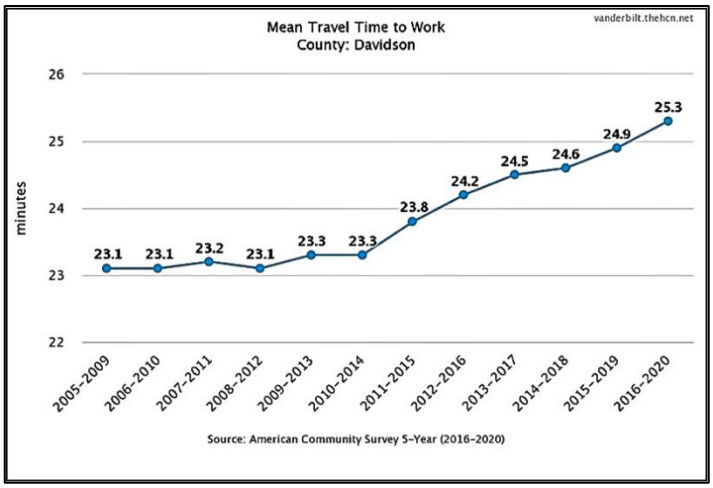

Figure4.23. Mean Travel Time to Work, Davidson County (2016-2020)

There continues to be exponential growth and a need for affordable and robust public transportation in Davidson County. A strong transit system ensures people can easily access essential services to support health, such as groceries, employment opportunities, and medical offices. Public transportation also helps reduce traffic while improving air quality with fewer cars on the road. Better transit options can also alleviate the burden of long solo commutes to work, and reduced commutes can offer people more social and family time. The mean travel time to work in Davidson County is 25 minutes, and 36.5% of commuters drive to work alone and travel more than 30 minutes. Both indicators are trending up significantly. While the use of public transportation by commuters has declined, those who use public transit are more likely to be Black/African American and between 55-59 (HCI). Well-designed transit options can support equity by bringing more opportunities within reach of historically marginalized and disenfranchised populations.

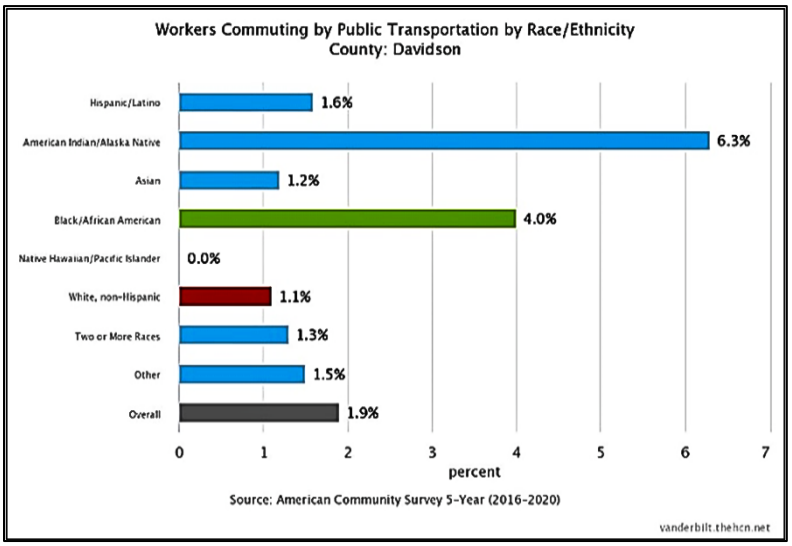

Figure 4.24. Workers Commuting by Public Transportation by Race/Ethnicity, Davidson County (2016-2020)

Awareness and Navigation of Community Resources

Access to appropriate healthcare is one of the factors that affect health outcomes. According to Healthy People 2020, "Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans" ([Healthy PeopleHealthy People,](#) 2020).

The high cost of healthcare can lead to situations where people without health insurance may be unable to afford medical treatment or prescription medications.

Davidson County is a healthcare-rich and resource-rich environment, yet inequities persist among historically marginalized, minoritized, and refugee populations.

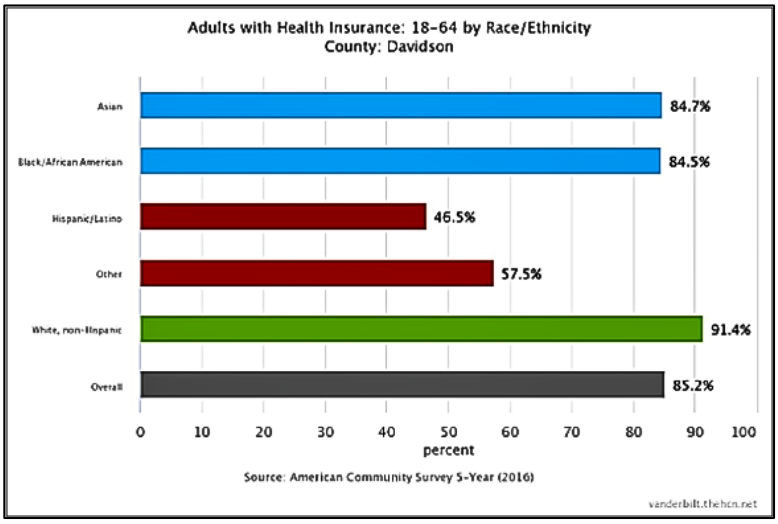

Figure 4.25. Adults with Health Insurance: 18-64 by Race/Ethnicity, Davidson County (2016)

Resource delivery and adequate, equitable communication are barriers to closing these gaps. The percentage of adults without health insurance (18.9%) in Davidson County has risen and is higher than the US value (13%). People without insurance are less likely to receive routine care due to cost, leading to more expensive, extensive, and specialized care needs if a health condition worsens. Among those with insurance, adults who identify as Hispanic/Latinx or individuals that selected another racial group as other have significantly lower rates.

This inequity persists in children as well, with children (0–19) who identify as Hispanic/Latinx or selected their race as other have significantly lower rates of health insurance than any other race (HCI). Increasing health insurance rates among all persons and developing a centralized repository of information from trusted sources could help neighborhoods in clinics find care that meets their needs and budget.

Whole Health

Whole Health is centered around what matters to the individual and honors the interconnectivity of the various factors that impact health. With a whole health lens, health teams prioritize getting to know their patients on a personal level before working to develop a personalized health plan based on one's values, needs, and goals (VA, 2022). Whole health addresses the intersection of various types of healthcare, including physical, mental, and dental.

Primary, mental health, and dental care provider ratios have improved in Davidson County and continue to trend upward. There are now 96 primary care providers, 356 mental health, and 81 dentists per 100,000 individuals. These areas, physical, mental, and dental health services, support overall health and well-being and are interconnected.

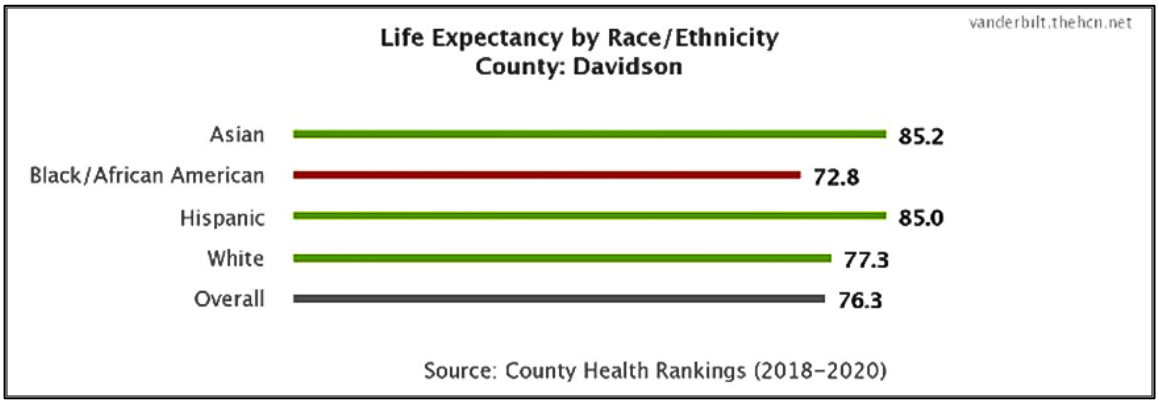

Figure 4.26. Life Expectancy by Race/Ethnicity, Davidson County (2018-2020)

Professional dental care helps to maintain the overall health of the teeth and mouth and provides for early detection of pre-cancerous or cancerous lesions. Additionally, delays in mental health treatment can lead to increased morbidity and mortality, including the development of various psychiatric and physical comorbidities. Communities with low rates of or limited access to providers may have difficulty accessing the dental care they need (HCI). Even with increasing provider rates, the integration of services is still lacking.

Still, barriers to quality and equitable care overlap and persist. Inequities continue to impact Black/African American communities, as shown in Figure 4.8 above, which shows this population's significantly lower life expectancy than other racial/ethnic groups in Davidson County.

Summary of COVID-19's Impact on Davidson County

The COVID-19 pandemic has impacted communities worldwide, and profound inequities emerged as the pandemic grew. Overall, in the United States, older adults have the highest risk of death from COVID-19 than any other age group, as 81% of deaths are among people over 65 years of age. There are significant inequities by race and ethnicity as well. BIPOC populations have a higher risk of exposure, infection, and death than white and non-Hispanic.

COVID-19 highlights in Davidson County:

- Indigenous Americans/Alaska Natives have a 2.4 times higher risk of death
- Hispanic/Latinx people have a 2.3 times higher risk of death
- Non-Hispanic Black/African Americans have a 1.9 times higher risk of death

Several reasons for these differences include the following:

- Higher rates of underlying conditions
- Inadequate access to healthcare
- Living in crowded housing with close physical contact
- Multigenerational households
- Working in environments in which social distancing is not possible

COVID-19's Impact on Davidson County (as of December 9, 2022)*

Indicator	Davidson County	Tennessee
Total Cases Weekly Rate	227,036 138.44 per 100k	2,399,246 146.4 per 100k
Total Hospitalizations Weekly Rate	4,246 9.8 per 100k	51,151 rate not available
Total Deaths Weekly Rate	1,791 Suppressed (<10)	28,406 1.5 per 100k
Population Fully Vaccinated	67.8%	56.1%

Source: CDC COVID Data Tracker and Tennessee Department of Health COVID-19 Data Dashboard - Tennessee Department of Health and The Tennessee COVID-19 Vaccination Reporting

*This report was finalized in January 2023 and all data included reflect what was publicly available at the time the report was completed. For more updated COVID-19 data please see: The Tennessee Department of Health COVID-19 Weekly Summary. For updated information for all indicators included in this report and the appendix, see: HCI dashboard.

Identifying and Prioritizing Needs

VUMC presented the organizational and community member interview findings, environmental scan results, and secondary data analyses in the Spring of 2022 to the Davidson County Prioritization Committee. A prioritization committee is a community-led diverse group of local collaborators that meet to advance health priorities while considering the broad interests of the community.

VUMC, AST, and the Davidson County Health Department jointly developed a prioritization method based on *Mobilizing for Action Through Planning and Partnerships* (MAPP), a strategic planning process (**NACCHO**, 2008).

The prioritization committee considered the needs emerging from the data and selected needs based on the magnitude of the need, the impact the need has on the community, and the feasibility of addressing the need.

Magnitude	• How significant is the problem? • How many people does the problem affect, either actually or potentially? • In terms of human impact, how does it compare to other health concerns?
Seriousness of the Consequences	• What degree of disability or premature death occurs because of this problem? • What would happen if the issue were not made a priority? • What is the burden on the community (economic, social, or other)?
Feasibility	• Are there available resources to manage it sustainably? • How much change can be made? • Is the problem preventable? • What are the community's intrinsic barriers, and how difficult are they to overcome? • What is already being done, and is it working? • What is the community's capacity to address it?

The prioritized needs identified by the prioritization committee for Davidson County are as follows:

- Awareness and Navigation of Community Resources
- Economic Opportunity and Job Skill Development
- Food Access
- Housing/Transportation
- Whole-Person Focused Health

Based on insight gained from primary and secondary data analysis and prioritization meetings, the summary tables below outline more about each need.

Summary of Prioritized Needs

Prioritized Need: Whole Person Focused Health

Why is it Important?	Data Highlights
Whole person-focused health honors the interconnectivity of the various sectors of health. It includes accessibility, availability, affordability, and adequacy of information and services for physical, mental, dental, behavioral, and spiritual health.	• Inequities within healthcare systems continue to impact Black/African American communities more acutely, resulting in a significantly lower life expectancy than other race/ethnicity groups in Davidson County. • There are 96 primary care providers, 356 mental health, and 81 dentists per 100,000 individuals in Davidson County, yet integration of services is still lacking.
Community Challenges & Perceptions	**Populations Impacted**
• Integrating all aspects of health is paramount for an individual's health outcomes. • Whole health needs to include spiritual health to be truly holistic.	• Economically marginalized populations • Historically marginalized and minoritized populations • Older adults • People with limited access to healthcare and insurance

Prioritized Need: Economic Opportunity and Job Skill Development

Why is it Important?	Data Highlights
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.	• In Davidson County, 10.6% of families live below the Federal Poverty Line, with individuals identifying as Native Hawaiian/Pacific Islander, Hispanic/Latino, Black/African American, and 'other race' experiencing significantly higher poverty rates than their counterparts • In Davidson County, Black/African American households earn 25.7% less than the overall median ($62,515) and about 35% less than their white and Asian counterparts.
Community Challenges & Perceptions	**Populations Impacted**
• High-quality childcare is essential to pursue economic opportunities in Davidson County. • Job security and household income are critical social drivers of health. • Steady incomes allow more people to meet their health needs.	• Historically marginalized and minoritized populations • People with limited educational attainment • People who speak English as a second language • Those without access to childcare

Prioritized Need: Food Access/Food Insecurity

Why is it Important?	Data Highlights
The environment where one lives, learns, works, and plays affect 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. 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.	• 31% of children with food access barriers are ineligible for federal nutrition assistance in Davidson County, one of the highest rates in the state. • Fast-food restaurant density in Davidson County is one of the highest in the country and trending up. • The COVID-19 pandemic highlighted the need for children to access healthy food through schools.
Community Challenges & Perceptions	**Populations Impacted**
• The cost of travel or added out-of-pocket expenses for community members in neighborhoods that have historically struggled with economic marginalization. • Those without reliable access to a vehicle or convenient public transit will face more barriers.	• Groups facing economic marginalization • People who live/work/learn/play in food deserts • People without access to a vehicle or reliable public transit

Prioritized Need: Housing/Transportation

Why is it Important?	Data Highlights
Adequate housing protects individuals and families from harmful exposures and provides them stability and security. Housing measures can also be considered proxy indicators of more general socioeconomic circumstances. Households experiencing severe cost burdens must face difficult trade-offs in meeting other basic needs.	• In Davidson County, roughly 1 in 4 mortgaged homeowners and 1 in 2 renters have a high-cost burden. • The cost burden of rent disproportionately affects younger and older adults (<25 and 65+). • The mean travel time to work in Davidson County is 25 minutes, and 36.5% of commuters drive alone to work and travel more than 30 minutes.
Community Challenges & Perceptions	**Populations Impacted**
• Increase community consciousness of the constructs that economically marginalized people need improved access to transit, grocery stores, daycares, and employment. • Urban housing needs to be close to transportation because of residents' dependence on public transport.	• Historically marginalized and minoritized populations • Older adults • People experiencing homelessness • People who cannot live near where they work • Young adults

Prioritized Need: Awareness/Navigation of Community Resources

Why is it Important?	Data Highlights
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.	• Adults who identify as Hispanic/Latinx or 'other' have significantly lower health insurance coverage rates. • The percentage of adults without health insurance (18.9%) in Davidson County has risen and is higher than the US value (13%). • This inequity also exists in children, with children (0–19) identifying as Hispanic/Latinx or 'other' having significantly lower health insurance rates than any other racial or ethnic group.
Community Challenges & Perceptions	**Populations Impacted**
• Connecting those with limited mobility and English proficiency to appropriate resources continues to be a barrier. • Need for more opportunities to develop and earn trust with BIPOC communities. • Need for system-level and individual interventions. • Offering services and policies in multiple languages could support an increasingly diverse population.	• Economically marginalized groups • People who speak English as a second language • People with limited access to healthcare and health insurance • People without a vehicle or reliable public transportation • Those with limited access to telehealth and internet capabilities

Rutherford County

Community Health Needs Assessment

Rutherford County

Introduction

The 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, VUMC worked closely with Ascension Saint Thomas (AST) and the Rutherford County Health Department to design and conduct the CHNA.

The Rutherford County Wellness Council supported many CHNA decisions, including the CHNA subcommittee's development. VUMC and AST participated in the CHNA process on behalf of their non-profit hospitals and health systems.

The Elmahaba Center and the Tennessee Immigrant and Refugee Rights Coalition (TIRRC) helped to identify and conduct interviews with community members in Spanish and Arabic.

Environmental Scan

This environmental scan summarizes health and health-related reports that provide information, data, and common themes in various reports published about Rutherford County, Tennessee, and several statewide reports that addressed Rutherford County. The purpose of the review is to examine existing data relevant to community health and identify strengths, assets, relationships, and areas of improvement regarding health and healthcare in the community.

Eighteen reports from a diverse set of community partners in Rutherford County were read, analyzed, and themed. While themes and needs varied, several historically marginalized populations were mentioned explicitly in reports, including Spanish and Arabic speakers, immigrant and refugee populations, and people who have been economically marginalized.

Reports used for the environmental scan were analyzed on a rolling basis during the assessment period. Reports that came in after the collection timeline were read and cataloged. The table below lists the organizational lead and organizational focus for reports included in the scan.

Environmental Scan Report Leads and Organizational Focus

Organizations Represented	Organizational Focus
American Cancer Society	Cancer Treatment and Support
Ascension Saint Thomas Rutherford	Healthcare Services
End Slavery Tennessee	Human Trafficking
Inspiritus	Integrated Community and Crisis Services
Interfaith Dental	Affordable Dental Care
Medical Foundation of Nashville	Access to Healthcare and Health Education
Morton Memorial United Methodist Church	Faith-based
Prevention Coalition for Success	Create a Drug-Free Community
Primary Care and Hope Clinic	Affordable Healthcare
Second Harvest Food Bank of Middle Tennessee	Food Access
Tennessee Charitable Care Network	Affordable Healthcare
Tennessee Commission on Aging and Disability	Advocate for Older People in Tennessee
Tennessee Office for Refugees	Support for Refugees

Major Themes

Significant themes from the Rutherford County environmental scan include accessibility and availability of care, adapting healthcare infrastructure, food access and nutrition concerns, mental health and isolation, and COVID-19 as an accelerator to existing needs.

They are described in more detail below:

Accessibility and availability of care: Rutherford County enjoys a rich healthcare environment, with many health and healthcare organizations headquartered in and around neighboring Davidson County and more than 15 hospitals within 30 miles. However, The Primary Care and Hope Clinic located in the Smyrna area of Rutherford County reported that the benefit of this environment is lost on those that do not have access to health insurance. The

clinic stated, "Statistics show that uninsured patients often fail to obtain preventative healthcare and primary care for routine illnesses because they have no consistent point of healthcare access. Too often, the lack of access causes patients without insurance to develop advanced diseases and seek treatment in the most expensive, accessible environments."

Navigating the diagnosis of a health condition without health insurance can be very costly and confusing, and the continuum of care for patients can be stalled. Many providers and clinics will not accept patients without insurance, and frequently the clinics that do have long wait times.

The analyzed reports also show that patients without insurance are often economically marginalized, having fewer options and greater financial risk. Additionally, groups who speak English as a second language experience significant barriers when communicating with providers and navigating complex healthcare settings. These complications can stress the individual, healthcare, and public health ecosystems. Furthermore, people without insurance often seek care in urgent care settings or the emergency department, where referrals to an outpatient healthcare provider or home health services are not routinely made.

Support navigating healthcare infrastructure: Many reports emphasized the need to meet those disconnected from healthcare where they are and respond with care models that work for that population group. Examples include community health worker models, various telehealth models, and mobile health units. The reports relayed the demand for models that can adapt to specific health concerns and incorporate the cultural needs of historically marginalized populations and persons for whom English is not their primary language. Various reports highlighted telehealth models and broadband capabilities to reach many (but not all) populations and keep community members safe during the COVID-19 pandemic. Mobile health units, with the ability to deliver food, vaccines, and other community resources, were also reported to connect with underserved populations with limited access to care.

Food access and nutrition concerns: Another central theme was food access, especially for youth and older adult populations. Reports showed that many youths in Rutherford County eat at least two meals daily in a school setting. With schools being closed during COVID-19, many families with school-aged children were required to supply the meals usually provided by the school.

Additionally, older adults, often on limited incomes, were encouraged to stay home during the COVID-19 pandemic. Several organizations noted that these older adults often had to ration food for themselves until someone could safely access food, medication, and other nutritional resources.

Mental health and isolation: Another central theme from these reports was increased isolation, resulting in poor mental health outcomes. Access to mental health services and limited involvement in community life were already existing needs in the community. With little or no access to loved ones, teachers, care providers, and friends, as well as increased use of technology during the COVID-19 pandemic, the reports suggest a heightened need for connection and stress relief.

COVID-19 as an accelerant to existing needs: The challenges that accompanied the COVID-19 pandemic were mentioned in nearly every report and often deepened current challenges. For example, if a family's access to fresh fruits and vegetables depends on a mobile grocery unit drop-off, and that unit is understaffed or not operating due to COVID-19, that family becomes much more susceptible to hunger.

With health systems stretched beyond capacity and limited resource access during stay-at-home orders, many community members with substance use disorders found themselves with little to no support services.

Additionally, many reports mentioned that community members intentionally put off routine care (dentist appointments, primary care appointments, etc.) due to fear of contracting COVID-19.

COVID-19 complicated the childcare landscape primarily with school closures, as there were insufficient resources to meet the increasing demands of parents and families.

Conclusion

The effects of the COVID-19 pandemic and its ever-changing dynamics have created concern for the diverse communities of Rutherford County. However, the county needs support from local collaborative partners whose resources 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 Rutherford County.

Primary Data: Community Input

VUMC recognizes the vital importance of understanding the health needs and assets of the community; therefore, it consulted with a range of public health and social service providers representing the broad interests of Rutherford County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research and 2) communities with limited access to healthcare and health insurance and economic advancement or are considered historically marginalized and minoritized.

VUMC used multiple methods to gather community input, including organizational and community member interviews. These methods provided additional perspectives on selecting and addressing top health concerns facing Rutherford County.

A summary of the process and results is outlined below.

Surveys

Through collaboration with AST, Rutherford County Health Department, and the Rutherford County Wellness Council, VUMC conducted an online community intercept survey to gather each unique community's perceptions, thoughts, and concerns regarding health priorities for Rutherford County.

The survey included demographic information and three open-ended questions that identified barriers to healthcare.

In the fall of 2021, the survey link was distributed electronically to a diverse audience, including members of the Health Council, organizational interviewees, and through community organizations. The data gathered from the 213 individuals who responded provided valuable insight into Rutherford County's significant areas of concern.

The complete report of survey responses and themes can be found **HERE.**

Rutherford County Community Member Survey (n=213)
Data Highlights
• Expansion and continuation of existing grants are needed to fund community programs • Greater diversity and standards for healthcare professionals • Improved access to affordable, healthy foods • Increase in employment opportunities • Limited mental health resources • Residents wish to see robust transportation options, safe and affordable housing, protected green spaces, bike trails, and sidewalks, and increased access to affordable healthcare.
Respondent Demographics
• Age range: 20-99 years of age, with a median age of 45 • Primary zip codes represented: 37130, 37129, 37129, 37128, and 37167 • Respondent breakdown: 66% Caucasian/white, 21% Black/African American, 3% Latinx/Hispanic, and 1% Asian.
Meaningful Quotes
• "Fund programs that aid those in need to get transportation to free/low-cost preventative services, provide services, and network with existing agencies in order to make sure they have wrap-around services as needed." • "I think health literacy is huge. There are so many that do not understand the doctor's orders or the ability to read and understand their prescriptions and/or care plan." • "I would expand public transportation and make it more accessible. It seems that transportation has been made available to the inner-city area of Murfreesboro but not outlying communities like Smyrna, LaVergne, Eagleville, Walter Hill, and other areas of Rutherford County."

Organizational Interviews

A series of 24 one-on-one interviews were conducted by VUMC's Office of Health Equity and AST to gather feedback from organizational leaders on the health needs and assets of Rutherford County. Examples of sectors represented include local government, law enforcement, non-profit organizations, and clinics serving historically marginalized and minoritized groups.

The table below summarizes key points, meaningful quotes, and populations of focus from the organizational interviews.

Rutherford County Organizational Interviews (n=24)

Data Highlights

- Black Indigenous People of Color (BIPOC), refugees, immigrants, and non-English speaking populations were identified as needing additional community support and resources.
- COVID-19 worsened existing needs in the community, especially housing and the need for cultural humility in messaging about health and public health.
- Healthcare infrastructure, non-profit partners, strong education systems, and institutions were identified as the county's most substantial assets.
- Navigating resources continues to be an issue - especially for those whose primary language is other than English.
- Rutherford County is desirable due to its size and community assets, but there are concerns about managed growth and affordability in the county, especially housing.
- The top broad areas of concern include housing inventory and costs, transportation, growth, and traffic.
- The top health-related concerns include mental health, limited access to health insurance and healthcare, and substance use.

Population/Sector Focus

- Arabic-speaking community support
- Business
- Faith-based
- Higher education
- K-12 student education
- Resources and services for older adults
- Resources and services for people with limited access to health insurance and healthcare
- Spanish-speaking community support
Support for economically marginalized groups

Meaningful Quotes

- "COVID highlighted and exacerbated the social needs like food insecurity, childcare, and infrastructure."
- "The rent and cost of living are going up, but wages are not matching this, if they are going up at all."
- "Traffic – populations are growing, and [people are] moving from all over the country. Housing inventory is low, and there is lots of competition increasing housing costs."

Community Member Interviews

VUMC and AST conducted nine one-on-one interviews to gather feedback from community members on the health needs of Rutherford County. Interviews consisted of open-ended questions focused on community assets, often excluded communities, priority needs, barriers, and "magic wand" solutions. The interview protocol was translated into Spanish and Arabic, and interviews were conducted in these languages. Interviewees were recruited through partnerships with community organizations Elmahaba Center and TIRRC.

Interview data were entered into a secure database and reviewed by a team to identify common themes. The table below summarizes key points, common themes, meaningful quotes, and focus populations from the community member interviews.

Rutherford County Community Member Interviews (n=9)
Data Highlights
• Access to care is limited by affordability and mistrust • Decisions on immigration reform impact Latinx immigrants' livelihoods, such as language barriers and a lack of quality employment opportunities. • Expansion of community inclusiveness • Immigrants without a documented status lack support in navigating the citizenship process • Increase opportunities for residents to learn and embrace historically marginalized and minoritized people and cultures. • Inequities in the K-12 education system were a concern for BIPOC and students living with developmental disabilities. Concerns included limited access to healthy foods, and students susceptible to the school-to-prison pipeline • Necessary medical attention is delayed or not received due to high medication costs. This inequity significantly impacts specialty care and mental health treatment. • Employment opportunities are limited without a documented status, or the earnings are insufficient to pay for the cost of living.
Population Focus
• Arabic-speaking communities • Economically marginalized communities • Immigrants living with undocumented status • Latinx communities

Rutherford County Community Member Interviews (n=9)
Meaningful Quotes
• "Access can be difficult. The Rutherford hospital is always slammed, and it is the only major hospital in the area." • "Not a lot of programs are made with others in mind, like people of color or from other cultures." • "The rent and cost of living is going up, but wages are not matching this if they are going up at all." • “Give all of us documentation status to be able to be free. To be able to work. To help my family.” • “Medical providers don't check up on us well, on our symptoms. I can't walk well. My feet get very tired. I've gone to the doctor, and they don't do anything. Other people have also mentioned the same thing.” • “Schools had to figure out how to get lunches to kids when they couldn't get to school. I'm glad they rose to the occasion and met that need, but it highlighted how we can do more for students that may be going hungry outside of school.” • “There is money if we work. I know many people who can't work because of their status. Wish we all had jobs and that we could all work.”

Secondary Data

For this overview, the indicators highlighted were selected based on prioritized needs selected by the Rutherford County Health Council. Data for each indicator were pulled from the Conduent Healthy Communities Institute (HCI) data platform’s disparities dashboard and Health Equity Suite indices. HCI is a centralized hub for publically accessible data and community health initiatives available on the VUMC website. Data for some indicators were pulled from other publically available data sources and are linked within the report. Additional secondary data indicators were also collected for the needs assessment. Please refer to Appendix E for the complete secondary data table for Rutherford County.

Rutherford County is located in middle Tennessee and has experienced rapid and significant growth over the last decade. The 12-county Metropolitan Statistical Area (MSA) region that includes Davidson and Rutherford Counties is now home to more than 2 million residents and is the 35th largest metropolitan area in the United States. The 2021 population of Rutherford County is estimated to be 352,182, and it is one of the fastest-growing counties in Tennessee. The total population increase for Rutherford County from 2010 to 2020 was 25.6% (HCI).

Understanding how health inequities and social drivers of health impact different populations in Rutherford County was essential during the assessment process. VUMC

examined emerging and persisting inequities across multiple areas, highlighting disparities between population groups and geographic areas.

Mental Health

Mental health includes emotional, psychological, and social well-being. It can impact how one thinks, feels, and acts. It also aids in determining how to manage stress, relate to others, and make healthy choices.

Mental health is essential at every stage of life, from childhood and adolescence through adulthood. Poor mental health symptoms, like depression, can lead to poor physical health outcomes (CDC, 2018).

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 (HCI).

Rutherford County adults reported poor mental health, with an average of 5.0 days within the previous 30 days. This average is on par with the statewide number of poor mental health days (5.1) but higher than the national number (4.5) (County Health Rankings, 2019).

Among Medicare beneficiaries, treatment for depression has been trending upward. In 2019, 21% of the Medicare population in Rutherford County was treated for depression. This rate is slightly lower than the larger population, where 26.3% of adults report being diagnosed with depression (HCI).

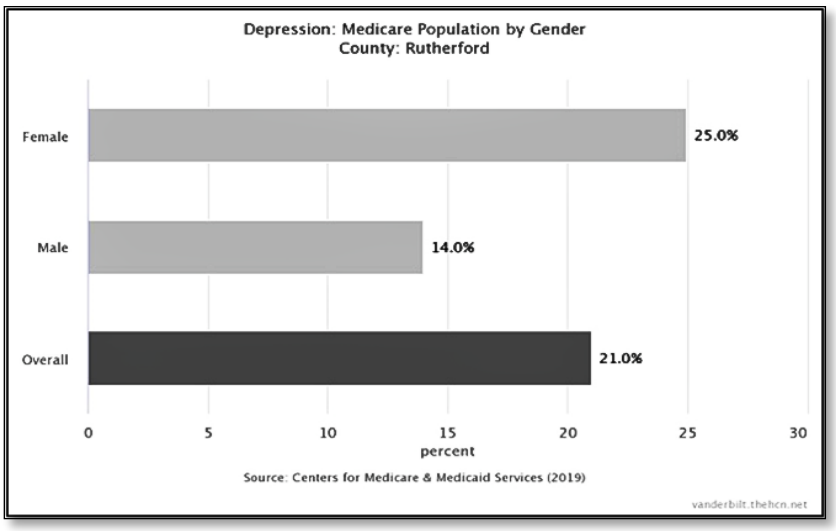

Figure 5.27. Depression: Medicare Population by Gender, Rutherford County (2019)

Female Medicare recipients have depression rates higher than the overall average (25%) and higher than their male counterparts (14%). However, within the general population in Rutherford County, men experience significantly higher death rates by suicide (25.5 per 100,00 population) compared to the overall rate (14.6 per 100,000 population) and their female counterparts (4.7 per 100,000 population) (HCI).

HCI's Mental Health Index highlights geographic areas and their need for mental health support based on poor mental health days and socioeconomic and health factors. Darker areas indicate census tracts with a greater need.

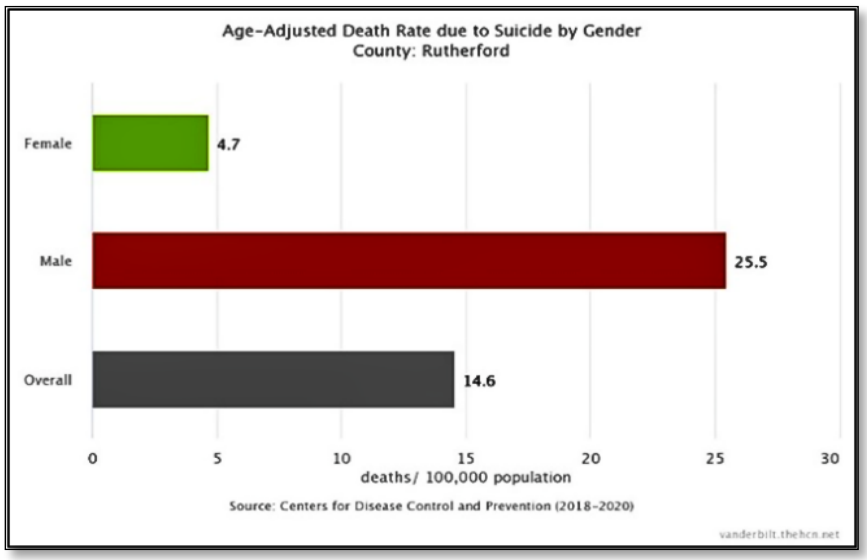

Figure 5.28. Age-Adjusted Death Rate due to Suicide by Gender, Rutherford (2018-2020)

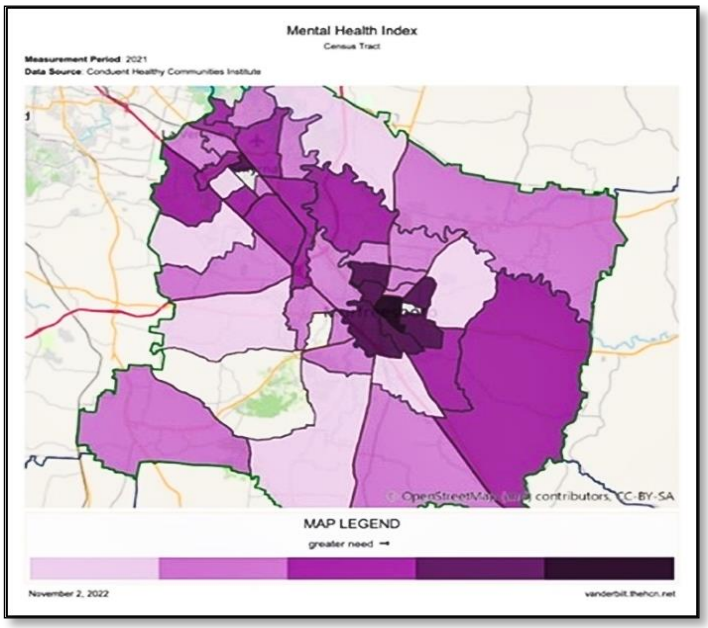

Figure 5.29. Mental Health Index, Rutherford County (2022)

Opioid Use

Opioids are natural or synthetic chemicals that bind to the brain or body receptors and include illicit and prescription medications. Opioid use is a significant public health concern, but preventive actions, treatment, and proper response to overdoses can help reduce the impact (HCI).

The unhealthy use of opioids is one of the most pertinent drug crises in America.

Most overdose deaths involve opioids, and at least half of all opioid overdose deaths involve prescription opioids. Since 1999, the rate of overdose deaths involving opioids, including prescription opioid pain relievers, has nearly quadrupled. According to the CDC, overdoses from prescription opioid pain relievers contribute to the overall increase in opioid overdose deaths (HCI).

Figure 5.4 shows the rate of inpatient hospital admissions for nonfatal opioid overdose in Rutherford County. Overall, the rate is trending down. However, it increased from 2018-2019 for the first time since 2016 (TDH, 2019).

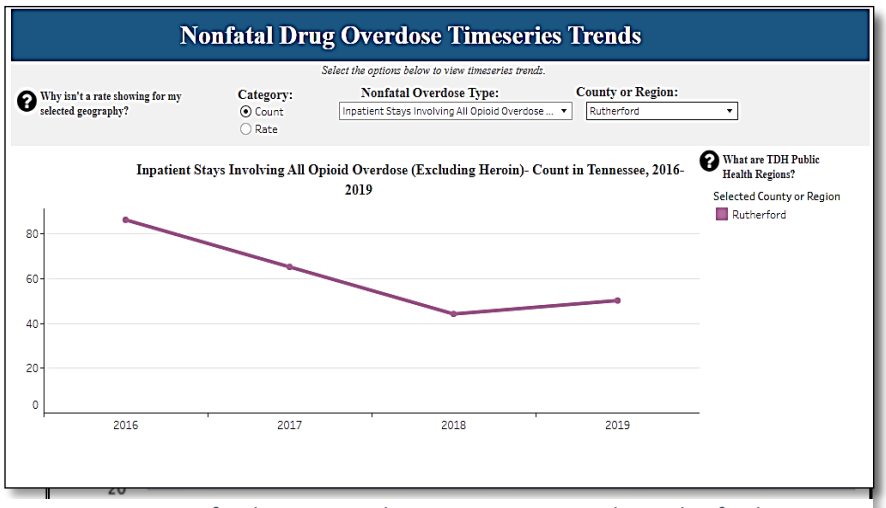

Figure 5.30. Nonfatal Drug Overdose Timeseries Trends, Rutherford County (2019)

Additionally, 78 per 100,000 outpatient visits in Rutherford County are due to opioid overdose, which is above the median of all Tennessee counties and considerably more than the overall state value (62.0 per 100,000 outpatient visits) and continues to rise significantly (Figure 5.5) (HCI).

Figure 5.31. Outpatient Visits due to Opioid Overdose (excluding Heroin), Rutherford County, (2020)

Food Access/Food Insecurity

A lack of access to healthy foods is often a significant barrier to healthy eating habits. People with low-incomes and historically marginalized neighborhoods often have limited numbers of stores that offer healthy food options. People living farther away from grocery stores are less likely to access healthy food options regularly, making them more likely to consume foods readily available at convenience stores and fast-food outlets.

The Food Insecurity Index created by HCI combines two measures of food access: the percentage of the population that has low-income and has low access to a grocery

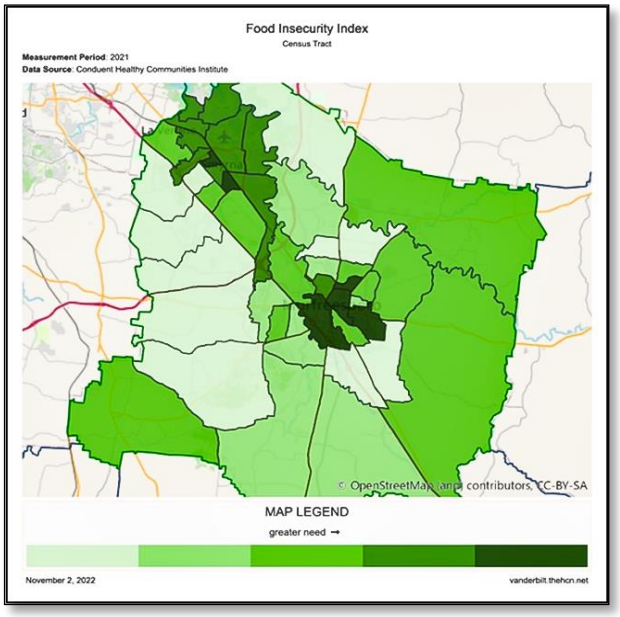

Figure 5.32. Food Insecurity Index, Rutherford County (2022)

store and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). (HCI)

While food environment index scores have improved in Rutherford County, access to healthy and affordable food remains a barrier. Access to grocery stores creates a reliance on fast food restaurants and other unhealthy food sources. This barrier is detrimental to the health of everyone.

In Rutherford County, 7.1% of children have low access to a grocery store, which is much higher than other Tennessee counties and compared to the overall US rates, putting it in the bottom 25% of counties for both categories (HCI).

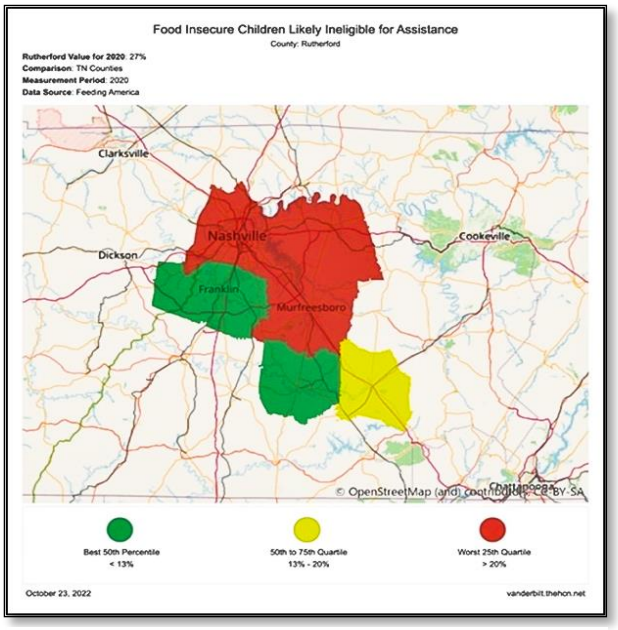

Figure 5.33. Food Insecure Children Likely Ineligible for Assistance, Rutherford County (2022)

Being economically marginalized is correlated with low access to grocery stores. In Rutherford County, 8% of the population has low-income and inadequate grocery store access (HCI). According to Feeding America, 27% of food-insecure children in Rutherford County are ineligible for assistance; this rate is significantly higher than in Tennessee and other US counties (Figure 5.7) (HCI).

Infant Mortality

The infant mortality rate measures the deaths per 1,000 live births for infants within their first year. It continues 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 (HCI).

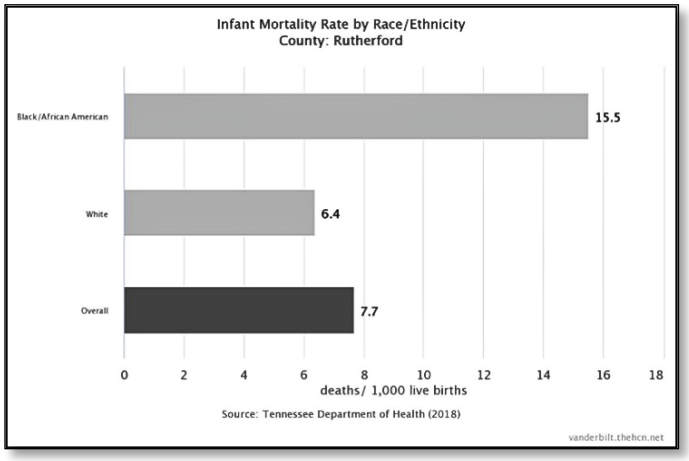

Figure 5.34. Infant Mortality Rate by Race/Ethnicity, Rutherford County (2018)

Although the rate of infant deaths has fallen over the past decade in the US, there are disparities by race/ethnicity, income, and geographic location across the nation (Healthy People 2030). Healthy People 2030).

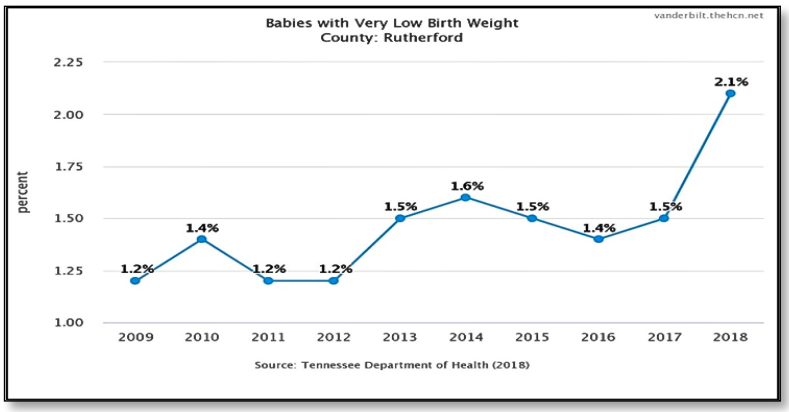

Figure 5.35. Babies with Very Low Birth Weight, Rutherford County (2018)

The Rutherford County, infant mortality rate is increasing, as displayed in figure 5.8. In 2018, the infant mortality rate was 7.7 out of 1,000 live births, which is significantly higher than that of the Tennessee overall value (6.9 per 1,000 live births) and the US overall value (5.7 per 1,000 live births) (TDH, 2020). Black/African American mothers experience infant mortality at rates (of 15.5 per 1,000 live births) more than twice that of their white counterparts (6.4 per 1,000 live births) (HCI).

Low birth weight is a factor in infant deaths, as babies born with a very low birth weight are significantly more likely than babies of healthy weight to have severe health conditions.

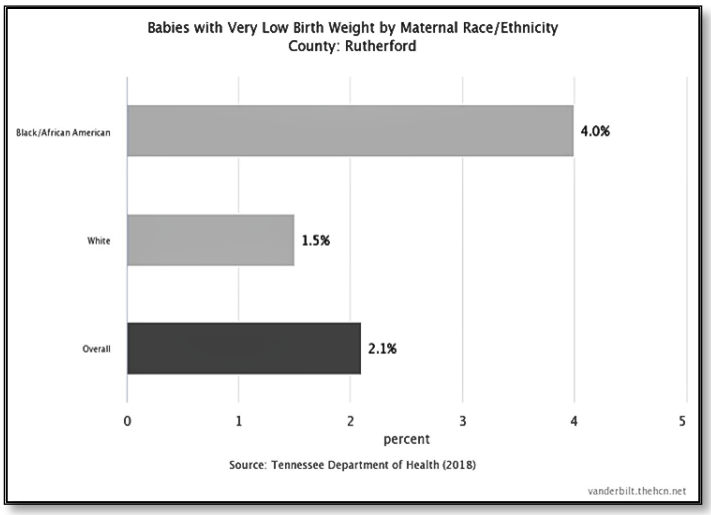

Figure 5.36. Babies with Very Low Birth Weight by Maternal Race/Ethnicity, Rutherford County (2018)

While many medical advances have enabled very low birth weight and premature infants to survive, babies born with very low birth weight are at the highest risk of dying in their first year and at risk of long-term complications and disability.

In Rutherford County, the percentage of babies with low birth weights between 1500 and 2500 grams (8.0%) has improved over the last couple of years and is lower than the overall Tennessee value (8.9%) and the US value (8.2%). However, the percentage of babies born with a very low birth rate of fewer than 1500 grams is 2.1%, trending upward (Figure 5.9). This percentage is higher than the Tennessee value (1.6%) and the US value (1.4%). More alarming, Black/African American infants have a much higher rate of very low birth weight (4%) compared to white infants (1.5%) (Figure 5.10) (HCI).

Safe and Affordable Housing

Housing and transportation are essential for accessing employment, healthcare, healthy food, and other community resources. These components of the built environment have a tremendous impact on health. The lack of affordable housing affects families' ability to meet other essential expenses, placing many under tremendous financial strain. High housing-related costs place a particular economic burden on families who have been economically marginalized, forcing trade-offs between basic needs. One study found that people who have a lower income and have trouble paying rent, mortgage, or utility bills were less likely to establish preventative medical care and more likely to postpone treatment. This resulted in people seeking medical care in the emergency room. Another study showed that children in areas with higher rates of unaffordable housing tended to have poorer health, more behavioral concerns, and lower school performance (RWJF, 2011). RWJF, 2011).

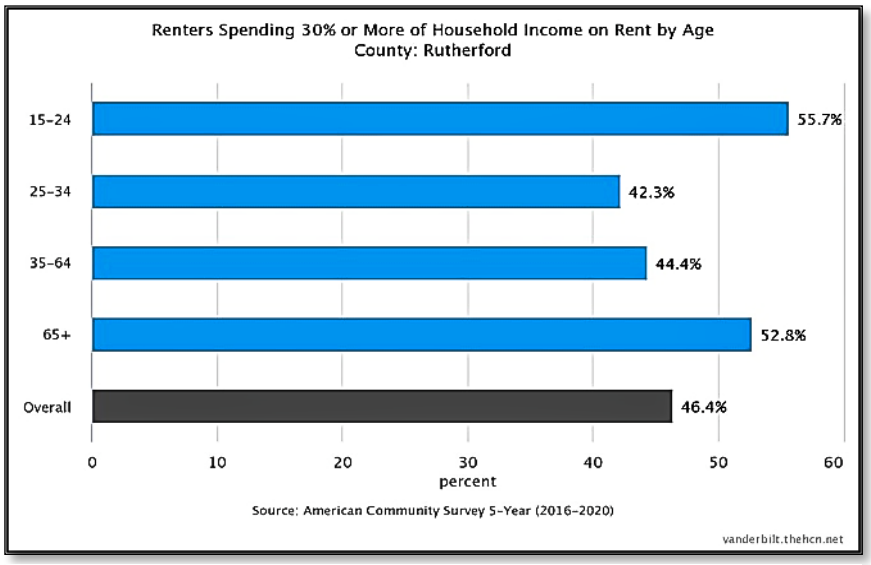

Figure 5.37. Renters Spending 30% or More of Household Income on Rent by Age, Rutherford County (2016-2020)

In recent years, the desire to live in Rutherford County has risen dramatically as people move to the Middle Tennessee area. In response, rent prices have significantly increased, with the median household gross rent rising from $890 to $1,117 in 5 years (HCI). For 46.4% of Rutherford County residents, rent consumes more than 30% of their monthly income. This imbalance is concerning as it is more than the recommended amount. People spending more than 30% of their monthly income on rent are more likely and susceptible to living in poor conditions; this substantially impacts young (15-24) and older adults (65+). Substandard housing concerns can be detrimental to health, including a lack of kitchens, plumbing facilities, and overcrowding. Although improving, 12.9% of Rutherford County residents live in conditions like these (HCI).

Healthcare Access

Access to appropriate healthcare is one of the factors that affect health outcomes. According to Healthy People 2020, "Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing

unnecessary disability and premature death, and achieving health equity for all Americans" (Healthy People 2020).

The high cost of healthcare in the United States can lead to situations where people without health insurance may be unable to afford medical treatment or prescription medications. The percentage of adults without health insurance in Rutherford County (18.0%) has risen and is higher than the US value (13%) (HCI).

Navigating the diagnosis of a health condition without health insurance can be very costly and confusing, and the continuum of care for patients can be stalled. Many providers and clinics will not accept patients without insurance, and frequently the clinics that do, have long wait times. Furthermore, people without insurance often seek care in urgent care settings or the emergency department, where referrals to an outpatient healthcare provider or home health services are not routinely made.

While most of Rutherford County has health insurance coverage (89.6%), there are variations in what is considered covered expenses; these differences may not meet the needs of all people. In Rutherford County, 17.6% of residents have public health insurance, which partially reduces the expenses one might have to pay. However, public health insurance does not necessarily encompass all costs one could incur.

There are also significant race/ethnicity inequities present in Rutherford County. Hispanic/Latinx communities have significantly less coverage insurance (58.9%) compared to their Black/African American and white, non-Hispanic counterparts and the overall percentage for the county (88.1%) (HCI).

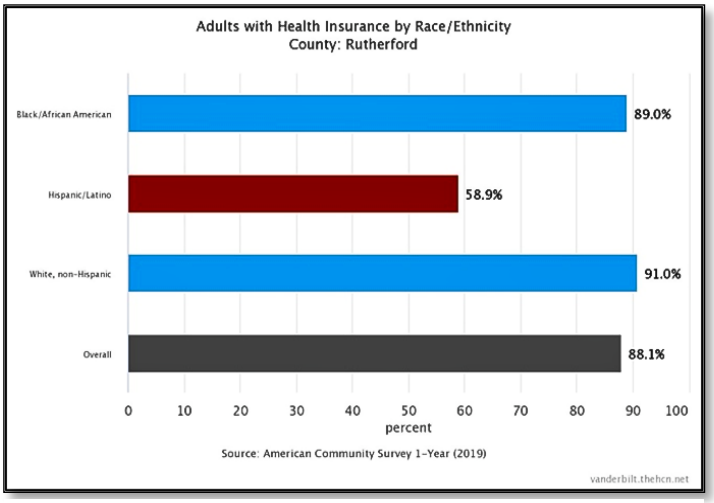

Figure 5.38. Adults with Health Insurance by Race/Ethnicity, Rutherford County (2019)

Summary of COVID-19's Impact on Rutherford County

The COVID-19 pandemic has impacted communities worldwide, and profound inequities emerged as the pandemic grew. Overall, in the United States, older adults have the highest risk of death from COVID-19 than any other age group, as 81% of deaths are among people over 65 years of age. There are significant inequities within racial and ethnic groups as well. BIPOC populations have a higher risk of exposure, infection, and death than white and non-Hispanic.

COVID-19 highlights in Rutherford County:

- Indigenous Americans or Alaska Natives have a 2.4 times higher risk of death
- Hispanic/Latinx people have a 2.3 times higher risk of death
- Non-Hispanic Black/African Americans have a 1.9 times higher risk of death

Several reasons for these differences include the following:

- Higher rates of underlying health conditions
- Inadequate access to healthcare
- Living in crowded housing with close physical contact
- Multigenerational households
- Working in environments in which social distancing is not possible.

COVID-19's Impact on Rutherford County (as of December 9, 2022)*		
Indicator	**Rutherford County**	**Tennessee**
Total Cases Weekly Rate	112,353 128.2 per 100k	2,399,246 146.4 per 100k
Total Hospitalizations Weekly Rate	1,780 4.8 per 100k	51,151 rate not available
Total Deaths Weekly Rate	958 Suppressed (<10)	28,406 1.5 per 100k
Population Fully Vaccinated	56.1%	56.1%
Source: CDC COVID Data Tracker and Tennessee Department of Health COVID-19 Data Dashboard - Tennessee Department of Health and The Tennessee COVID-19 Vaccination Reporting		

*This report was finalized in January 2023 and all data included reflect what was publicly available at the time the report was completed. For more updated COVID-19 data please see: The Tennessee Department of Health COVID-19 Weekly Summary. For updated information for all indicators included in this report and the appendix, see: HCI dashboard.

Identifying and Prioritizing Needs

VUMC presented the organizational and community member interview findings, environmental scan results, and secondary data analyses in the Spring of 2022 to the Rutherford County Prioritization Committee. A prioritization committee is a community-led group of local collaborators that meet to advance health priorities while considering the broad interests of the community.

VUMC, AST, and the Rutherford County Health Department jointly developed a prioritization method influenced by *Mobilizing for Action Through Planning and Partnerships* (MAPP), a strategic planning process (**NACCHO**, 2008).

The prioritization committee considered the needs emerging from the data and selected needs based on the magnitude of the need, the impact the need has on the community, and the feasibility of addressing the need.

Magnitude	• How many people does the problem affect, either actually or potentially? • How significant is the problem? • In terms of human impact, how does it compare to other health concerns?
Seriousness of the Consequences	• What degree of disability or premature death occurs because of this problem? • What is the burden on the community (economic, social, or other)? • What would happen if the issue were not made a priority?
Feasibility	• Are there available resources to manage it sustainably? • How much change can be made? • Is the problem preventable? • What are the community's intrinsic barriers, and how difficult are they to overcome? • What is already being done, and is it working? • What is the community's capacity to address it?

The prioritized needs identified by the prioritization committee of Rutherford County are as follows:

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

Based on insight gained from primary and secondary data analysis and prioritization meetings, the summary tables below outline more about each need.

Summary of Prioritized Needs

Prioritized Need: Mental Health

Why is it Important?	Data Highlights
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. COVID-19 may have functioned as an accelerant to mental health concerns and impacted people's ability to seek help.	• In Rutherford County, men experience significantly higher death rates by suicide (25.5 per 100,00 population) compared to their female counterparts (4.7 per 100,000 population). • Rutherford County adults reported an average of 5.0 poor mental health days within the past 30 days.
Community Challenges & Perceptions	**Populations Impacted**
• Excessive costs deter people from seeking treatment • Impacts of the COVID-19 pandemic • Insufficient community data related to mental health • Lack of mental health resources • The continued stigma of mental health	• Historically marginalized or minoritized groups • LGBTQI+ • Older adults • Veterans • Young adults • Youth

Prioritized Need: Opioid Use

Why is it Important?	Data Highlights
Drug overdose deaths are a leading contributor to premature death and are preventable. Rutherford County has an above-average rate of opioid deaths.	• Rutherford County has the third highest rate of opioid use compared to other VUMC counties of focus. • Fentanyl and stimulants are often present in drug overdose deaths, accounting for about 75% of deaths.
Community Challenges & Perceptions	**Populations Impacted**
• Resources for treatment • Continued stigma-specifically around opioids • Criminalization of substance use disorder(s) and mental health emergencies	• People affected by COVID-19 • Men, women, youth, and older adults • BIPOC communities

Prioritized Need: Access to Healthcare

Why is it Important?	Data Highlights
Access to care requires not only financial means but also access to providers. While high rates of specialist physicians are associated with higher (and unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care and, when needed, referrals to appropriate specialty care.	• The percentage of adults without health insurance in Rutherford County (18.0%) is higher than the US value (13%). • Latinx populations in Rutherford County have significantly less coverage (58.9%) compared to their BIPOC and white, non-Hispanic counterparts and the overall percentage for the county (88.1%).
Community Challenges & Perceptions	**Populations Impacted**
• Increasing cost of healthcare • Cost to the system to treat people without health insurance or limited access to health insurance • Lack of adequate transportation impacting access to healthcare appointments • Utilization of telehealth	• Economically marginalized populations • Historically marginalized and minoritized populations • Latinx community • LGBTQI+ community

Prioritized Need: Infant Mortality

Why is it Important?	Data Highlights
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.	• Data shows that this indicator trends higher than in previous years. • High rate of infant mortality (7.7 per 1,000 live births) • The infant mortality rate is more than 2x for Black/African American mothers (15.5 per 1,000 live births) compared to white mothers (6.4 per 1,000 live births).
Community Challenges & Perceptions	**Populations Impacted**
• Adequate prenatal care is vital • Inequities and racial biases need to be examined further • Post-neonatal support needed • Safe sleep practices and education	• Black/African American mothers and infants • People experiencing homelessness or housing instability

Prioritized Need: Safe and Affordable Housing

Why is it Important?	Data Highlights
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.	• 46.4% of Rutherford County residents are considered cost burdened, as rent consumes more than 30% of their monthly income. • The median household gross rent in Rutherford County has risen from $890 to $1,117 in 5 years.
Community Challenges & Perceptions	**Populations Impacted**
• Setting aside a percentage of new homes for economically marginalized families and workforce housing would benefit the community • Need for education/financial literacy among younger people • Regentrification may be correlated to the inflated costs of building housing	• Historically marginalized or minoritized populations • People experiencing homelessness • Older adults • Young adults

Williamson County

Community Health Needs Assessment

Williamson County

Introduction

The 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, VUMC worked closely with Ascension Saint Thomas (AST) and the Williamson County Health Department to design and conduct the CHNA.

The Williamson County Health Council provided advisory support on many CHNA decisions, including the CHNA subcommittee's development. VUMC and AST participated in the CHNA process on behalf of their non-profit hospitals and health systems.

The Elmahaba Center and the Tennessee Immigrant and Refugee Rights Coalition (TIRRC) helped to identify and conduct interviews with community members in Spanish and Arabic.

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 health and health-related reports published about Williamson County, Tennessee, and several statewide reports that addressed Williamson County.

VUMC analyzed seventeen reports from a diverse set of community partners in Williamson County. While themes and needs varied, several historically marginalized populations were mentioned explicitly in reports, including Spanish and Arabic speakers, immigrant and refugee populations, and people who have been economically marginalized.

Reports used for the environmental scan were analyzed on a rolling basis during the assessment period. Reports that came in after the collection timeline were read and cataloged. The table below lists the organizational lead and organizational focus for reports included in the scan.

Environmental Scan Report Leads and Organizational Focus

Organizations Represented	Organizational Focus
American Cancer Society	Cancer Treatment and Support
Child Protective Services	Child Advocacy
Community Homeless Outreach & Support, Inc.	Services for people Experiencing Homelessness
End Slavery Tennessee	Human Trafficking
Medical Foundation of Nashville	Access to Healthcare and Health Education
Morton Memorial United Methodist Church	Faith-based
Nashville Pride	Sexual Healthcare Advocate
Second Harvest Food Bank of Middle Tennessee	Food Insecurity
Tennessee Charitable Care Network (TCCN)	Affordable Healthcare
Tennessee Commission on Aging and Disability	Advocate for Older People
Tennessee Department of Health (TDH)	Public Health
Tennessee Office for Refugees	Support to Refugees
The University of Tennessee Knoxville (UTK)	Education
Vanderbilt Ingram Cancer Center	Cancer Treatment
Williamson Co. Anti-Drug Coalition	Substance Use

Major Themes

Major themes from the Williamson County environmental scan include accessibility and the availability of care, support navigating healthcare infrastructure, food security and nutrition concerns, mental health and isolation, and COVID-19 as an accelerant to existing needs. They are described in more detail below:

Accessibility and availability of care: Williamson County enjoys a rich healthcare environment, with many health and healthcare organizations headquartered in and around neighboring Davidson County and more than 15 hospitals within 30 miles. However, "The Community Needs Evaluation - The State of Well Being" relayed that the benefit of this environment is lost on those that do not have access to health insurance.

Navigating the diagnosis of a health condition without health insurance can be very costly and confusing, and the continuum of care for patients can be stalled. Many providers and clinics will not accept patients without insurance, and frequently the clinics that do, have long wait times.

The analyzed reports also show that patients without insurance are often economically marginalized, having fewer options and greater financial risk. Additionally, groups that speak English as a second language experience significant barriers when communicating with providers and navigating complex healthcare settings. These complications can stress the individual, healthcare, and public health ecosystems. Furthermore, people without insurance often seek care in urgent care settings or the emergency department, where referrals to an outpatient healthcare provider or home health services are not routinely made.

Support navigating healthcare infrastructure: Many reports emphasize the need to meet people where they are and respond with care models that work for that population group. Examples include community health worker models, telehealth models, and mobile health units that can adapt to the specific health concerns and cultural needs of people who experience disadvantages due to English not being their primary language.

Various telehealth models highlight broadband's capabilities to reach many (but not all) populations and keep community members safe during the COVID-19 pandemic. Mobile health units were able to deliver food, vaccines, and other community resources to populations with limited access to resources.

Food security and nutrition concerns: A central theme addressed was food access, especially for youth and older adult populations. With schools being closed during COVID-19, many families with school-aged children struggled to supply meals for their families.

Additionally, older adults were encouraged to stay at home during the COVID-19 pandemic. Several organizations noted that these older adult populations often had to ration food for themselves until someone could safely access food, medication, and other nutritional resources.

Mental health and isolation: Another central theme was increased isolation, resulting in poor mental health outcomes. Access to mental health services and limited involvement in community life were already existing needs in the community. With minimal access to loved

ones, teachers, care providers, and friends, as well as the increased use of technology during the COVID-19 pandemic, the reports suggest a heightened need for connection and stress relief.

COVID-19 exacerbated existing needs: The challenges that accompanied the COVID-19 pandemic were mentioned in nearly every report and often deepened current challenges. For example, if a family's access to fresh fruits and vegetables depends on a mobile grocery unit drop-off, and that unit is understaffed or not operating due to COVID-19, that family becomes much more susceptible to hunger.

With health systems stretched beyond capacity and limited resource access during stay-at-home orders, many community members with substance use disorders found themselves with little to no support services.

Additionally, many reports mentioned that community members intentionally began to put off routine care (dentist appointments, primary care appointments, etc.) due to fear of contracting COVID-19.

COVID-19 complicated the childcare landscape primarily with school closures, as there were insufficient resources to meet the increasing demands of parents and families.

Conclusion

The effects of the COVID-19 pandemic and its ever-changing dynamics have created concern for the diverse communities of Williamson County. However, the county is not without support from local collaborative partners whose resources 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 Williamson County.

Primary Data: Community Input

VUMC recognizes the vital importance of understanding the health needs and assets of the community; therefore, it consulted with a range of public health and social service providers representing the broad interests of Williamson County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research and 2) communities with limited access to healthcare and health insurance and economic advancement or are considered historically marginalized and minoritized.

VUMC used multiple methods to gather community input, including organizational and community member interviews. These methods provided additional perspectives on selecting and addressing top health concerns facing Williamson County.

A summary of the process and results is outlined below.

Surveys

Through collaboration with AST, Williamson County Health Department, and the Williamson County Health Council, VUMC conducted an online community intercept survey to gather each unique community's perceptions, thoughts, and concerns regarding health priorities for Rutherford County.

The survey included demographic information and three open-ended questions that identified barriers to healthcare.

In the fall of 2021, the survey link was distributed electronically to a diverse audience, including members of the Health Council, organizational interviewees, and respective communities. The data gathered from the 177 individuals who responded provided valuable insight into Williamson County's significant areas of concern.

The complete report of survey responses and themes can be found **HERE**.

Williamson County Community Member Survey (n=177)	
Data Highlights	
• Access to affordable healthcare, including prescriptions and mental health services, are structural barriers to care. • Improved all residents' access to outdoor recreation, green space, and exercise facilities. • Lack of access to affordable healthy foods, public transportation, and community education prevents optimal health. • Racial inequity, including divisiveness in social media and politics, dismantles the sense of community. • Residents want to see Medicaid expansion, increased equity, and a work-life balance.	
Respondent Demographics	
• Age range: 25-86 years, with a median age of 48. • Primary zip codes represented: 37064, 37067, 37027, and 37174.	• Respondent breakdown: 88%Caucasian/white, 4% Black/African American, and 1% Asian.
Meaningful Quotes	
• “Address health inequity between rich and poor. There is a profound wealth gap in Williamson County, and because the majority are among the wealthy, the poor have next to no voice in community affairs, elections, etc. We need a way of living with health insurance for all residents.” • “Given the myriad of publicly funded healthcare options, the largest driver of poor health, in my estimate, is a lack of personal responsibility in making healthy choices.” • “I would hope that healthcare providers would know that many long-term residents and marginalized groups in Franklin and surrounding Williamson County are struggling with medical care and medication costs.” • “There is also a large separation between SES (Socioeconomic Status) and racial groups in the county. More needs to be done to narrow this divide. Community education and programs in schools would be a great place to start.”	

In partnership with Franklin Justice and Equity Coalition (FJEC), VUMC surveyed persons who lived or worked in Williamson County. This intercept-style survey was completed in person using convenience sampling of the FJEC Juneteenth festival attendees. Forty-three individuals participated in the survey and shared their perceptions of community health assets, barriers, and suggestions for change.

Williamson County Juneteenth Survey (n=43)
Data Highlights
• Assets identified include the robust healthcare and non-profit infrastructure, including hospitals, walk-in clinics, and the county health department. • Improve health literacy by increasing community outreach to historically marginalized populations. • Mobile clinics or health fairs are potential solutions for limited healthcare and health insurance access. • Participants identified the need for increased access to affordable healthcare without insurance and a great need for health education, as there is a significant lack of awareness of available health resources.
Respondent Demographics
• FJEC (Franklin Justice and Equity Coalition) Juneteenth Celebration attendees in downtown Franklin, focusing on people that live or work in Williamson County • The most frequent zip codes of respondents were 37064, 37067, and 37069
Meaningful Quotes
• “More community outreach to let people know that healthcare locations are here to help and offer those with monetary issues.” • “More discussion in public schools about mental health, need to talk about it to de-stigmatize it, reform in government and the war on drugs.” • “The fact that we had good insurance allowed us access. If you don’t have good insurance, the facilities don’t offer a service or charge a lot for them.”

Organizational Interviews

A series of 22 one-on-one interviews were conducted by VUMC's Office of Health Equity and AST to gather feedback from organizational leaders on the health needs and assets of Williamson County, with some interviewees offering perspectives from more than one organization.

Representatives from 24 different organizations and sectors participated in the fall of 2021. Examples of sectors represented include local government, law enforcement, nonprofit organizations, and safety net clinics. The table below summarizes key points, meaningful quotes, and populations of focus from the organizational interviews.

Williamson County Organizational Interviews (n=22)
Data Highlights
• Black Indigenous People of Color (BIPOC), people experiencing homelessness, and economically marginalized groups were often identified as needing additional support and community resources. • Improve the integration of community social and behavioral health services. • COVID-19 worsened existing needs in the community, especially affordable housing, and the need for cultural humility in messaging about health and public health. • Healthcare infrastructure, non-profit partners, strong education systems, and institutions were identified as the county's most substantial assets. • Many interviewees wanted to see an increase in vaccination rates. • Need for added programming and solutions geared toward youth and k-12 ages. • The top broad areas of concern include housing inventory and costs, transportation, growth, and traffic. • The top health-related concerns include mental health, limited health insurance, and healthcare access. • Williamson County is desirable due to its growth, community assets, and location, but concerns about sustained growth and housing affordability remain.
Population Focus
• Business • Faith-based • K-12 student education • Resources and services for people experiencing homelessness • Services and resources for older adults • Services for people with limited access to healthcare and health insurance
Meaningful Quotes
• "Gentrification is pushing the people we serve farther out, and they won't be as close to resources." • "Lack of insurance causes a significant problem deciding what to do with patients." • "We want to support people on the road to recovery and not to use jails to do this."

Community Member Interviews

VUMC and AST conducted 11 one-on-one interviews to gather feedback from community members on the health needs of Williamson County. Interviews consisted of open-ended questions focused on community assets, often excluded communities, priority needs, barriers, and “magic wand” solutions. Community Interview questions were translated from English to Spanish and Arabic to conduct interviews in the language preference of the interviewee. Snowball sampling was used to recruit interviewees.

Interview data were entered into a secure database and reviewed by a team to identify common themes. The table below summarizes key points, common themes, meaningful quotes, and focus populations from the community members’ interviews.

Williamson County Community Member Interviews (n=11)

Data Highlights

- The affordability and availability of medical providers are a concern, particularly for Arabic communities.
- COVID-19 intensified community cohesion, health education, and small business support.
- High housing costs are affecting the affordability of living in the county.
- Increase opportunities for residents to learn and embrace historically marginalized and minoritized people and cultures.
- Lack of diversity and representation in various sectors.
- language barriers in healthcare settings prevent optimal health.
- Limited health insurance and healthcare access.
- Medical mistrust, racism, and the need for support in navigating social institutions are themes among immigrants living without a documented status in Latinx and Arabic communities.
- Need for mental health services in languages other than English.
- Racism and discrimination were common obstacles for Latinx and Arabic communities, especially for immigrants living without a documented status - in school, healthcare settings, and police encounters.

Population Focus

- Arabic-speaking communities
- Immigrants living without a documented status
- Latinx communities

Meaningful Quotes

- "If there were an emergency, I would be worried that somewhere near me would not be able to cover me because not many places do, and this has affected me greatly."
- "There is an influx of people of color in Nolensville because they are just as invested in their families having the same opportunities, but there are people that don't like how things are changing so drastically."
- “I think one of the biggest problems is that when there is a serious illness, instead of searching for ways to treat individuals, they say that there isn't much to do. [Providers have said] "Go home or go back to your country."
- “It's difficult to find psychologists or therapists to follow you through who speak Spanish. It takes a long time to get appointments with someone who speaks Spanish. It's difficult to do this with a translator.”

Secondary Data

For this overview, the indicators highlighted were selected based on prioritized needs selected by the Williamson County Health Council. Data for each indicator were pulled from the Conduent Healthy Communities Institute (HCI) data platform's disparities dashboard and Health Equity Suite indices. HCI is a centralized hub for publically accessible data and community health initiatives available on the VUMC website. Data for some indicators were pulled from other publically available data sources and are linked within the report. Additional secondary data indicators were also collected for the needs assessment. Please refer to Appendix E for the complete secondary data table for Williamson County.

Williamson County is located in middle Tennessee and has experienced rapid and significant growth over the last decade. The 12-county Metropolitan Statistical Area (MSA) region that includes Williamson County is now home to more than 2 million residents and is the 35th largest metropolitan area in the United States.

The 2021 population of Williamson County was estimated to be 247,726, and it is one of the fastest-growing counties in Tennessee. The total population increase for Williamson County from 2010 to 2020 was 26.1% (HCI).

Understanding how health inequities and social drivers of health impact different populations in Williamson County was essential during the assessment process. VUMC examined emerging and persisting inequities across multiple areas, highlighting disparities between population groups and geographic areas.

Mental Health

Mental health includes emotional, psychological, and social well-being. It can impact how one thinks, feels, and acts. It also aids in determining how to manage stress, relate to others, and make healthy choices.

Mental health is essential at every stage of life, from childhood and adolescence through adulthood. Poor mental health symptoms, like depression, can lead to poor physical health outcomes (CDC, 2018).

Delays in mental health treatment can lead to increased morbidity and

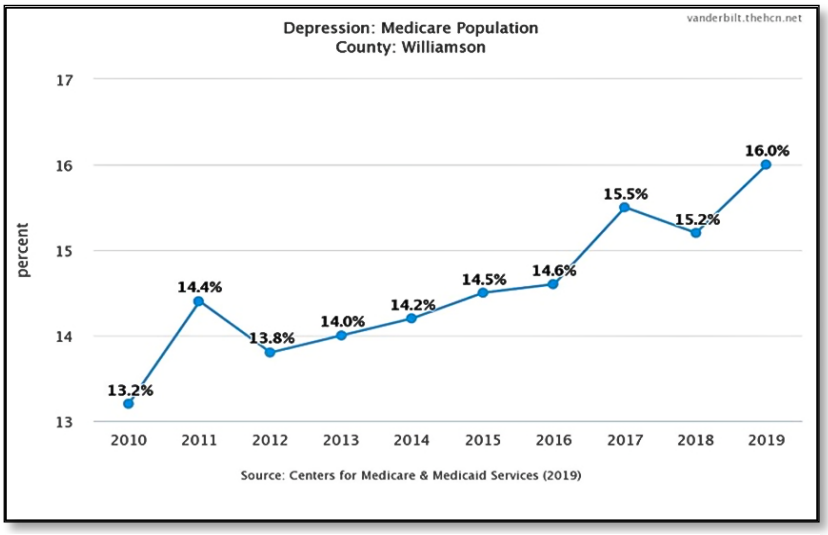

Figure 6.39. Depression: Medicare Population, Williamson County (2019)

mortality and the adoption of life-threatening and life-altering self-treatments, such as illicit substance use (HCI).

Major depressive disorder is the leading disabling condition for people between the ages of 15 and 44 in the United States (US Dept of Labor). On average, adults in Williamson County reported 4.3 days of poor mental health in the previous 30 days. Major depressive disorder is the leading disabling condition for people between the ages of 15 and 44 in the United States (US Dept of Labor). On average, adults in Williamson County reported 4.3 days of poor mental health in the previous 30 days. This rate is below the Tennessee overall value (5.1) and slightly below the US overall value (4.5) (County Health Rankings, 2019). County Health Rankings, 2019). Still, 22.1% of adults report they have been diagnosed with depression in their lifetime. While this is one of the best rates amongst other Tennessee counties, it lags the median of US counties (21.1%).

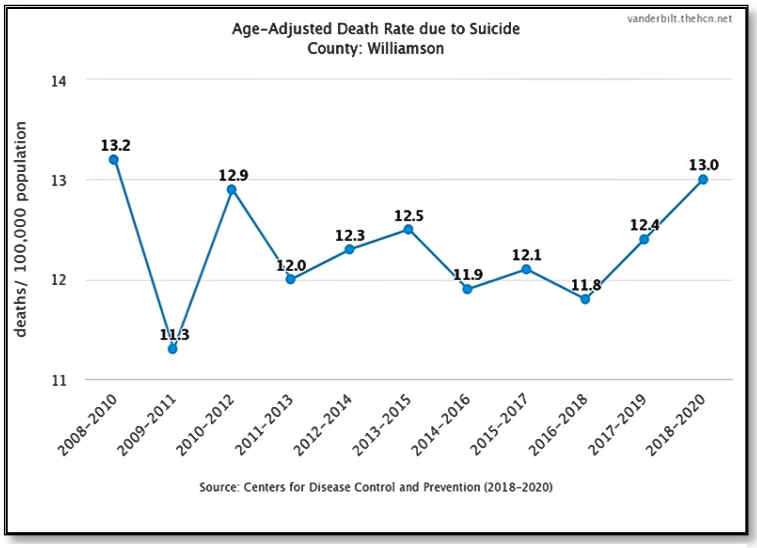

Figure 6.40. Age-Adjusted Rate due to Suicide, Williamson County (2018-2020)

The age-adjusted death rate due to suicide has increased in Williamson County over the past three years (Figure 6.2). Amongst older adults in Williamson County, the percentage of the Medicare population being treated for depression has also increased significantly (Figure 6.1). Women, Indigenous Americans or Alaska Natives experience more depression than men and other racial groups. However, in Williamson County, men are committing suicide at rates (18.2) more than twice that of women (7.1) (HCI). From 2013-2021, 42% of suicide deaths in Williamson County

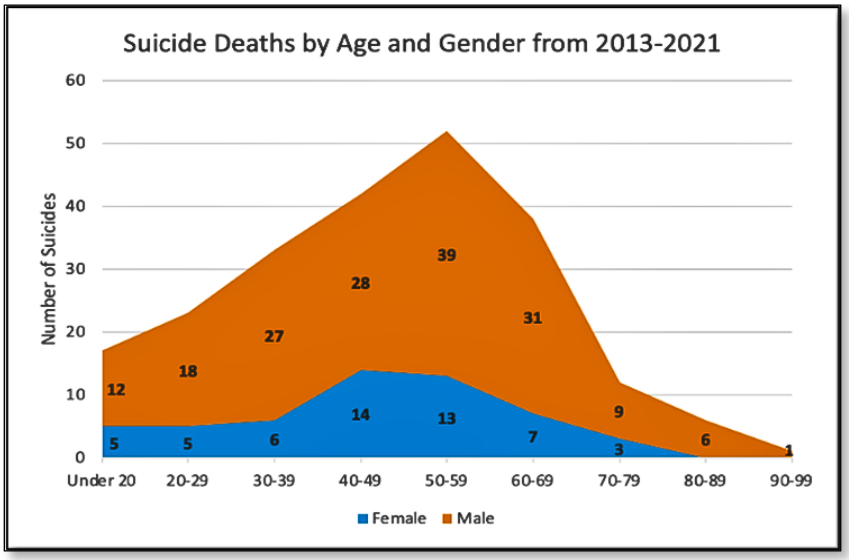

Figure 6.41. Suicide Deaths by Age and Gender from 2013-2021, Williamson County (2013-2021)

occurred in people between 40 and 59 (Figure 6.3). Additionally, 72.8% of suicide deaths in Williamson County are among white males (Williamson County Health Department, 2021).

Substance Use

Substance use impacts the physical and mental health of users of all ages.

The unhealthy use of opioids is one of the most pertinent drug crises in America. Most overdose deaths involve opioids, and at least half of all opioid overdose deaths involve prescription opioids. Since 1999, the rate of overdose deaths involving opioids, including prescription opioid pain relievers, has nearly quadrupled. According to the CDC, overdoses from prescription opioid pain relievers contribute to the overall increase in opioid overdose deaths (HCI).

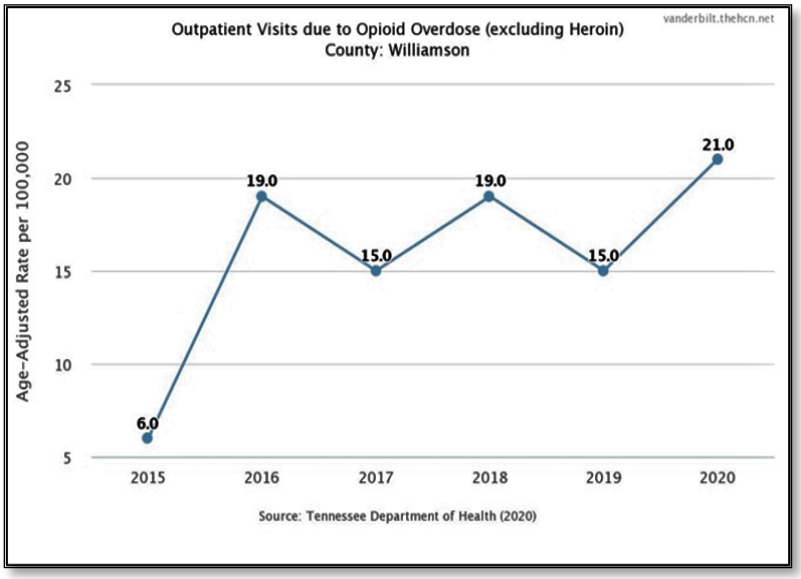

Figure 6.42. Outpatient Visits due to Opioid Overdose (excluding Heroin), Williamson County (2020)

In 2022, outpatient visits due to opioid overdose (excluding heroin) increased from 15 per 100,000 population to 21 per 100,000 population in Williamson County (Figure 6.4) (HCI).

Figure 6.5 highlights the age-adjusted drug and opioid-involved overdose death rate by gender. The rate of deaths in males due to overdose is 23.9 per 100,000 population. This rate is double that of women, who have a rate of 10.1 per 100,000 population. The overall rate is 16.9 per 100,000 population (HCI).

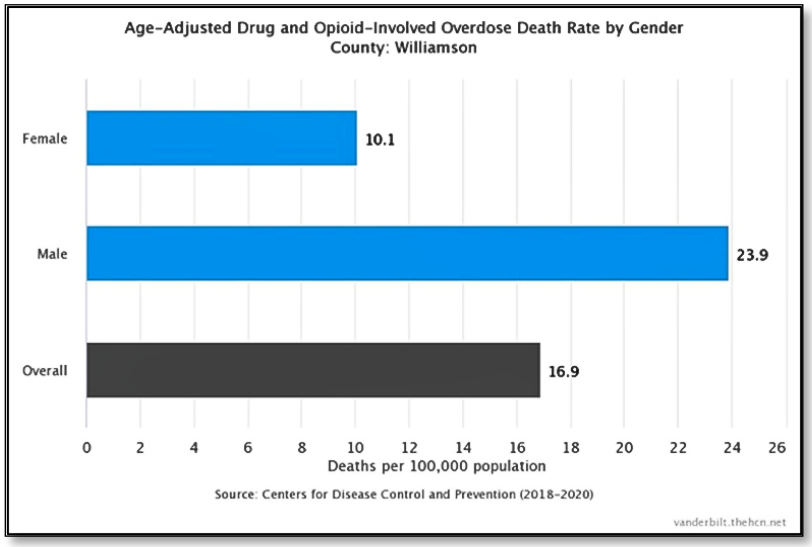

Figure 6.43. Age-Adjusted Drug and Opioid-Involved Death Rate by Gender, Williamson County (2018-2020)

Substance use among youth is of significant concern in Williamson County. Risks of substance use among teens include effects on growth and brain development and can

contribute to adult health conditions such as heart disease, high blood pressure, and sleep disorders. Furthermore, substance use correlates with other risky behaviors, such as unprotected sex and dangerous driving (CDC, 2020). The Williamson County Anti-Drug Coalition partnered with local school districts in 2018-2019 to support the administration of a school-based alcohol and drug prevention survey. The survey results outline alcohol, tobacco, and other drug use among 8th, 10th, and 12th-grade students.

Healthy Living and Prevention

While Williamson County offers community resources to encourage wellness, it needs initiatives focused on coordinating and navigating available resources.

Approximately 1 in 4 Williamson County adults did not complete a routine check-up within the past year. With only 77.3% of adults reporting having had a doctor's visit in 2022, Williamson County is lower than the median of other Tennessee counties.

Routine care is another vital part of disease prevention and health maintenance (HCI). In figure 6.6, red census tracts indicate regions of the county that are lower than the 77.3% value, blue is equal to 77.3%, and green regions are above the rate of 77.3%. Rural areas are shown to have less access to healthcare than urban areas.

Access to appropriate healthcare is one of the factors that affect health outcomes. According to Healthy People 2020, "Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans" (Healthy PeopleHealthy People 2020).

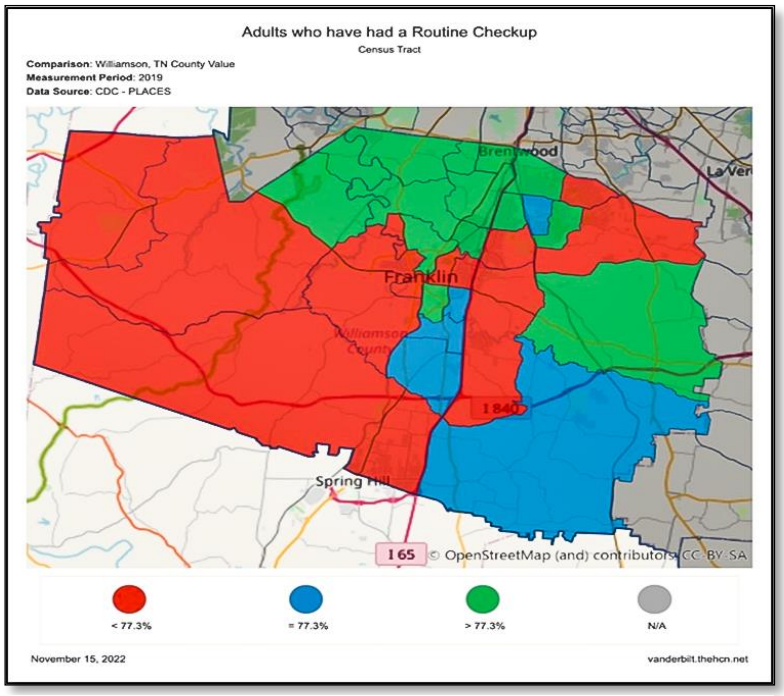

Figure 6.44. Adults who have had a Routine Checkup, Williamson County (2022)

The high cost of healthcare can lead to situations where people without health insurance may be unable to afford medical treatment or prescription medications.

Williamson County leads the state, with 92.9% of people having health insurance. Many insured only have private insurance (76.3%). Private insurance is often provided through employers.

Affordable Housing

Housing and transportation are essential for accessing employment, healthcare, healthy food, and other community resources. These components of the built environment have a tremendous impact on health. The lack of affordable housing affects families' ability to meet other essential expenses, placing many under tremendous financial strain. High housing-related costs place a particular economic burden on families who have been economically marginalized, forcing trade-offs between basic needs. One study found that people who have a lower income and have trouble paying rent, mortgage, or utility bills were less likely to establish preventative medical care and more likely to postpone treatment. This resulted in people seeking medical care in the emergency room. Another study showed that children in areas with higher rates of unaffordable housing tended to have poorer health, more behavioral concerns, and lower school performance (RWJF, 2011). RWJF, 2011).

An individual is considered "cost burdened" if 30% or more of their income is spent on housing costs, including mortgage, rent, property taxes, utility bills, and more. In Williamson County, 42.6% of renters and 24.1% of owners spend more than 30% of their household income on housing. Spending a high percentage of household income on housing can create financial hardship, especially for homeowners who have lower incomes.

Furthermore, the cost of housing continues to rise. Williamson County has one of the highest housing costs in the state, with median household rent ($1,596) and median housing unit value ($471,300) rising significantly and outpacing what many can afford (HCI). Young (15-24 years old) and older adults (65+) are disproportionately impacted by high rent costs.

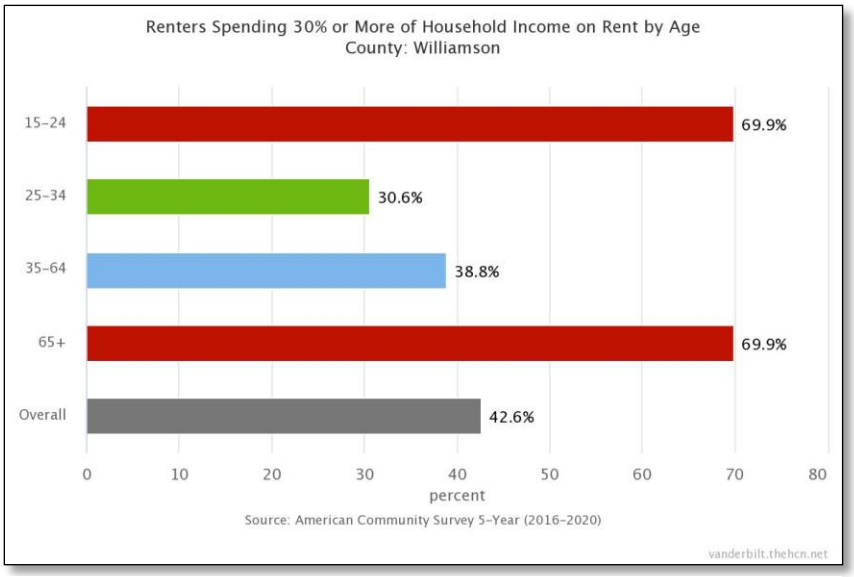

Figure 6.45. Renters Spending 30% or More of Household Income on Rent by Age, Williamson County (2016-2020)

Summary of COVID-19's Impact on Williamson County

The COVID-19 pandemic has impacted communities worldwide, and profound inequities emerged as the pandemic grew. Overall, in the United States, older adults have the highest risk of death from COVID-19 than any other age group, as 81% of deaths are among people over 65 years of age. There are significant inequities within racial and ethnic groups as well. BIPOC populations have a higher risk of exposure, infection, and death than white and non-Hispanic.

COVID-19 highlights for Williamson County include:

- Indigenous Americans or Alaska Natives have a 2.4 times higher risk of death
- Hispanic/Latinx people have a 2.3 times higher risk of death
- Non-Hispanic Black/African Americans have a 1.9 times higher risk of death

Several reasons for these differences include:

- Higher rates of underlying conditions
- Inadequate access to healthcare
- Living in crowded housing with close physical contact
- Multigenerational households
- Working in environments in which social distancing is not possible

COVID-19's Impact on Williamson County (as of December 9, 2022)*		
Indicator	**Williamson County**	**Tennessee**
Total Cases Weekly Rate	72, 812 111.15 per 100k	2,399,246 146.4 per 100k
Total Hospitalizations Weekly Rate	904 9.8 per 100k	51,151 rate not available
Total Deaths Weekly Rate	435 Suppressed (<10)	28,124 1.5 per 100k
Population Fully Vaccinated	68.3%	56.1%
Source: CDC COVID Data Tracker and Tennessee Department of Health COVID-19 Data Dashboard - Tennessee Department of Health and The Tennessee COVID-19 Vaccination Reporting		

*This report was finalized in January 2023 and all data included reflect what was publicly available at the time the report was completed. For more updated COVID-19 data please see: The Tennessee Department of Health COVID-19 Weekly Summary. For updated information for all indicators included in this report and the appendix, see: HCI dashboard.

Identifying and Prioritizing Needs

VUMC presented the organizational and community member interview findings, environmental scan results, and secondary data analyses in the Spring of 2022 to the Williamson County Prioritization Committee. A prioritization committee is a community-led diverse group of local collaborators that meet to advance health priorities while considering the broad interests of the community.

VUMC, AST, and the Williamson County Health Department jointly developed a prioritization method (table ___) influenced by *Mobilizing for Action Through Planning and Partnerships* (MAPP), a strategic planning process (NACCHO, 2008).

The prioritization committee considered the needs emerging from the data and selected needs based on the magnitude of the need, the impact the need has on the community, and the feasibility of addressing the need.

Magnitude	• How significant is the problem? • How many people does the problem affect, either actually or potentially? • In terms of human impact, how does it compare to other health concerns?
Seriousness of the Consequences	• What degree of disability or premature death occurs because of this problem? • What would happen if the issue were not made a priority? • What is the burden on the community (economic, social, or other)?
Feasibility	• Is the problem preventable? • How much change can be made? • What is the community's capacity to address it? • Are there available resources to manage it sustainably? • What is already being done, and is it working? • What are the community's intrinsic barriers, and how difficult are they to overcome?

The prioritization committee identified the needs of Williamson County as follows:

- Affordable Housing
- Healthy Living and Prevention
- Mental Health
- Substance Use

Based on insight gained from primary and secondary data analysis and prioritization meetings, the summary tables below outline more about each need.

Summary of Prioritized Needs

Prioritized Need: Mental Health

Why is it Important?	Data Highlights
Mental health and physical health are intricately 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.	• 22.1% of adults report they have been diagnosed with depression in their lifetime. • Adults in Williamson County reported 4.3 poor mental health days in the previous 30 days. • The suicide rate in Williamson County has increased in recent years, with white males being the leading demographic – a rate of 18.2% among men compared to 7.1% among women.
Community Challenges & Perceptions	**Populations Impacted**
• All levels of mental health need to be addressed, not just the cases that require immediate care. • COVID-19 may have worsened mental health symptoms, including anxiety, depression, and isolation. • Need for more conversations and education with parents about social media use by children. • Stigma around mental health conversations and treatment needs to be addressed	• 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 • Youth

Prioritized Need: Substance Use

Why is it Important?	Data Highlights
Opioid use and other substance use continues 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.	• 13.3% of high school students use e-cigarettes, which can increase symptoms of depression and anxiety. • Data around tobacco prevention shows that education before the teenage years is critical. • In Williamson County, 30 residents died from an opioid overdose in 2020. • Williamson County had 337 nonfatal opioid overdose outpatient visits in 2020.
Community Challenges & Perceptions	**Populations Impacted**
• Data suggests that preventing and treating unhealthy substance use is more effective than criminalizing related behaviors. • The Williamson County Anti-Drug Coalition has three areas of prevention: unhealthy prescription medication use, tobacco use, and underage drinking.	• People experiencing the symptoms of mental illness • Those without a primary care physician • Young adults • Youth

Prioritized Need: Healthy Living and Prevention

Why is it Important?	Data Highlights
Healthy Living and Prevention was defined as promoting physical activity, communication about the importance of primary care access, and promoting community resources that support success.	• Williamson County is in the second worst quartile in Tennessee for adults who have had a routine checkup, with a rate of 77.3%. • Williamson County offers many community resources for wellness, but there is a need for coordination and navigation.
Community Challenges & Perceptions	**Populations Impacted**
• Access to improved technology/infrastructure was identified as a driver for success. • Integration of mental health resources is essential for youth and adults. • There is an increasing need for translated materials as the area grows and diversifies. • There is often medical distrust in the systems providing resources.	• Economically marginalized families • Older adults • People living in rural areas • People who do not speak English as a primary language • Those with limited access to health insurance

Prioritized Need: Affordable Housing

Why is it Important?	Data Highlights
Adequate housing protects individuals and families from harmful exposure and provides them with security and stability. An individual's housing status can significantly influence health and be correlated with other general socioeconomic circumstances. Households experiencing severe cost burdens must face difficult trade-offs in meeting different basic needs.	• Ages 15-24 and 65+ suffer most from high rental prices, with 69.9% of renters in these age groups spending more than 30% of their household income on rent. • In Williamson County, costs for households that have paid off their mortgage are still higher than at least 75% of counties in Tennessee and well above the US value.
Community Challenges & Perceptions	**Populations Impacted**
• Housing costs may be forcing longtime residents to move elsewhere. • Residents are interested in learning about other communities' "workforce" housing models. • Some families may be facing difficult trade-offs with rising housing costs. • Working with housing developers and with local officials may be helpful.	• Historically marginalized populations • Older adults • People experiencing homelessness • People who cannot live near their work • Those unable to reach homeownership easily • Young adults

Evaluation & Impact of VUMC's 2019 CHNA/IS Programs

Since 2019, VUMC[3] has continued to reach the goals outlined in the VUMC 2019 CHNA and IS. The goals included Mental Health and Substance Abuse, Access to Resources, Basic Needs and Social Determinants, and Prevention and Education.

Mental Health and Substance Abuse

In addition to the continuation of most programs listed in the VUMC 2019 IS, VUMC has continued prioritizing mental health and substance use in Davidson, Rutherford, and Williamson Counties. Between 2018-2019, 24 Vanderbilt University School of Nursing (VUSN) students provided mental health treatment and services to organizations throughout the three counties.

In the 2020-2021 academic school year, VUMC's School-Based Mental Health Services program provided services that served around 900 children and families in 34 elementary and middle school sites across Davidson County. Services were also provided to 5 charter schools.

The Center of Excellence in VUMC's Department of Psychiatry is integral to the mental health community. In the 2021-22 academic year, VUMC collaborated with approximately 34 Davidson County schools to provide 22 full-time clinicians that provided counseling and mental health services to youth in the state's custody or at risk of a custodial situation. Services provided include individual, family, and group therapy. VUMC also provided behavioral health provider education and outreach visits totaling 770.

VUMC's Inpatient Tobacco Treatment Program encounters approximately 1,500 unique tobacco users each year, providing evidence-based counseling and personalized recommendations for FDA-approved pharmacotherapy. In addition, about 1/3 of these individuals were treated as part of our NCI-sponsored cancer prevention program (a moonshot initiative.) Over the last four years, approximately 1000 were recruited into NIH-sponsored clinical trials for smoking cessation. Individuals received treatment through the sponsored cancer prevention program, and another 1000 recruited patients entered ongoing clinical trials for smoking cessation.

[3] VUMC acquired Tennova Healthcare, Bedford and Tennova Healthcare, Coffee County in January 2021 so they are not included in the Evaluation of Impact for the prior CHNA.

VUMC has strong relationships with many mental health advocacy organizations across Tennessee that foster collaboration and patient and provider education throughout the community. These growing relationships enhance access and outreach for individuals across the community.

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 Department of Mental Health and Substance Abuse Services, Tennessee Association of Mental Health Organizations, Tennessee Hospital Association, Tennessee Voices, Tennessee Suicide Prevention Network, Tennessee Department of Children's Services, Tennessee Department of Health, and more. VUMC works collaboratively with several groups ranging from Mental Health America of the Mid-South, Tennessee Department of Mental Health and Substance Abuse Services, Tennessee Association of Mental Health Organizations, Tennessee Hospital Association, Tennessee Suicide Prevention Network, Tennessee Department of Children's Services, Tennessee Department of Health, and more.

VUMC works with Alignment Nashville on various behavioral health projects, such as the annual Social and Emotional Learning conference and other key behavioral health initiatives.

In December 2020, Stallworth expanded its psychologist's contract hours to provide a resource for the inpatient population.

Key VUMC leadership members serve on various boards for organizations, including Mental Health America of the Mid-South, Tennessee Voices, NAMI Davidson County, Park Center, Faith Family Medical Clinic, and numerous other community task forces and coalitions.

Access to Resources and Services

In addition to continuing most programs listed in VUMC'S 2019 IS, VUMC has prioritized access to resources and services in Davidson, Rutherford, and Williamson Counties. The Children's Hospital served 4,946 inpatient and 43,202 outpatient visits from July 2019 through June 2020.

Additionally, VUMC was responsible for 2,678 LifeFlight transports and VUMC ambulance rides throughout Davidson, Rutherford, and Williamson counties. The Shade Tree Clinic, a Davidson County medical/nursing student-run clinic, provides primary, subspecialty, and urgent care to 350 unique Spanish and English-speaking patients yearly with limited access to healthcare and insurance, totaling 1,300 annual visits.

Vanderbilt faculty and medical resident volunteers operate the Nashville Interfaith Dental Clinic to provide access to oral healthcare for groups struggling against economic marginalization and communities with limited access to affordable dental care. The Clinic now has two full-time locations in Nashville and the neighboring community of Murfreesboro.

Also, from July 2019, through June 2020, VUMC provided care to 49,269 patients in retail clinics: increasing access and better serving the community's needs.

Through a partnership with the Vanderbilt Kennedy Center (VKC), Tennessee Disability Pathfinder (Pathfinder) helps people with disabilities, their family members, educators, and other professionals can find and access resources, support, and services available to meet their needs. In 2021, VKC received 1,075 Pathfinder-related phone calls.

These efforts and many others have enabled VUMC to continue increasing access to quality healthcare in the community since publishing the 2019 VUMC CHNA and IS.

Basic Needs and Social Determinants

In addition to continuing most programs listed in VUMC's 2019 IS, VUMC has prioritized social determinants of health in Davidson, Rutherford, and Williamson Counties.

Stallworth collaborates with the Trauma Survivors Network, which provides a host of free resources to help patients and families cope with the challenges of trauma recovery. Stallworth also convenes several monthly support groups to assist with the navigation of resources. These groups include patient/caregiver support groups for traumatic brain injuries, amputees, spinal cord injuries, and strokes.

VUMC embedded strategies to mitigate health inequities in its COVID-19 Command Center early in the pandemic. Led by the OHE, an inter-professional COVID-19 Health Equity Team comprised of physicians, nurses, social workers, and operational leaders with expertise in groups placed at an increased risk, SDOH, quality improvement, public health, health communication, clinical research, diversity and inclusion, and telehealth were assembled. This team was critical in implementing a systems approach to address the complex drivers of COVID-19 inequities.

Creating interactive dashboards populated with data for all patients tested for SARS-CoV-2 at VUMC facilitated disaggregation of metrics by race, ethnicity, primary language (REAL), and ZIP Code. These data points were also linked to community-level socioeconomic data to understand disparities in testing, positivity rates, hospitalizations, treatment, and death.

For example, to understand the social and environmental context for patients most impacted by inequities, the Health Equity Workstream mapped the ZIP Codes of patients who tested positive and found the highest number of cases in two adjacent ZIP Codes. In these two zip codes, more than 30% of residents' primary language is not English, and the adjusted gross income is $36,384, compared with the county average of $56,507 median. By disaggregating data by REAL and implementing strategies informed by social context, VUMC may prevent or lessen health inequities and be better positioned to address underlying contributors to health.

Prevention and Education

In addition to continuing most programs listed in VUMC's 2019 IS, VUMC has prioritized prevention and education in Davidson, Rutherford, and Williamson Counties.

To proactively promote disease prevention, VUMC has held various cancer education forums in both Spanish and English, as well as several annual cancer screenings. Similarly, a total of 364 people participated in breast cancer education forums. Cancer health fairs and events run by VUMC drew in 8,746 participants.

The Injury Prevention Program at Children's Hospital is nationally recognized. The program aims to reduce injury and death in the pediatric population through community education, inpatient education, resource distribution, community outreach, and research. The program primarily collaborates with schools and groups at an increased risk of injuries or death.

Appendices

Appendix A: LGBTQIA+ Supplemental Report:

Davidson, Rutherford, and Williamson Counties

This project was completed with VUMC's Program for LGBTQ Health. The project team and report authors are listed below:

- ***Del Ray Zimmerman, Director – Office for Diversity Affairs and LGBTQ Health***
- ***Keanan Gottlieb, Research Analyst – VUMC Program for LGBTQ Health***
- ***Pepper Heifner, Associate Program Manager – VUMC Program for LGBTQ Health***
- ***Shawn Reilley, "Transgender Buddy Coordinator" – VUMC Program for LGBTQ Health***
- ***Angela Francesco, Intern - VUMC Program for LGBTQ Health***

Background

This assessment aims to summarize the Middle Tennessee LGBTQIA+ community's health and health-related needs using common themes from primary data. This snapshot adds to existing data relevant to community health and identifies strengths, assets, relationships, and areas of improvement. This assessment is informed by and builds upon previously published reports about Middle Tennessee's **LGBTQIA+** community conducted through **Nashville Pride's 2019 Community Visioning Project** and VUMC's 2019 CHNA. These reports help benchmark the health, healthcare strengths, and needs to be experienced by local LGBTQIA+ people.

Community Member Interviews

Leveraging what was previously learned through other methods, 16 interviews were conducted with individuals representing the LGBTQIA+ community during the summer of 2022 to understand more about community health trends today. Feedback was intentionally sought from people with identities that have been oppressed since their health needs, and voices are often dismissed and excluded, whether deliberately or not. Populations represented included LGBTQIA+ and BIPOC, people living with disabilities, individuals under the age of 25 and above 55, and those that are economically marginalized. There was also an effort to interview more people that are transgender and non-binary. All interviewees lived and/or worked in Davidson, Williamson, and/or Rutherford Counties and were asked questions based on needs already identified in those areas through the 2023 CHNA process.

A pre-screening survey was shared publicly via community partners to gather a diverse set of potential participants. Final interviewees were selected based on the demographic criteria outlined above. All interviews were done individually and conducted online via Zoom throughout the summer of 2022. VUMC provided participants with a gift card following their interview. Interview data were entered into a secure database and reviewed by a team to identify common themes until saturation was reached.

The table below outlines the organizations that were critical in helping community member recruitment.

Recruitment Organizations and Focus

Recruitment Organizations	Organizational Focus
Brothers United	Black Gay/SGL Support network
FiftyForward	Resources/Services for Older Adults
Mashup Nashville	Healthcare Resources for LGBTQIA+ and BIPOC Communities
Nashville Black Pride	Black LGBT/SGL Social Support network
Nashville Launch Pad	Displaced Youth Resources
Nashville LGBT Chamber of Commerce	Economic Equity and Business Diversity
Nashville Pride	Affordable and Comprehensive Sexual Healthcare and Advocacy
PFLAG Nashville	LGBTQIA+ Support and Advocacy
Tennessee Equality Project	LGBTQIA+ Rights

The table below summarizes key points, common themes, meaningful quotes, and focus populations from community member interviews.

LGBTQIA+ Community Member Interviews (n=16)
Data Highlights
• Need for additional information about available healthcare resources and other social services • Need for affirming healthcare providers in the area, particularly in Rutherford County • Care is delayed for fear of being mistreated because of their identity. • Healthcare and quality of life concerns are more pronounced for LGBTQIA+ people who have been oppressed based on their race, ethnicity, immigration status, disability status, and age. • limited access to health insurance and inability to afford healthcare costs out of pocket • Transportation, affordable housing, and ongoing COVID-19 concerns are additional barriers to accessing services that would improve quality of life. • Inequitable economic opportunities are impacting the overall quality of life
Population Focus
• LGBTQIA+ community • BIPOC • People living with disabilities • People experiencing homelessness • Groups that have been economically marginalized • Young adults ages 18-25 and 55+
Meaningful Quotes
• "There is no one human on this earth that is any better than any other human on this earth. And we all have to start living that way." • "There's so much here [in Nashville] to offer that many people aren't aware of." • "Many of us [people of color] feel out of place, like outsiders, like we don't have a voice." • "If we're focusing on what is wrong, then don't see the sunshine in what is right." • "When we don't have a home, everything goes left." • "It's hard to get across town to a job that can cover rent when it takes 3 hours one way to get there."

Find additional information on the themes that emerged from these community member interviews below.

Community Member Interviews – Additional Themes

A predominant theme from the three-county area is the need for information about healthcare and social service resources. Participants reported this as a core issue, which has also been heavily documented in the environmental scans. Participants primarily spoke about needing a free central hub, directory, or hotline. They shared their need to utilize these to find affirming providers and other assistance related to the social drivers of health—housing, financial assistance, or other services welcoming to the LGBTQIA+ community.

Participants also shared their frustrations about the lack of patient-centered affirming healthcare services available in the area, particularly among mental health services and services for LGBTQIA+ community members with disabilities. Participants from Rutherford County reported being more negatively affected by the lack of providers close to them. These reports mimic results from national studies as well. LGBTQIA+ often experience mental health disparities at higher rates due to stress, and studies commonly report fewer affirming healthcare services available in more rural areas. Additionally, several participants indicated that they had delayed care due to fear of being mistreated for their identity as part of the LGBTQIA+ community, commiserated with national findings. Additional community member interview themes include:

Intersectionality: LGBTQIA+ members who report experiencing marginalization based on their race and ethnicity, immigration status, disability status, or age discussed significant barriers that impact their overall quality of life and their ability to access resources they need to stay healthy.

Access to services: Many participants reported having limited access to health care and health insurance and having difficulty paying for healthcare services. Many mental health providers do not accept insurance, further exacerbating the problem. Several interviewees also reported that transportation was a barrier to seeking healthcare and other needed services. Affordable housing is also a significant concern. Participants spoke about how COVID-19 has affected the LGBTQIA+ community, and a couple of participants cited heightened mental health concerns due to isolation while social distancing in 2020 and 2021.

Employment: More than half of the participants reported being unemployed or underemployed. Some said that they had difficulty finding work because of their identity. Many say they were not insured through an employer, which correlates to national statistics that only one-third of the LGBTQIA+ community has workplace insurance products. Even those employed reported being unable to afford necessities because of low wages and struggled to access needed services like healthcare because they could not take time off from work.

Appendix B: Acknowledgements

VUMC's 2023 CHNA and IS reports were developed by VUMC's Office of Health Equity. The process could not have been completed without the invaluable contributions of community partners and collaborators, as well as the support received from VUMC.

We want to acknowledge the expertise provided by the VUMC executive leadership involved in the Community Health and Health Equity Advisory Committee (CHHEAC) and leaders and managers in Vanderbilt's Community Health Improvement Working Group. A sincere thank you to the leadership of VUMC's regional hospitals, hospitals on our main campus, and Stallworth.

We would also like to acknowledge the support from the VUMC community, particularly thanks to the following departments: Finance, Strategic Planning, Government and Community Affairs, Interpreter and Translation Services, and Marketing and Development.

The Community Benefit Team at Ascension Saint Thomas was an invaluable collaborator and helped to add perspective and experience to both the process and the product. We hope the collaboration between the two hospital systems will serve as a springboard for future collaboration. Thank you also to Dr. Kathryn Mathes of Measurement Matters, LLC, for her assistance with the survey in Davidson, Rutherford, and Williamson counties.

The report development process for LGBTQIA+ Health could not have been completed without the hard work of the VUMC Program for LGBTQ Health staff and their summer interns.

We would also like to acknowledge the talented interns and trainees who supported the CHNA and IS process. Thanks go to the following: Catherine Allen (Vanderbilt University), Dannielle Gibson (Vanderbilt University), Joshua Woods (Vanderbilt University), Kennedy Burrell (the University of Illinois Urbana-Champaign), Shani Jones (Vanderbilt University), Kaele Leonard (Vanderbilt University Medical Center), and Teris Taylor (Vanderbilt University).

Most importantly, this report was only possible with the participation of county health department colleagues, community members, and leaders who took the time to participate in community member interviews, respond to the community survey and serve as health council members and prioritization committee participants. Their expertise helped us understand the challenges and complex issues facing the communities we serve.

We want to acknowledge the contributions of the following individuals and organizations that supported, advised, and participated in the Community Health Needs Assessment in each county:

- **Bedford County:** Bedford County Health Department, Bedford County Health Council
- **Coffee County:** Coffee County Health Department, Coffee County Health Council
- **Davidson County:** Metro Public Health Department, Ascension Saint Thomas, Healthy Nashville Leadership Council
- **Rutherford County:** Rutherford County Health Department, Rutherford County Wellness Council, Ascension Saint Thomas
- **Williamson County:** Williamson County Health Department, Williamson County Health Council, Franklin Justice, and Equity Coalition, Ascension Saint Thomas

We would also like to thank Elmahaba Center and the Tennessee Immigrant and Refugee Rights Coalition for assisting with interviews in Davidson, Rutherford, and Williamson.

Despite challenges posed by the COVID-19 pandemic, community leaders and residents gladly offered their time and expertise to make the CHNA/IS possible. The level of connection and commitment to seeing their communities thrive is ever-present. Their feedback and knowledge helped us understand the challenging and complex issues facing historically marginalized and minoritized populations in each of these counties.

Appendix C: Organizational Interviews

Bedford County Organizational Interviews (n=15)	
Organization	**Organizational Focus**
Bedford County Chamber of Commerce	Business
Bedford County Health Department	Health Department
Bedford County Schools	Public School Education
Boys and Girls Club of Middle Tennessee	Youth Support
Cedar Recovery	Mental Health/Substance Use
Community Clinic of Shelbyville and Bedford County	Healthcare
Latinx Community Advocate/Resident	Public School Education/Advocacy for Latinx
Open Hands/Castle Ministries	Homelessness
Shelbyville Police Department	Law Enforcement
Shelbyville Senior Citizens Center	Services for Older Adults
Shelbyville-Bedford Partnership	Economic Development
St. William of Montevergine Catholic Church	Faith-Based/Latinx
Tennessee Immigrant and Refugee Rights Coalition	Immigrant & Refugee Communities
Tyson Foods	Business/Large Employer

Coffee County Organizational Interviews (n=17)	
Organization	**Organizational Focus**
AmeriCorps	Resource Advocacy
Coffee County Alderman	Local Government
Coffee County Health Department	Health Department
Coffee County Mayors' Office	Local Government
First Christian Church/Better Together	Faith-Based
Manchester City Schools	Public School Education
Mt. Zion Missionary Baptist Church-Tullahoma	Faith-Based
NAMI	Mental Health/Substance Use
Partners for Healing	Healthcare
Salvation Army	Faith-Based
South Central Coordinated School Health	Youth
Tennessee Immigrant and Refugee Rights Coalition	Immigrant and Refugee Communities
Tullahoma Chamber of Commerce	Business
Tullahoma City Planning Office	Local Government
Tullahoma Literacy Council	Literacy
Tullahoma Sheriff's Office	Law Enforcement

Davidson County Organizational Interviews (n=39)	
Organization	**Organizational Focus**
Age Well	Older Adults
Better Options TN	Newly Arriving Families/Individuals
Catholic Charities	Faith-Based Advocacy and Support
Climate Change Lobby	Climate Policy
Congregational Health and Education Network (CHEN)	Health Equity/Faith-Based
Davidson County Chamber of Commerce	Business
Davidson County Mayor's Office	Local Government
Elmahaba Center	Support for Immigrant Community
End Slavery of Middle Tennessee	Human Trafficking
Greater Nashville Regional Council	Transportation
Hispanic Family Foundation	Hispanic and Immigrant Communities
Homeland Heart Maternal	Maternal/Healthcare
Meharry Dental Clinic	Affordable Dental Care
Meharry Medical College	Academic Health Center
Mental Health Cooperative	Mental Health
Metro Nashville Police Department	Law Enforcement
Metro Nashville Public Health Department	Public Health
Metro Social Services	Local Government
Monroe Carroll, Jr. Children's Hospital Center for Hearing and Vision	Healthcare for Youth/Children
Mt. Carmel MBC and G.A.N.G.	Faith/Youth Advocacy
NAEYC – Nashville	Early Childhood Education
Nashville Chamber of Commerce	Business
One Gen Away	Food Access
P.A.T.H.E	Housing/Transportation/Employment
Safety Net Consortium	Affordable Healthcare Awareness/Collaboration
TennCare (Medicaid)	Managed Care
Tennessee Board of Regents	Education

Davidson County Organizational Interviews (n=39)	
Organization	**Organizational Focus**
Tennessee Bureau of Investigation - Human Trafficking	Human Trafficking
Tennessee Commission on Children and Youth	Support for Youth/Children
Tennessee Hospital Association	Healthcare
Tennessee Immigrant and Refugee Rights Coalition	Immigrant and Refugee Communities
Tennessee Justice Center	Social Justice
Tennessee Primary Care Association	Healthcare
Tennessee Public Health Association	Public Health
The Nashville Food Project	Food Access
United Way of Middle Tennessee - Greater Nashville	Community Non-profit
Urban Housing Solutions	Affordable Housing

Rutherford County Organizational Interviews (n=24)	
Organization	**Organizational Focus**
Age Well	Older Adults
Elmahaba Center	Immigrant Community
End Slavery	Human Trafficking
Greater Nashville Regional Counsel	Transportation
Habitat for Humanity	Housing
Middle Tennessee State University	Higher Education
Prevention Coalition for Success	Substance Use
Safety Net Consortium	Affordable Healthcare Awareness/Collaboration
Tennessee Bureau of Investigation - Human Trafficking	Human Trafficking
TennCare	Managed Healthcare
Tennessee Department of Health	Public Health
Tennessee Hospital Association	Healthcare
Tennessee Public Health Association	Public Health
The Hispanic Family Foundation	Hispanic and Immigrant Communities
Tennessee Immigrant and Refugee Rights Coalition	Immigrant and Refugee Communities
Tennessee Justice Center	Social Justice
TN Commission on Children and Youth	Advocacy and Support for Youth/Children
TN Primary Care Association	Healthcare
United Way of Rutherford and Cannon Counties	Community Non-profit

Williamson County Organizational Interviews (n=22)	
Organization	**Organizational Focus**
Age Well	Older Adults
Better Options TN	Immigrant Community
Catholic Charities	Social Services
Elmahaba Center	Immigrant Community
End Slavery of Middle Tennessee	Human Trafficking
Franklin Justice and Equity Collaborative	Historically Marginalized and Minoritized Groups
Greater Nashville Regional Council	Transportation
Mental Health Cooperative	Mental Health
Monroe Carroll, Jr. Children's Hospital Center for Hearing and Vision	Healthcare/Youth Services
One Gen Away	Food Access
Safety Net Consortium	Healthcare and Insurance
TennCare (Medicaid)	Managed Care
Tennessee Board of Regents	Education
Tennessee Bureau of Investigation -Human Trafficking	Human Trafficking
Tennessee Commission on Children and Youth	Youth Advocacy
Tennessee Hospital Association	Healthcare
Tennessee Immigrant and Refugee Rights Coalition	Immigrant and Refugee Communities
Tennessee Justice Center	Social Justice
Tennessee Primary Care Association	Healthcare
Tennessee Public Health Association	Public Health
Williamson County Chamber of Commerce	Business
Williamson County Health Department	Public Health
Williamson County Homeless Alliance	Homelessness
Williamson County School System	Public School Education

Appendix D: Community Member Interview Demographics

Bedford County (n=26)		
Interview Location	**Number of Participants**	**Population Focus**
Community Clinic of Shelbyville and Bedford County	9	Individuals with limited access to healthcare and insurance
The University of Tennessee Extension Institute of Agriculture	9	Latinx Community Members
St. William of Montevergine Catholic Church	1	Latinx Community Members
Other	7	Black/African American Community Members
Coffee County (n=33)		
First Methodist Church	12	Individuals lacking Food Access
Mt. Zion Missionary Baptist Church-Tullahoma	3	Black/African American Community Members
Zeal for Education and Language	9	Latinx Community Members
Other	9	Black/African American Community Members

Davidson County (n=10)		
Interview Location	**Number of Participants**	**Population Focus**
TIRRC	2	Immigrant Community Members
Elmahaba Center	8	Arabic Community Members
Rutherford County (n=9)		
TIRRC	1	Immigrant Community Members
Elmahaba Center	8	Arabic Community Members
Williamson County (n=11)		
TIRRC	3	Latinx Community Members
Elmahaba Center	8	Arabic Community Members

Appendix E: Healthcare and Community Resources

As part of the CHNA process, VUMC has cataloged resources in Bedford, Coffee, Davidson, Rutherford, and Williamson Counties that address the significant needs identified in this CHNA. Both community and healthcare resources are listed below for each county and categorized by need – with a separate mental health and substance use category. This resource list is not intended to be exhaustive. In addition to the county specific resources listed, please refer to the resource guides 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***
- ***FindHelp.org***

Bedford County Community & Healthcare Resources	
Access to Healthcare and Preventative Care	
Community Clinic of Shelbyville and Bedford County	Primary Care and Hope Clinic- Shelbyville
Complete Family Healthcare	Healthy Kids Clinic
Fast Paced Health	Waters of Shelbyville
Mental Health and Substance Use	
Al-Anon	Centerstone
Brooks Healing Center	Full Moon Healing Project
Buffalo Valley	Mental Health Cooperative
Cedar Recovery	Tony Rice Center
Health Connect America	
Equity and Social Drivers of Health	
Bedford County Health Department	Shelbyville-Bedford Partnership
Bedford County Social Services	St. William of Montevergine Catholic Church
Boys and Girls Club of Middle Tennessee	The Center for Family Development
Catholic Charities of Bedford	The University of Tennessee Extension Institute of Agriculture
Childhood Development Center	Open Hands/Castle Ministries
Middle TN Support Services-Shelbyville	TN Child Care Resource and Referral

Coffee County Community & Healthcare Resources	
Access to Healthcare and Preventative Care	
Coffee County Health Center	Tullahoma VA Clinic
Fast Pace Health	United Medical Center
Partners for Healing	
Mental Health and Substance Use	
Centerstone	Mental Health Cooperative
Coffee County Anti-Drug Coalition	Signal centers
Equity and Social Drivers of Health	
Coffee County Department of Health Services-Manchester	Second Harvest Food Bank
Coffee County Health Center	South Central Human Resource Agency
Fast Pace Health	TN American Job Center
Legal Aid Society of Middle Tennessee and the Cumberland's	TN Child Care Resource and Referral Network
Manchester Housing Authority	Tullahoma Health Center WIC

Davidson County Community & Healthcare Resources	
Access to Healthcare and Preventative Care	
Alive Hospice, Inc	ConnectUs Health
East Public Health Center	Faith Family Medical Clinic
Hope Clinic for Women	Interfaith Dental Clinic
Lentz Public Health Center	Main Street Family Clinic
Mary Queen of Angels	Matthew Walker Comprehensive Health Center
Neighborhood Health	Siloam Family Health Center
Woodbine Public Health Center	Youth Opportunity Center Clinic
Mental Health and Substance Use	
Centerstone	CrossBRIDGE, Inc.
Downtown Mission	Integrative Life Center
Mental Health Cooperative	Middle Tennessee Mental Health Institute
Mirror Lake Recovery Center	Nashville Rescue Mission
Park Center	Renewal House
The Next Door	Vanderbilt Behavioral Health
Alcoholics Anonymous	Narcotics Anonymous
Nashville Alliance on Mental Illness Tennessee	Oasis Center
Suicide Prevention Hotline	The Tennessee Redline
Welcome Home Ministries	
Equity and Social Drivers of Health	
Adventists Community Services	Bridge Ministry
Community Care Fellowship	Hermitage Church of Christ
Ladies of Charity	Madison Church of Christ Benevolence Center
Elmahaba Center	Metro Action Commission
McKendree United Methodist Church	North Nashville Outreach

Davidson County Community & Healthcare Resources	
Equity and Social Drivers of Health	
Open Table	Saint John's West United Methodist Church
Safe Haven Family Shelter	Second Harvest Emergency Food Box Program
Samaritan Ministries of Temple Baptist Church	Shower UP
South Nashville WIC Nutrition Center	YWCA Domestic Violence Shelter
TN Dept. of Human Services – Supplemental Nutrition Assistance Program	

Rutherford County Community & Healthcare Resources	
Access to Healthcare and Preventative Care	
American Family Care Smyrna	Family Health Associates – Murfreesboro
Baptist Women's Treatment Center-Murfreesboro,	Hope Clinic II
Boulevard Terrace Rehabilitation and Nursing Center	Interfaith Dental Clinic
CareNow Urgent Care - Murfreesboro	Matthew Walker, Smyrna Health Center
Caris Healthcare, LP	Primary Care & Hope Clinic
Centennial Pediatrics- Smyrna	Rutherford County Health Department
Child & Youth Clinic	Rutherford Interfaith Dental Clinic
Community Care of Rutherford County	Family Health Associates – Murfreesboro
Mental Health and Substance Use	
Insight Counseling Center	TVHS PTSD Clinic
LifeCare Family Services	Volunteer Behavioral Health
180 Degrees Ministries	Guidance Center
A Friend of Bill's	Lost & Found
Al-Anon	Nar-Anon
Alcoholics Anonymous	Narcotics Anonymous
Branches Counseling	North Boulevard Church of Christ
Domestic Violence Program	Rutherford Department of Children's Services
Exchange Club	Spring 2 Life
Fellowship UMC	TN Tobacco Quit Line
First Baptist Church of Murfreesboro	Warrior 180 Foundation

Rutherford County Community & Healthcare Resources	
Equity and Social Drivers of Health	
A Second Look at Consignment	LifePoint Church
All Things Possible Bargain Center	MCHRA Transportation
American Red Cross	Murfreesboro Housing Authority
Big Brothers Big Sisters of Middle Tennessee	Murfreesboro Muslim Youth
Carolyn's Consignment Store	Nourish Food Bank
CASA of Rutherford County	Once Upon a Child
Child Support Enforcement Office	Outreach Thrift Store
Cold Patrol	Read to Success
Community Helpers	Rocking Horse
Community Helpers of Rutherford County	Room in the Inn
Crisis Intervention Center	Rutherford County Food Bank
Goodwill (Murfreesboro and Smyrna)	Rutherford County Shelter – Salvation Army
Grace Lutheran Church – Katie's Garden	Salvation Army
Greenhouse Ministries	Social Security Administration
Head Start (Murfreesboro and Smyrna)	St. Luke's Catholic Church Food Pantry and Last Resource
Hope Station	Stepping Stones Safe Haven, Inc.
Journey Home Day Shelter	Tucker's House
Kymari House	United Way of Rutherford
Last Call 4 Grace	Victory Christian Center
LaVergne Food Bank	West Main Mission
Legal Aid Society	

Williamson County Community & Healthcare Resources	
Access to Healthcare and Preventative Care	
Franklin Clinic	ProHealth Rural Health Services
Graceworks Health Clinic	Williamson Medical Center
Mercy Community Healthcare	Williamson County Health Department
Mental Health and Substance Use	
The Guidance Center-Franklin	Tennessee Association of Alcohol, Drug, and Other Addiction Services
Mercy Behavioral Health	D.A.R.E
Centerstone of Middle TN	Williamson County Anti-Drug Coalition
Cumberland Heights	Cumberland Heights
Partnership to End Addiction	Partnership to End Addiction
STARS Nashville	Suicide Prevention Hotline
Suicide Prevention Hotline	Tennessee Association of Mental Health Organizations
Tennessee Association of Mental Health Organizations	Volunteer Behavioral Health
Volunteer Behavioral Health	Williamson County Anti-Drug Coalition
Equity and Social Drivers of Health	
Boys and Girls Club of Williamson County	STARS-Student Assistance Program
United Way of Williamson County	

Appendix F: Secondary Data Table

Bedford County

Demographic Highlights		
Indicator	**Bedford County**	**Description**
Population		
% Living in rural communities		
% Below 18 years of age	25.4%	
% 65 and older	15.20%	
% Hispanic	13.1%	
% Asian	1.0%	
% Black/African American	8.4%	
% White	87%	
Social and Community Context		
% Not proficient in English		The proportion of community members that speak English "less than well"
Median Household Income	$52,973	Income where half of the households in a county earn more and half of the households earn less.
Percent of Children in Poverty	20%	Percentage of people under age 18 in poverty.
Percent of Uninsured	15%	Percentage of the population under age 65 without health insurance.
Percent of Educational Attainment		Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent Unemployment		Percentage of the population ages 16 and older who is unemployed but seeking work.

Indicator	Bedford County	Tennessee	Top Us Counties	Description
Length of Life				
Premature Death	10,700	9,355	5,400	Years of potential life lost before age 75 per 100,000 population (age adjusted.)
Life Expectancy	74.1	76.0	81.1	How long the average person should live
Infant Mortality	9	7.1	4.0	Number of all infant deaths (within one year) per 1,000 live births
Quality of Life				
Poor or Fair Health	25%	21%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days	5.1	4.7	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Frequent Physical Distress	18%	15%	10%	Percent of adults with 14 or more days of poor physical health per month
Low Birth Weight	16%	9%	6%	Percent of babies born too small (less than 2,500 grams (about 5.51 lb.)
Fall Fatalities 65+*		10.7	n/a	The number of injury deaths due to falls among those 65 years of age and over per 100,000 population

Indicator	Bedford County	Tennessee	Top Us Counties	Description
Quality of Life				
Poor or Fair Health	25%	21%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days	5.1	4.7	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Frequent Physical Distress	18%	15%	10%	Percent of adults with 14 or more days of poor physical health per month
Low Birth Weight	16%	9%	6%	Percent of babies born too small (less than 2,500 grams (about 5.51 lb.)
Fall Fatalities 65+*		10.7	n/a	The number of injury deaths due to falls among those 65 years of age and over per 100,000 population
Mental Health				
Poor Mental Health Days	5.6	5.2	3.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent Mental Distress	18%	16%	12%	Percent of adults reporting 14 or more days of poor mental health per month
Suicide	18	16	11	The number of deaths due to suicide per 100,000

Indicator	Bedford County	Tennessee	Top Us Counties	Description
Morbidity				
Diabetes prevalence	12%	13%	8%	Percent of adults aged 20 and above with diagnosed diabetes
Cancer Incidence*		466.0	n/a	Number of new cancer diagnoses per 100,000
Cancer Incidence*	466.0	n/a	Number of new cancer diagnoses per 100,000	Cancer Incidence*
Communicable Disease				
HIV Prevalence	128	307	38	Number of people aged 13 years and over with a diagnosis of HIV per 100,000
Sexually Transmitted Infections		569	161	Number of newly diagnosed chlamydia cases per 100,000

Source: ***Explore Health Rankings | County Health Rankings & Roadmaps Conduent Healthy Communities Institute - VUMC Community Health Dashboard****

Indicator	Bedford County	Tennessee	Top US Counties	Description
Economic Stability				
Median Household Income	$59,973	$56,000	$72,900	Income where half of the households in a county earn more and half of the households earn less.
Unemployment		3.4%	2.6%	The percentage of the population aged 16 and older is unemployed but seeking work.
Poverty	13.0%	13.8%	n/a	Percentage of the population living below the Federal Poverty Line
Childhood Poverty	20%	19%	10%	Percentage of people under age 18 in poverty
Educational Attainment				
High School Completion	83%	87%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some College	47%	61%	73%	Percentage of adults ages 25-44 with some post-secondary education

Indicator	Bedford County	Tennessee	Top US Counties	Description
Social/Community				
Children in single-parent homes	25%	29%	14%	Percentage of children that live in a household headed by a single parent
Social Associations	7.8	11.3	18.2	Number of membership associations per 10,000 population
Disconnected Youth	13	7%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Juvenile Arrests	45			Rate of delinquency cases per 1,000 juveniles
Violent Crime	425	621	63	Number of reported violent crime offenses per 100,000 people
Access to Healthy Foods				
Food Environment Index	7.4	6.2	8.7	The factors contributing to a healthy food environment are 0-worst and 10-best
Food Insecurity	13%	14%	9%	Percent of the population that lacks adequate access to food
Limited Access to Healthy Foods	9%	6%	2%	Percent of the population that is low-income and does not live close to a grocery store
Source: Explore Health Rankings | County Health Rankings & Roadmaps				

Indicator	Bedford County	Tennessee	Top US Counties	Description
Physical Environment				
Severe housing cost burden	12%	12%	7%	Percentage of households that spend 50% or more of their household income on housing
Severe Housing Problems	15%	14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities
Air Pollution - Particulate Matter	8.1	8.8	5.5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Homeownership	71%	66%	81%	Percentage of occupied housing units that are owned
Source: Explore Health Rankings | County Health Rankings & Roadmaps				

Indicator	Bedford County	Tennessee	Top US Counties	Description
Healthcare Access				
Uninsured	15%	12%	6%	Percentage of the population under age 65 without health insurance
Uninsured Adults	19%	16%	7%	Percentage of adults under age 65 without health insurance
Uninsured children	6%	5%	3%	Percentage of children under age 19 without health insurance
Primary Care Physicians	3,550:1	1,400:1	1,200:1	Ratio of population to primary care physicians
Other Primary Care Providers	1,220:1	681:01:00	621:01:00	Ratio of the population to primary care providers other than physicians
Mental Health Providers	1,320:1	630:01:00	270:01:00	Ratio of the population to mental health providers
Hospital Utilization				
Preventable Hospital Stays	4,481	4,915	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

Indicator	Bedford County	Tennessee	Top US Counties	Description
Preventative Healthcare				
Flu Vaccinations	48%	50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination
Mammography Screenings	44%	41%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening
Source: Explore Health Rankings | County Health Rankings & Roadmaps				
Healthy Lifestyle				
Adult Obesity	40%	33%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical Inactivity	35%	27%	19%	Percentage of adults aged 20 and over reporting no leisure-time physical activity
Access to Exercise Opportunities	64%	70%	91%	Percentage of the population with adequate access to locations for physical activity
Insufficient Sleep	43%	41%	32%	Percentage of adults who report fewer than 7 hours of sleep on average
Motor Vehicle Crash Deaths	18	15.4	9.0	Number of motor vehicle crash deaths per 100,000 people

Indicator	Bedford County	Tennessee	Top US Counties	Description
Substance Use				
Adult Smoking	24%	21%	16%	Percentage of adults who are current smokers
Excessive Drinking	15%	17%	15%	Percentage of adults reporting binge or heavy drinking
Alcohol-Impaired Driving Deaths	39%	25%	11%	Percent of alcohol-impaired driving deaths
Inpatient Stays due to Opioid Overdose (2020) *		19	n/a	Rate of opioid-related hospital visits per 100,000 population
Sexual Health				
Teen Births	39	29	12	Number of births per 1,000 female population ages 15-19

Source: ***Explore Health Rankings | County Health Rankings & Roadmaps; Conduent Health Communities Institute - VUMC Community Health Data Portal****

Coffee County

Demographic Highlights		
Indicator	**Coffee County**	**Description**
Population		
% Living in rural communities	47.30%	
% Below 18 years of age	24.3%	
% 65 and older	17.3%	
% Hispanic	5.4%	
% Asian	1.2%	
% Black/African American	4.2%	
% White	91.4%	
Social and Community Context		
% Not proficient in English		The proportion of community members that speak English “less than well”
Median Household Income	$51,030	Income where half of the households in a county earn more and half of the households earn less.
Percent of Children in Poverty	23%	Percentage of people under age 18 in poverty.

Demographic Highlights		
Indicator	**Coffee County**	**Description**
Social and Community Context		
Percent of Uninsured	15%	Percentage of the population under age 65 without health insurance.
Percent of Educational Attainment	88	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent Unemployment	3.90%	Percentage of the population ages 16 and older who is unemployed but seeking work.

Indicator	Coffee County	Tennessee	Top US Counties	Description
Length of Life				
Premature Death	10,600	9,355	5,400	Years of potential life lost before age 75 per 100,000 population (age adjusted.)
Life Expectancy	74.1	76.0	81.1	How long the average person should live
Infant Mortality	7	7.1	4.0	Number of all infant deaths (within one year) per 1,000 live births
Quality of Life				
Poor or Fair Health	23%	21%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days	4.9	4.7	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Frequent Physical Distress	16%	15%	10%	Percent of adults with 14 or more days of poor physical health per month
Low Birth Weight	9%	9%	6%	Percent of babies born too small (less than 2,500 grams (about 5.51 lb.)
Fall Fatalities 65+*		10.7	n/a	The number of injury deaths due to falls among those 65 years of age and over per 100,000 population
Mental Health				
Poor Mental Health Days	5.6	5.2	3.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent Mental Distress	18%	16%	12%	Percent of adults reporting 14 or more days of poor mental health per month

Indicator	Coffee County	Tennessee	Top US Counties	Description
Mental Health				
Suicide	23	16	11	The number of deaths due to suicide per 100,000
Morbidity				
Diabetes prevalence	12%	13%	8%	Percent of adults aged 20 and above with diagnosed diabetes
Cancer Incidence*		466.0	n/a	Number of new cancer diagnoses per 100,000
Communicable Disease				
HIV Prevalence	139	307	38	Number of people aged 13 years and over with a diagnosis of HIV per 100,000
Sexually Transmitted Infections		569	161	Number of newly diagnosed chlamydia cases per 100,000

***Source:** Explore Health Rankings | County Health Rankings & Roadmaps Conduent Healthy Communities Institute - VUMC Community Health Dashboard**

Indicator	Coffee County	Tennessee	Top US Counties	Description
Economic Stability				
Poverty	13.8%	13.8%	n/a	Percentage of the population living below the Federal Poverty Line
Childhood Poverty	20%	19%	10%	Percentage of people under age 18 in poverty
Median Household Income	$51,030	$5, 6000	$72,900	Income where half of the households in a county earn more and half of the households earn less.
Unemployment	3.90%	3.4%	2.6%	The percentage of the population aged 16 and older is unemployed but seeking work.
Educational Attainment				
High School Completion	87%	87%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some College	46%	61%	73%	Percentage of adults ages 25-44 with some post-secondary education
Social/Community				
Children in single-parent homes	23%	29%	14%	Percentage of children that live in a household headed by a single parent

Indicator	Coffee County	Tennessee	Top US Counties	Description
Access to Healthy Foods				
Food Environment Index	7.6	6.2	8.7	The factors contributing to a healthy food environment are 0-worst and 10-best
Food Insecurity	14%	14%	9%	Percent of the population that lacks adequate access to food
Limited Access to Healthy Foods	5%	6%	2%	Percent of the population that is low-income and does not live close to a grocery store
Source: Explore Health Rankings | County Health Rankings & Roadmaps				

Indicator	Coffee County	Tennessee	Top US Counties	Description
Physical Environment				
Severe housing cost burden	9%	12%	7%	Percentage of households that spend 50% or more of their household income on housing
Severe Housing Problems	12%	14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities
Air Pollution - Particulate Matter	8.1	8.8	5.5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Homeownership	67%	66%	81%	Percentage of occupied housing units that are owned
Source: Explore Health Rankings | County Health Rankings & Roadmaps				
Healthcare Access				
Uninsured	15%	12%	6%	Percentage of the population under age 65 without health insurance
Uninsured Adults	15%	16%	7%	Percentage of adults under age 65 without health insurance
Uninsured children	5%	5%	3%	Percentage of children under age 19 without health insurance

Indicator	Coffee County	Tennessee	Top US Counties	Description
Healthcare Access				
Primary Care Physicians	1,610:1	1,400:1	1,200:1	Ratio of population to primary care physicians
Other Primary Care Providers	580:01:00	681:01:00	621:01:00	Ratio of the population to primary care providers other than physicians
Mental Health Providers	430:01:00	630:01:00	270:01:00	Ratio of the population to mental health providers
Hospital Utilization				
Preventable Hospital Stays	4,777	4,915	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare				
Flu Vaccinations	53%	50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination
Mammography Screenings	40%	41%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening

Source: Explore Health Rankings | County Health Rankings & Roadmaps

Indicator	Coffee County	Tennessee	Top US Counties	Description
Healthy Life				
Adult Obesity	36%	33%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical Inactivity	33%	27%	19%	Percentage of adults aged 20 and over reporting no leisure-time physical activity
Access to Exercise Opportunities	61%	70%	91%	Percentage of the population with adequate access to locations for physical activity
Insufficient Sleep	40%	41%	32%	Percentage of adults who report fewer than 7 hours of sleep on average
Motor Vehicle Crash Deaths	19	15.4	9.0	Number of motor vehicle crash deaths per 100,000 people

Indicator	Coffee County	Tennessee	Top US Counties	Description
Substance Use				
Adult Smoking	24%	21%	16%	Percentage of adults who are current smokers
Excessive Drinking	15%	17%	15%	Percentage of adults reporting binge or heavy drinking
Alcohol-Impaired Driving Deaths	25%	25%	11%	Percent of alcohol-impaired driving deaths
Inpatient Stays due to Opioid Overdose (2020) *	20.0	19	n/a	Rate of opioid-related hospital visits per 100,000 population
Sexual Health				
Teen Births	39	29	12	Number of births per 1,000 female population ages 15-19

***Source:** Explore Health Rankings | County Health Rankings & Roadmaps; Conduent Health Communities Institute - VUMC Community Health Data Portal**

Davidson County

Demographic Highlights		
Indicator	**Davidson County**	**Description**
Population		
% Living in rural communities	3.4%	
% Below 18 years of age	20.6%	
% 65 and older	12.5%	
% Hispanic	10.4%	
% Asian	4.0%	
% Black/African American	26.9%	
% White	56.3%	
Social and Community Context		
% Not proficient in English	5%	The proportion of community members that speak English “less than well”
Median Household Income	$63,800	Income where half of the households in a county earn more and half of the households earn less.
Percent of Children in Poverty	18%	Percentage of people under age 18 in poverty.
Percent of Uninsured	17%	Percentage of the population under age 65 without health insurance.
Percent of Educational Attainment	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent Unemployment	2.5%	Percentage of the population ages 16 and older who is unemployed but seeking work.

Indicator	Davidson County	Tennessee	Top US Counties	Description
Length of Life				
Premature Death	8,500	9,355	5,400	Years of potential life lost before age 75 per 100,000 population (age adjusted.)
Life Expectancy	77.0	76.0	81.1	How long the average person should live
Infant Mortality	7	7.1	4.0	Number of all infant deaths (within one year) per 1,000 live births
Quality of Life				
Poor or Fair Health	19%	21%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days	4.4	4.7	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Frequent Physical Distress	14%	15%	10%	Percent of adults with 14 or more days of poor physical health per month
Low Birth Weight	9%	9%	6%	Percent of babies born too small (less than 2,500 grams (about 5.51 lb.)
Fall Fatalities 65+*	16.2	10.7	n/a	The number of injury deaths due to falls among those 65 years of age and over per 100,000 population

Indicator	Davidson County	Tennessee	Top US Counties	Description
Mental Health				
Poor Mental Health Days	5.0	5.2	3.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent Mental Distress	15%	16%	12%	Percent of adults reporting 14 or more days of poor mental health per month
Suicide	13	16	11	The number of deaths due to suicide per 100,000
Non-Communicable Disease				
Diabetes prevalence	9%	13%	8%	Percent of adults aged 20 and above with diagnosed diabetes
Cancer Incidence*	443.8	466.0	n/a	Number of new cancer diagnoses per 100,000
Communicable Disease				
HIV Prevalence	610	307	38	Number of people aged 13 years and over with a diagnosis of HIV per 100,000
Sexually Transmitted Infections	841.8	569	161	Number of newly diagnosed chlamydia cases per 100,000

Source: *Explore Health Rankings | County Health Rankings & Roadmaps Conduent Healthy Communities Institute - VUMC Community Health Dashboard**

Indicator	Davidson County	Tennessee	Top US Counties	Description
Economic Stability				
Median Household Income	$63,800	$56,000	$72,900	Income where half of the households in a county earn more and half of the households earn less.
Unemployment	2.5%	3.4%	2.6%	The percentage of the population aged 16 and older is unemployed but seeking work.
Poverty	12.8%	13.8%	n/a	Percentage of the population living below the Federal Poverty Line
Childhood Poverty	18%	19%	10%	Percentage of people under age 18 in poverty
Access to Healthy Foods				
Food Environment Index	7.7	6.2	8.7	The factors contributing to a healthy food environment are 0-worst and 10-best
Food Insecurity	12%	14%	9%	Percent of the population that lacks adequate access to food
Limited Access to Healthy Foods	7%	6%	2%	Percent of the population that is low-income and does not live close to a grocery store
Source: ***Explore Health Rankings | County Health Rankings & Roadmaps***				

Indicator	Davidson County	Tennessee	Top US Counties	Indicator
Physical Environment				
Air Pollution - Particulate Matter	8.9	8.8	5.5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Homeownership	54%	66%	81%	Percentage of occupied housing units that are owned
Severe housing cost burden	14%	12%	7%	Percentage of households that spend 50% or more of their household income on housing
Severe Housing Problems	17%	14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities
Source: *Explore Health Rankings | County Health Rankings & Roadmaps*				
Sexual Health				
Teen Births	27	29	12	Number of births per 1,000 female population ages 15-19

Indicator	Davidson County	Tennessee	Top US Counties	Description
Educational Attainment				
High School Completion	89%	87%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some College	73%	61%	73%	Percentage of adults ages 25-44 with some post-secondary education
Social/Community				
Children in single-parent homes	34%	29%	14%	Percentage of children that live in a household headed by a single parent
Social Associations	13.4	11.3	18.2	Number of membership associations per 10,000 population
Disconnected Youth	5%	7%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Juvenile Arrests	N/A			Rate of delinquency cases per 1,000 juveniles
Violent Crime	1,105	621	63	Number of reported violent crime offenses per 100,000 people

Indicator	Davidson County	Tennessee	Top US Counties	Description
Healthy Life				
Adult Obesity	20%	33%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical Inactivity	23%	27%	19%	Percentage of adults aged 20 and over reporting no leisure-time physical activity
Access to Exercise Opportunities	91%	70%	91%	Percentage of population with adequate access to locations for physical activity
Insufficient Sleep	39%	41%	32%	Percentage of adults who report fewer than 7 hours of sleep on average
Motor Vehicle Crash Deaths	11	15.4	9.0	Number of motor vehicle crash deaths per 100,000 people
Substance Use and Misuse				
Adult Smoking	20%	21%	16%	Percentage of adults who are current smokers
Excessive Drinking	17%	17%	15%	Percentage of adults reporting binge or heavy drinking
Alcohol-Impaired Driving Deaths	28%	25%	11%	Percent of alcohol-impaired driving deaths
Inpatient Stays due to Opioid Overdose (2019) *	23.0	19	n/a	Rate of opioid-related hospital visits per 100,000 population

Indicator	Davidson County	Tennessee	Top US Counties	Description
Healthcare Access				
Uninsured	14%	12%	6%	Percentage of the population under age 65 without health insurance
Uninsured Adults	17%	16%	7%	Percentage of adults under age 65 without health insurance
Uninsured children	6%	5%	3%	Percentage of children under age 19 without health insurance
Primary Care Physicians	1,040:1	1,400:1	1,200:1	Ratio of population to primary care physicians
Other Primary Care Providers	430:1	681:1	621:1	Ratio of the population to primary care providers other than physicians
Mental Health Providers	300:1	630:1	270:1	Ratio of the population to mental health providers
Hospital Utilization				
Preventable Hospital Stays	5,087	4,915	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

Indicator	Davidson County	Tennessee	Top US Counties	Description
Preventative Healthcare				
Flu Vaccinations	52%	50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination
Mammography Screenings	39%	41%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening
Source: *Explore Health Rankings | County Health Rankings & Roadmaps*				

Indicator	Davidson County	Tennessee	Top US Counties	Description
Healthy Life				
Adult Obesity	20%	33%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical Inactivity	23%	27%	19%	Percentage of adults aged 20 and over reporting no leisure-time physical activity
Access to Exercise Opportunities	91%	70%	91%	Percentage of population with adequate access to locations for physical activity
Insufficient Sleep	39%	41%	32%	Percentage of adults who report fewer than 7 hours of sleep on average
Motor Vehicle Crash Deaths	11	15.4	9.0	Number of motor vehicle crash deaths per 100,000 people

Indicator	Davidson County	Tennessee	Top US Counties	Description
Substance Use and Misuse				
Adult Smoking	20%	21%	16%	Percentage of adults who are current smokers
Excessive Drinking	17%	17%	15%	Percentage of adults reporting binge or heavy drinking
Alcohol-Impaired Driving Deaths	28%	25%	11%	Percent of alcohol-impaired driving deaths
Inpatient Stays due to Opioid Overdose (2019) *	23.0	19	n/a	Rate of opioid-related hospital visits per 100,000 population

Rutherford County

Demographic Highlights		
Indicator	**Rutherford County**	**Description**
Population		
% Living in rural communities	17%	
% Below 18 years of age	24%	
% 65 and older	10.8%	
% Hispanic	8.7%	
% Asian	3.6%	
% Black/African American	15.8%	
% White	69.1%	

Demographic Highlights		
Indicator	**Rutherford County**	**Description**
Social and Community Context		
English Proficiency	2%	Proportion of community members that speak English “less than well”
Median Household Income	$69,600	Income where half of households in a county earn more and half of households earn less
% Of Children in Poverty	13%	Percentage of people under 18 in poverty
% Of Uninsured	10%	Percentage of population under age 65 without health insurance
% Of Educational Attainment	92%	Percentage of adults ages 25 and over with a high school diploma or equivalent
% Of Unemployment	2.6%	Percentage of population aged 16 and older unemployed but seeking work

Indicators	Rutherford County	Tennessee	Top US Counties	Description
Length of Life				
Premature Death	7,300	9,355	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy	77.6	76.0	81.1	How long the average person should live
Infant Mortality	6	7.1	4.0	Number of all infant deaths (within one year) per 1,000 live births
Quality of Life				
Poor or Fair Health	19%	21%	14%	Percent of adults reporting fair or poor health
Poor Physical Health Days	4.4	4.7	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Frequent Physical Distress	16%	15%	10%	Percent of adults with 14 or more days of poor physical health per month
Low Birth Weight	9%	9%	6%	Percent of babies born too small (less than 2,500 grams (about 5.51 lb.)
Fall Fatalities 65+	66	92	n/a	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population

Indicators	Rutherford County	Tennessee	Top US Counties	Description
Mental Health				
Poor Mental Health Days	5.3	5.2	3.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent Mental Distress	13%	16%	10%	Percent of adults reporting 14 or more days of poor mental health per month
Suicide	13	16	11	Number of deaths due to suicide per 100,000
Non-Communicable Disease				
Diabetes prevalence	11%	13%	8%	Percent of adults aged 20 and above with diagnosed diabetes
Cancer Incidence*	452.9	466.0	n/a	Number of new cancer diagnoses per 100,000
Communicable Disease				
HIV Prevalence	210	304.7	50	Number of people aged 13 years and over with a diagnosis of HIV per 100,000
Sexually Transmitted Infections	554	569	161	Number of newly diagnosed chlamydia cases per 100,000

Source: *Explore Health Rankings | County Health Rankings & Roadmaps Conduent Healthy Community Institute - VUMC Community Health Dashboard*

Indicators	Rutherford County	Tennessee	Top US Counties	Description
Economic Stability				
Median Household Income	$69,600	$56,000	$72,900	Income where half of households in a county earn more and half of households earn less
Unemployment	2.6%	3.4%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty	8.8%	13.8%	n/a	Percentage of population living below the Federal Poverty Line
Childhood Poverty	13%	19%	10%	Percentage of people under 18 in poverty

Indicators	Rutherford County	Tennessee	Top US Counties	Description
Educational Attainment				
High School Completion	96%	87%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some College	69%	61%	73%	Percentage of adults ages 25-44 with some post-secondary education
Social/Community				
Children in single-parent homes	23%	29%	14%	Percentage of children that live in a household headed by a single parent
Social Associations	7.0	11.3	18.2	Number of membership associations per 10,000 population
Disconnected Youth	4%	7%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Juvenile Arrests	N/A			Rate of delinquency cases per 1,000 juveniles
Violent Crime	492	621	63	Number of reported violent crime offenses per 100,000 people

Indicators	Rutherford County	Tennessee	Top US Counties	Description
Access to Healthy Foods				
Food Environment Index	8.2	6.2	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best
Food Insecurity	10%	14%	9%	Percent of the population who lack adequate access to food
Limited Access to Healthy Foods	8%	6%	2%	Percent of the population who are low-income and do not live close to a grocery store
Source : *https://www.countyhealthrankings.org/explore-health-rankings*				
Access to Healthy Foods				
Food Environment Index	8.2	6.2	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best
Food Insecurity	10%	14%	9%	Percent of the population who lack adequate access to food
Limited Access to Healthy Foods	8%	6%	2%	Percent of the population who are low-income and do not live close to a grocery store
Source : *https://www.countyhealthrankings.org/explore-health-rankings*				

Indicators	Rutherford County	Tennessee	Top US Counties	Description
Physical Environment				
Severe housing cost burden	11%	12%	7%	Percentage of households that spend 50% or more of their household income on housing
Severe Housing Problems	13%	14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities
Air Pollution - Particulate Matter	10.0	8.8	5.5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Homeownership	65%	66%	81%	Percentage of occupied housing units that are owned
Source : *https://www.countyhealthrankings.org/explore-health-rankings*				

Indicators	Rutherford County	Tennessee	Top US Counties	Description
Healthcare Access				
Uninsured	10%	12%	6%	Percentage of population under age 65 without health insurance
Uninsured Adults	12%	16%	7%	Percentage of adults under age 65 without health insurance
Uninsured children	5%	5%	3%	Percentage of children under age 19 without health insurance
Primary Care Physicians	2,370:1	1,400:1	1,200:1	Ratio of population to primary care physicians
Other Primary Care Providers	930:1	681:1	621:1	Ratio of the population to primary care providers other than physicians
Mental Health Providers	1,020:1	630:1	270:1	Ratio of the population to mental health providers
Hospital Utilization				
Preventable Hospital Stays	4,840	4,915	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

Indicators	Rutherford County	Tennessee	Top US Counties	Description
Preventative Healthcare				
Flu Vaccinations	52%	50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination
Mammography Screenings	44%	41%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening
Source : *https://www.countyhealthrankings.org/explore-health-rankings*				
Sexual Health				
Teen Births	37	29	12	Number of births per 1,000 female population ages 15-19
Sexually Transmitted Infections	554	569	161	Number of newly diagnosed chlamydia cases per 100,000 population
Source : *https://www.countyhealthrankings.org/explore-health-rankings*				

Indicators	Rutherford County	Tennessee	Top US Counties	Description
Healthy Life				
Adult Obesity	33%	33%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical Inactivity	23%	27%	19%	Percentage of adults aged 20 and over reporting no leisure-time physical activity
Access to Exercise Opportunities	76%	70%	91%	Percentage of population with adequate access to locations for physical activity
Insufficient Sleep	42%	41%	32%	Percentage of adults who report fewer than 7 hours of sleep on average
Substance Use				
Adult Smoking	20%	21%	16%	Percentage of adults who are current smokers
Excessive Drinking	17%	17%	15%	Percentage of adults reporting binge or heavy drinking
Alcohol-Impaired Driving Deaths	24%	25%	11%	Percent of Alcohol-impaired driving deaths
Opioid Hospital Visits	68	85	n/a	Rate of opioid-related hospital visits per 100,000 population

Williamson County

Demographic Highlights		
Indicator	**Williamson County**	**Description**
Population		
% Living in rural communities	19.4%	
% Below 18 years of age	26.8%	
% 65 and older	13.5%	
% Hispanic	4.9%	
% Asian	5.2%	
% Black/African American	4.3%	
% White	83.8%	
Social and Community Context		
% Not proficient in English	1%	Proportion of community members that speak English “less than well”
Median Household Income	$119,600	Income where half of households in a county earn more and half of households earn less.
% Of Children in Poverty	4%	Percentage of people under age 18 in poverty
% Of Uninsured	7%	Percentage of population under age 65 without health insurance.
% Of Educational Attainment	95%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
% Of Unemployment	2.4%	Percentage of population ages 16 and older unemployed but seeking work

Indicators	Williamson County	Tennessee	Top US Counties	Description
Length of Life				
Premature Death	4,500	9,355	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy	81.5	76.0	81.1	How long the average person should live
Infant Mortality	3	7.1	4.0	Number of all infant deaths (within one year) per 1,000 live births
Quality of Life				
Poor or Fair Health	14%	21%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days	3.3	4.7	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Frequent Physical Distress	10%	15%	10%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight	6%	9%	6%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+*	15	10.7	n/a	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population.

Indicators	Williamson County	Tennessee	Top US Counties	Description
Mental Health				
Poor Mental Health Days	4.3	5.2	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress	13%	16%	12%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide	12	16	11	Number of deaths due to suicide per 100,000.
Non-Communicable Disease				
Diabetes prevalence	8%	13%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence*	441.9	466.0	n/a	Number of new cancer diagnoses per 100,000.
Communicable Disease				
HIV Prevalence	86	307	38	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections	206.4	569	161	Number of newly diagnosed chlamydia cases per 100,000.

Source: *Explore Health Rankings | County Health Rankings & Roadmaps Conduent Healthy Communities Institute - VUMC Community Health Dashboard**

Indicators	Williamson County	Tennessee	Top US Counties	Description
Economic Stability				
Median Household Income	$118,300	$56,000	$72,900	Income where half of households in a county earn more and half of households earn less.
Unemployment	4.8%	3.4%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty	4.7%	13.8%	n/a	Percentage of population living below the Federal Poverty Line.
Childhood Poverty	4%	19%	10%	Percentage of people under age 18 in poverty.
Educational Attainment				
High School Completion	95%	87%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Some College	85%	61%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community				
Children in single-parent homes	11%	29%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations	12.7	11.3	18.2	Number of membership associations per 10,000 population.
Disconnected Youth	2%	7%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile Arrests	19			Rate of delinquency cases per 1,000 juveniles.
Violent Crime	140	621	63	Number of reported violent crime offenses per 100,000 population.

Indicators	Williamson County	Tennessee	Top US Counties	Description
Access to Healthy Foods				
Food Environment Index	9.1	6.2	8.7	Index of factors that contribute to a healthy food environment, 0-worst, 10-best
Food Insecurity	7%	14%	9%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods	5%	6%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Source: ***Explore Health Rankings | County Health Rankings & Roadmaps***				
Physical Environment				
Severe housing cost burden	9%	12%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems	9%	14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter	8.7	8.8	5.5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership	79%	66%	81%	Percentage of occupied housing units that are owned.
Source: ***Explore Health Rankings | County Health Rankings & Roadmaps***				

Indicators	Williamson County	Tennessee	Top US Counties	Description
Healthcare Access				
Uninsured	6%	12%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults	8%	16%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children	4%	5%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians	700:1	1,400:1	1,200:1	Ratio of population to primary care physicians.
Other Primary Care Providers	800:1	681:1	621:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers	490:1	630:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization				
Preventable Hospital Stays	2,483	4,915	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

Indicators	Williamson County	Tennessee	Top US Counties	Description
Preventative Healthcare				
Flu Vaccinations	59%	50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings	50%	41%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: *Explore Health Rankings | County Health Rankings & Roadmaps*				
Sexual Health				
Teen Births	5	29	12	Number of births per 1,000 female population ages 15-19.
Source: *Explore Health Rankings | County Health Rankings & Roadmaps; Conduent Health Communities Institute - VUMC Community Health Data Portal**				

Indicators	Williamson County	Tennessee	Top US Counties	Description
Healthy Life				
Adult Obesity	29%	33%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity	22%	27%	19%	Percentage of adults aged 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities	79%	70%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep	35%	41%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths	7	15.4	9.0	Number of motor vehicle crash deaths per 100,000 population.

Indicators	Williamson County	Tennessee	Top US Counties	Description
Substance Use and Misuse				
Adult Smoking	13%	21%	16%	Percentage of adults who are current smokers.
Excessive Drinking	18%	17%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths	25%	25%	11%	Percent of Alcohol-impaired driving deaths.
Inpatient Stays due to Opioid Overdose (2019) *	7.0	19	n/a	Rate of opioid-related hospital visits per 100,000 population.