

# Ascension Saint Thomas Behavioral Health Hospital

**2021 Community Health Needs Assessment  
Davidson County and Williamson County, TN**



**Ascension**

The goal of this report is to offer a meaningful understanding of the most significant health needs across Davidson County and Williamson County, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Hospital Legal Name: Ascension Saint Thomas Behavioral Health Hospital

Hospital Address: 300 Great Circle Road, Nashville, TN 37228

Hospital Website: [Ascension Saint Thomas Behavioral Health Hospital](https://healthcare.ascension.org/chna)

Hospital Phone: (888) 970-1205

Hospital EIN: 58-1716804

The 2021 Community Health Needs Assessment report was approved by Ascension Saint Thomas Behavioral Health Hospital Board of Directors on March 30, 2022 and by the Ascension Saint Thomas Board of Directors on April 8, 2022 (Ascension Saint Thomas Behavioral Health Hospital tax year 2021). This report applies to the following three-year cycle: 7/1/2022 to 6/30/2024. This report, as well as the previous report, can be found at our public website.

**We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.**

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## **Acknowledgements / Executive Statement**

The 2021 Community Health Needs Assessment (CHNA) represents a true collaborative effort in order to gain a meaningful understanding of the most pressing health needs across Davidson County and Williamson County. Ascension Saint Thomas Behavioral Health Hospital is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of Davidson County and Williamson County.

## **Executive Summary**

# **2021 Community Health Needs Assessment**

## **Ascension Saint Thomas Behavioral Health Hospital**

The goal of the 2021 Community Health Needs Assessment (CHNA) report is to offer a meaningful understanding of the most significant health needs. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

### **Purpose of the CHNA**

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan. As a Catholic health ministry, Ascension Saint Thomas Behavioral Health Hospital is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension Saint Thomas Behavioral Health Hospital is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch.

### **Collaborations**

The 2021 Community Health Needs Assessment (CHNA) represents a true collaborative effort in order to gain a meaningful understanding of the most pressing health needs across Davidson and Williamson Counties. Ascension Saint Thomas Behavioral Health Hospital is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us - especially Vanderbilt University Medical Center's Office of Health Equity, the Metro Davidson County Health Department, Healthy Nashville Leadership Council, Dr. Kathryn Mathes, the Tennessee Immigrant and Refugee Rights Coalition, the Elmahaba Center, Williamson County Health Department and the Williamson County Health Council. Additionally, all hospitals (both for-profit and nonprofit) in both Davidson and Williamson Counties were invited to participate in CHNA activities. A complete description of community partner contributions is included in the full CHNA report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

## **Community Served**

Ascension Saint Thomas Behavioral Health Hospital has defined its community served as Davidson and Williamson Counties for the 2021 CHNA. Davidson and Williamson Counties were selected as Ascension Saint Thomas Behavioral Health Hospital's community served because it is our primary service area, the rapid growth, and the majority of patients live and/or work in these counties. Additionally, community health data is readily available at the county level.

## **Data Analysis Methodology**

The 2022 CHNA was conducted from January 2021 to March 2022, and utilized a derivation of the Mobilizing for Action through Planning and Partnership (MAPP) process, which incorporated data from both primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services.

- 26 local reports were read and analyzed as a part of an environmental scan in Davidson County.
- 11 local reports were read and analyzed as a part of an environmental scan in Williamson County.
- 37 community stakeholders were interviewed individually for their insights on community health issues in Davidson County.
- 24 community stakeholders were interviewed individually for their insights on community health issues in Williamson County.
- 366 people completed an online survey distributed through stakeholders and the Healthy Nashville Leadership Council in Davidson County.
- 177 people completed an online survey distributed through stakeholders and the Williamson County Health Council in Williamson County.
- Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

## **Community Needs**

Ascension Saint Thomas Behavioral Health Hospital analyzed secondary data of over 95 indicators and gathered community input through individual community interviews, an online community survey, and health councils to identify the needs in Davidson and Williamson Counties. In collaboration with community partners, Ascension Saint Thomas Behavioral Health Hospital used a phased prioritization approach to determine the most crucial needs for community stakeholders to address.

At the Healthy Nashville Leadership Council CHNA workgroup meeting on February 10, 2022, the group reviewed a summary of the most significant health issues according to the various sources of data collected from community members.

## Davidson County Significant Health Issues - All Methodologies

2019 AST Community Health Needs	Environmental Scan Issues	Secondary Data Issues	1-1 Interview Issues	Intercept Survey Issues
<i>Access to Care</i> <i>Healthy Weight</i> <i>Substance Misuse</i> <i>Mental Health</i>	<i>Access to Care</i> <i>Food Insecurity</i> <i>Senior Citizens' Needs</i> <i>Social Determinants of Health</i>	<i>Infant Mortality</i> <i>Substance Misuse</i> <i>Affordable Housing</i> <i>Mental Health</i>	<i>Access to Care</i> <i>Substance Misuse</i> <i>Mental Health</i> <i>Affordable Housing</i> <i>Social Determinants of Health</i>	<i>Access to Care</i> <i>Affordable Housing</i> <i>Public Transportation</i> Built Environment - green spaces, sidewalks, etc.

Through this process and review the Healthy Nashville Leadership Council subcommittee prioritized five issues:

- **Housing/Transportation;**
- **Whole Health;**
- **Economic Opportunity and Job Skill Development;**
- **Food Access/Food Insecurity; and**
- **Awareness and Navigation of Community Resources**



At the Williamson County Health Council CHNA workgroup meeting on March 3, 2022, the group reviewed a summary of the most significant health issues according to the various sources of data collected from community members.

### Williamson County Significant Health Issues - All Methodologies

2019 AST Community Health Needs	Environmental Scan Issues	Secondary Data Issues	1-1 Interview Issues	Intercept Survey Issues
<i>Access to Care</i> <i>Healthy Weight</i> <i>Substance Misuse</i> <i>Mental Health</i>	<i>Access to Care</i> <i>Food Insecurity</i> <i>Senior Citizens' Needs</i> <i>Social Determinants of Health</i>	<i>Access to Care</i> <i>Affordable Housing</i> <i>Mental Health</i>	<i>Access to Care</i> <i>Mental Health</i> <i>Affordable Housing</i> <i>Integration and Navigation of Resources</i>	<i>Access to Care</i> <i>Mental Health</i> <i>Affordable, Healthy Food</i> <i>Built Environment - green spaces, sidewalks, etc.</i>

Through this process and review the Williamson County Health Council CHNA workgroup subcommittee prioritized four issues:

- **Affordable Housing;**
- **Mental Health;**
- **Substance Misuse; and**
- **Healthy Living and Prevention**

### Next Steps

The next steps will be to work with Ascension Saint Thomas Behavioral Health Hospital leaders and community partners to finalize which community health needs Ascension Tennessee and Ascension Saint Thomas Behavioral Health Hospital will prioritize. Later in 2022, an Implementation Plan (I.S.) with detailed strategies will be developed and brought before the Board for approval.

## About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

### **Ascension**

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management, and contracting through Ascension’s own group purchasing organization.

Ascension’s Mission provides a strong framework and guidance for the work done to meet the needs of the communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

**Mission:** Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org/>.

## **Ascension Saint Thomas Behavioral Health Hospital**

Ascension Saint Thomas Behavioral Health Hospital is a new, 76-bed hospital in Nashville, Tennessee, that provides age-appropriate inpatient programming for adults ages 18-64 and seniors age 65 and older who are struggling with behavioral health disorders.

At Ascension Saint Thomas Behavioral Health Hospital in Nashville, Tennessee, you will receive personalized care that reflects your unique strengths, challenges and recovery goals. To better meet you where you are in your healing journey, Ascension Saint Thomas Behavioral Health Hospital provides multiple levels of care for adults and senior adults who are struggling with mental health and addiction concerns.

The inpatient units for adults and senior adults serve people whose symptoms have kept them from functioning in their daily lives. All programming features evidence-based therapies and services that are delivered with respect and compassion for every person we serve.

Behavioral health treatment at Ascension Saint Thomas Behavioral Health Hospital is delivered by a multidisciplinary team of experts who are passionate about helping others. The experienced caregivers emphasize collaboration throughout the treatment process so that you feel encouraged to actively participate in your own healing.

For more information about Ascension Saint Thomas Behavioral Health Hospital, visit [Ascension Saint Thomas Behavioral Health Hospital](#)

## About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

### Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.”<sup>1</sup> The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Saint Thomas Behavioral Health Hospital’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable. Additionally, if there are any terms or definitions that you would like to read more about, please see Appendix A (page 59).

### IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at <https://healthcare.ascension.org/CHNA> and paper versions can be requested at Ascension Saint Thomas Behavioral Health Hospital.

### Timeline

In January 2021, Ascension Saint Thomas Behavioral Health Hospital began a Community Health Needs Assessment for Davidson County and Williamson County and sought input from persons who represent the broad interests of the community using several methods:

- Planning meetings with community partners took place between January 2021-June 2021.
- 26 local reports from community partners were read, analyzed and cataloged as a part of an Environmental Scan for Davidson County between March - September 2021.
- 11 local reports from community partners were read, analyzed and cataloged as a part of an Environmental Scan for Williamson County between March - September 2021.
- Information gathering, using secondary public health sources, occurred between November 2021 - February 2022.

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<sup>1</sup> Catholic Health Association of the United States (<https://www.chausa.org>)

- 37 community members representing many sectors of the community, including Arabic and Spanish-speaking citizens, participated in stakeholder interviews in Davidson County.
- 22 community members representing many sectors of the community, including Arabic and Spanish-speaking citizens, participated in stakeholder interviews in Williamson County.
- A community survey was distributed and 366 responses were collected from November 1, 2021 through December 3, 2021 in Davidson County.
- A community survey was distributed and 177 responses were collected from November 1, 2021 through December 3, 2021 in Williamson County.
- Healthy Nashville Leadership Council CHNA Subcommittee:
  - February 8, 2022 - review all CHNA data, consider health equity questions and views from others in subcommittee, vote on top needs
  - February 10, 2022 - review voting results, prioritize the most significant health needs in the county, discuss solutions utilizing health equity framework
- Williamson County Health Council CHNA Subcommittee:
  - March 1, 2022 - review all CHNA data, consider health equity questions and views from others in subcommittee, vote on top needs
  - March 3, 2022 - review voting results, prioritize the most significant health needs in the county, discuss solutions utilizing health equity framework

## Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

### Community Served

For the purpose of the 2021 CHNA, Ascension Saint Thomas Behavioral Health Hospital has defined its community served as Davidson County and Williamson County. Although Ascension Saint Thomas Behavioral Health Hospital serves Davidson County and Williamson County and surrounding areas, the “community served” was defined as such because most of our service area is contained in Davidson County and Williamson County. From July 1, 2020 through June 30, 2021, 82% of Ascension Saint Thomas Behavioral Health Hospital’s inpatients came from Davidson County and Williamson County.

**Image 1: Map of Community Served**



## **Demographic Data**

Davidson County and Williamson County are both located in middle Tennessee and both counties have experienced rapid and significant growth over the last decade. 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.

Below are demographic data highlights for Davidson County and Williamson County:

- The 2021 population of Davidson County is estimated to be 715,884 and is one of the fastest-growing counties in Tennessee.
- The 2021 population of Williamson County is estimated to be 247,726 and is one of the fastest-growing counties in Tennessee.
- The total population increase for Davidson County from 2010 to 2020 was 14.2%.
- The total population increase for Williamson County from 2010 to 2020 was 26.1%.
- The uninsured rate for Davidson County is higher than the state (17% for Davidson County; 12% for Tennessee).
- The uninsured rate for Williamson County is lower than the state (7% for Williamson County; 12% for Tennessee).

**Table 1: Description of the Community**

<b>Demographic Highlights</b>			
<b>Indicator</b>	<b>Davidson County</b>	<b>Williamson County</b>	<b>Description</b>
<b>Population</b>			
% Living in rural communities	3.4%	19.4%	
% below 18 years of age	20.6%	26.8%	
% 65 and older	12.5%	13.5%	
% Hispanic	10.4%	4.9%	
% Asian	4.0%	5.2%	
% Black	26.9%	4.3%	
% White	56.3%	83.8%	
<b>Social and Community Context</b>			
% Not proficient in English	5%	1%	Proportion of community members that speak English "less than well"
Median Household Income	\$63,800	\$119,600	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	18%	4%	Percentage of people under age 18 in poverty.
Percent of Uninsured	17%	7%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	89%	95%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	2.5%	2.4%	Percentage of population ages 16 and older unemployed but seeking work

To view Community Demographic Data in its entirety, see Appendix B (page 61).



## Process and Methods Used

Ascension Saint Thomas Behavioral Health Hospital is committed to using national best practices in conducting the CHNA. Health needs and assets for Davidson County and Williamson County were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

Ascension Saint Thomas Behavioral Health Hospital's approach includes the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement supplemented with additional data.

## Collaborators and Vendors

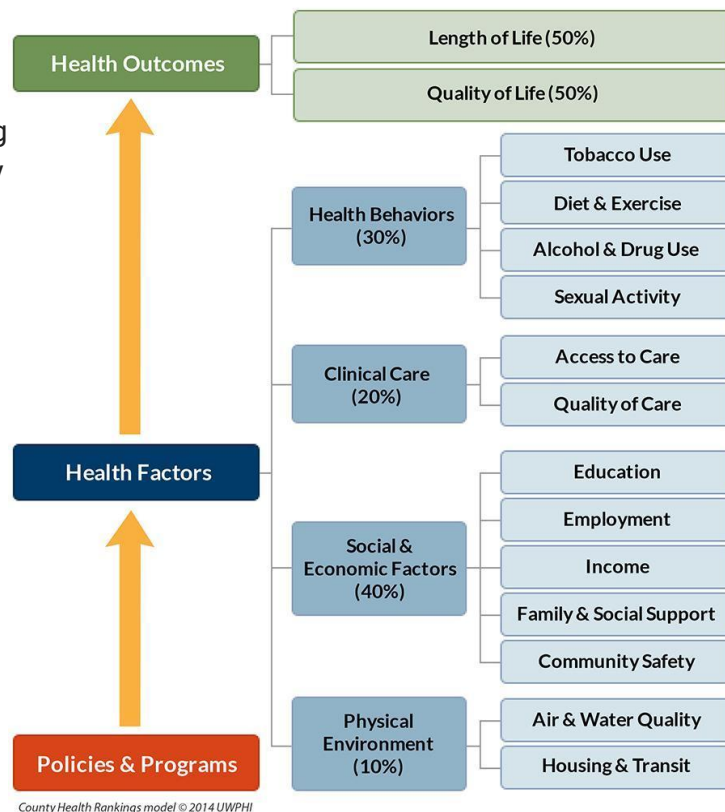
Ascension Saint Thomas Behavioral Health Hospital completed its 2021 CHNA in collaboration with the following organizations and individuals:

- Healthy Nashville Leadership Council (HNLC)
- Metro Nashville Public Health Department (MPHD)
- Vanderbilt University Medical Center - Office of Health Equity
- Kathryn A. Mathes, PhD, Measurement Matters, LLC
- Tennessee Immigrant & Refugee Rights Coalition
- Elmahaba Center

The Healthy Nashville Leadership Council collaborated with Ascension Saint Thomas Behavioral Health Hospital by providing advisory support on many CHNA decisions, developing the CHNA subcommittee for prioritization, and utilizing a health equity lens during all phases.

The Metro Nashville Public Health Department provided significant support to Ascension Saint Thomas during the CHNA process, including coordinating interviewees, survey link distribution, health council meeting facilitations, and significant analysis from the Epidemiology department while prioritizing community health needs.

Vanderbilt University Medical Center's Office of Health Equity has partnered with Ascension Saint Thomas Behavioral Health Hospital on the previous three CHNAs in Davidson County and enjoy a close relationship on many of the activities that took place to connect on community engagement, gather community input, analyze data, prioritize needs, and respond to community health councils.



Dr. Kathryn Mathes contracted with Ascension Saint Thomas and Vanderbilt University Medical Center's Office of Health Equity to provide analysis for the online community survey from November 2021 to January 2022. Dr. Mathes helped to categorize responses in alignment with the team's Social-Ecological model, quantify and code the responses, identify themes that the community was raising, and assess analysis of responses by county, age, race, and zip code.



Ascension Saint Thomas Behavioral Health Hospital and the Vanderbilt University Office of Health Equity contracted with both the Tennessee Immigrant and Refugee Rights Coalition (TIRRC) and the Elmahaba Center to identify and conduct interviews with community members in both Spanish and Arabic.

Ascension Saint Thomas Behavioral Health Hospital is grateful for these partnerships and expertise. We look forward to more ways to work together to improve the health of the community.

## **Data Collection Methodology**

In collaboration with various community partners, Ascension Saint Thomas Behavioral Health Hospital collected and analyzed primary and secondary data for Davidson County and Williamson County. The methodology used is a modified Mobilizing for Action through Planning and Partnerships (MAPP).

### **Summary of Community Input**

Recognizing its vital importance in understanding the health needs and assets of the community, Ascension Saint Thomas Behavioral Health Hospital consulted with a range of public health and social service providers that represent the broad interest of Davidson County and 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; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including key stakeholder interviews, community survey and collaboration with both the Healthy Nashville Leadership Council and Williamson County Health Council. These methods provided additional perspectives on how to select and address top health issues facing Davidson County and Williamson County. A summary of the process and results is outlined below.

## Environmental Scan

This environmental scan is a summary of health and health-related studies that provide information, data, and common themes presented in various reports published about Davidson County and Williamson County, TN. The purpose of the review is to examine existing data relevant to community health and identify strengths, assets, relationships, and areas of improvement regarding the health and healthcare in the community. Performing an environmental scan also allows us to honor the published work and data of our government and 501(c)3 partners who work with vulnerable populations. Eighteen individual reports from a diverse set of community partners in Davidson County and Williamson County were read, analyzed, and themed. While themes and needs varied, several populations were specifically mentioned in many of the reports because they experience greater barriers. These populations include Spanish and Arabic speakers, immigrant and refugee populations, senior citizens, youth, low-income, and minority populations. Reports were collected from March 2021-August 2021 and analyzed in September 2021. Reports were analyzed on a rolling basis until saturation was reached in the county or until the analysis cut off date of September 17, 2021. Reports that came in after our timeline for environmental scan collection were read and cataloged. Below is a full listing of the community partners who submitted reports for this analysis in Davidson County:

Organization
Second Harvest Food Bank of Middle Tennessee (2 reports)
Morton Memorial United Methodist Church
Medical Foundation of Nashville
Tennessee Commission on Aging and Disability
American Cancer Society
End Slavery Tennessee
Tennessee Charitable Care Network
Tennessee Office for Refugees
Siloam Health and Metro Nashville Public Health Department (joint report)
The New Beginnings Center
Siloam Health
Sexual Assault Center
Inspiritus
Hispanic Family Foundation
Metro Homeless Impact Division (2 reports)
Interfaith Dental
Room in the Inn
Gideon's Army

Organization
Second Harvest Food Bank of Middle Tennessee (2 reports)
Morton Memorial United Methodist Church
Medical Foundation of Nashville
The Equity Alliance
Nashville Healthcare Council
Metro Social Services
Metro Nashville Public Health Department (2 reports)
Nashville Health and Well-Being Survey

Below is a full listing of the community partners who submitted reports for this analysis in Williamson County:

Organization
Second Harvest Food Bank of Middle Tennessee (2 reports)
Tennessee Together Student Survey
Morton Memorial United Methodist Church
Medical Foundation of Nashville
Tennessee Commission on Aging and Disability
American Cancer Society
End Slavery Tennessee
Tennessee Charitable Care Network
Tennessee Office for Refugees
Community Homeless Outreach and Support, Inc.

**Major Themes**

Major themes that emerged for Davidson County and Williamson County were insurance access, adapting health care 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:

**Insurance access:** Davidson County enjoys a very rich healthcare environment, with hundreds of health and healthcare organizations headquartered in Nashville, and more than 15 hospitals available for residents. 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 a diagnosis or chronic condition without health insurance can be very costly and confusing to a community member, as the continuum of care for the patient can be stalled. Many providers and clinics will not accept patients that do not have some form of insurance, and the clinics that do accept uninsured patients often have long wait times to be seen. The reports we analyzed also show that uninsured patients are often low-income and frequently don’t speak English well, complicating their access, communication with providers, and navigation of complex health care settings. These complications can not only add stress for the individual seeking care, but can stress the health care and public health ecosystems as well. Furthermore, uninsured patients that do eventually receive care often seek it in inappropriate settings (like the emergency department) where linkages to a healthcare provider or healthcare home are not often made. To summarize:

- Language barriers persist;
- Appropriate place for appropriate care continues to be a challenge; and
- No insurance can often mean no services or very long wait times.

**Adapting health care infrastructure:** Many of the reports we read emphasized the need to meet vulnerable health populations where they are, and respond with care models that work for that population group. Many examples were included in our review: community health worker models, various telehealth models, and mobile health units. There were also some concerns about being able to address specific health concerns and cultural competency needs of some vulnerable populations that don’t speak English well. Various telehealth models addressed the capabilities of broadband in reaching some (but not all) populations and keeping community members safe during the COVID-19 pandemic; mobile health units, with the ability to deliver food, vaccines, and other community resources were also written about as a means to connect with hard-to-reach populations.

**Food security and nutrition concerns:** Another major theme addressed was food security concerns, especially for youth and senior citizens. One report showed that many youth in Davidson County eat at least 2 meals a day in a school setting; COVID-19 required vulnerable families to come up with food for their families that they are not used to providing. Additionally, already vulnerable senior citizens, often on limited incomes, were encouraged to stay at home during the COVID-19 pandemic. Several organizations noted that this meant seniors often had to ration food for themselves until someone could safely get food, medication and other nutritional resources to them.

**Mental health and isolation:** Another major 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; very limited or no access to loved ones, teachers, care providers, friends, and increased use of technology during the COVID-19 pandemic heightened the 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 operated as an accelerant to an existing issue. For example, if the only way a family has access to fresh fruits and vegetables is due to a grocery mobile health unit drop-off - and that unit is understaffed or not operating due to COVID-19 - that family becomes that much more vulnerable to hunger. Substance use disorder also came up as an existing issue that often requires in-person support. Limited access to resources during the lockdowns and working with health systems that have been stretched thin left those community members suffering from opioid misuse in difficult positions. Additionally, many reports we read mentioned that community members they were serving had intentionally put off routine care (dentist appointments, needed surgeries) due to fear of COVID-19. An additional need that one report mentioned was affordable childcare. There are 6,844 fewer licensed child care spaces in Nashville in 2019 than in 2016, in the midst of tremendous population growth during this time. COVID-19 complicated the childcare landscape because with school closures, there was not enough supply to meet the demands of parents and families.

### **Conclusion**

Due to the ever-changing dynamics of the COVID-19 pandemic and the diverse communities that make up middle Tennessee, there are many moving parts and issues to focus on in the county. However, middle Tennessee boasts many community resources and also benefits from many collaborative partners to help meet these pressing needs. By understanding these main points of concern in middle Tennessee, resources can be deployed to these communities to improve the health of all county residents.

**Surveys**

Two surveys were conducted by Measurement Matters in collaboration with Ascension Saint Thomas, Vanderbilt University Medical Center, Williamson County Health Council, Williamson County Health Department, Metro Nashville Public Health Department, and Healthy Nashville Leadership Council to gather the perceptions, thoughts, opinions, and concerns of each unique community regarding health priorities for both Davidson County. 177 individuals participated in the Williamson County Survey, which was conducted between November 1, 2021 and December 3, 2021. 366 individuals responded to the Davidson County Survey, which was conducted between November 1, 2021 and December 3, 2021. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 3 questions and was distributed to a broad segment of the population through distribution of the survey link to the members of the Health Council, key stakeholders interviewed, and members of respective communities. The link was distributed widely through these networks.

<b>Williamson County Survey</b>	
<b>Key Summary Points</b>	
<ul style="list-style-type: none"> <li>• <b>What prevents all people in Williamson County from being as healthy as possible?</b> <ul style="list-style-type: none"> <li>○ Work-life balance</li> <li>○ Social Determinants of Health</li> <li>○ Accessible outdoor recreational spaces</li> <li>○ Community education</li> <li>○ Affordable healthy foods</li> <li>○ Transportation</li> <li>○ Access to affordable health care</li> <li>○ Access to behavioral health services</li> <li>○ Racial inequity</li> <li>○ Prescription costs</li> </ul> </li> <li>• <b>If you could make 1 or 2 changes to ensure all residents of Williamson County can be as healthy as possible, what would these changes be?</b> <ul style="list-style-type: none"> <li>○ Better access to outdoor recreation and exercise facilities for all</li> <li>○ Access to affordable healthy foods</li> <li>○ More public transportation</li> <li>○ Community education that is free and online</li> <li>○ Easier access to affordable health care</li> <li>○ Better communication from health care professionals</li> <li>○ Universal Health Care</li> <li>○ Medicaid Expansion</li> <li>○ Divisiveness of Social Media and Politics</li> </ul> </li> </ul>	
<b>Populations/Sectors Represented</b>	<b>Common Themes</b>
<ul style="list-style-type: none"> <li>• Respondents most commonly lived within the following geographic zip codes: 37064, 37067, 37027, and 37174.</li> <li>• 88% of respondents were Caucasian/White, 4% were African American/Black, and 1% were Asian.</li> <li>• Ages ranged from 25-86 years of age, with a median age of 48.</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible Mental Health Services</li> <li>• More Green Space and Outdoor Recreation</li> <li>• Affordable, Healthy Food</li> <li>• Affordable and Equitable Healthcare Availability</li> </ul>
<b>Meaningful Quotes</b>	
<ul style="list-style-type: none"> <li>• “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 living way with health insurance for all residents. The BEST thing would be to move to a Euro-style, single-payer healthcare system. It will dramatically lower healthcare costs, eliminate profit-driven insurance go-betweens, provide care for all, with cost spread fairly via taxes.”</li> </ul>	



- “Given the myriad of publicly funded health care options, the largest driver of poor health, in my estimate, is a lack of personal responsibility in making healthy choices.”
- “I would hope that health care providers would know there are many long-term residents and marginalized groups in Franklin and surrounding Williamson County who are struggling with the cost of medical care and medication. We do have a homeless population and those who are in low-income housing and low-income jobs who have health needs. Please be aware not everyone is wealthy in Williamson County. Many churches in our area are trying to help marginalized populations. Please coordinate with nonprofits and churches to make sure children, families, and individuals can get care.
- “There is also a large separation between SES 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.”
- “Partner with (other community organizations) on trails and connectivity.”

<b>Davidson County Survey</b>	
<b>Key Summary Points</b>	
<ul style="list-style-type: none"> <li>• <b>What prevents all people in Williamson County from being as healthy as possible?</b> <ul style="list-style-type: none"> <li>○ Access to financial resources</li> <li>○ Poor personal choices</li> <li>○ Social Determinants of Health</li> <li>○ Access to health care</li> <li>○ Affordable, culturally competent health care</li> <li>○ Racial and income inequity</li> <li>○ Behavioral health care</li> <li>○ Behavioral health care in schools</li> <li>○ Local healthy foods</li> <li>○ Safe green space</li> <li>○ Transportation</li> <li>○ Improved community safety</li> <li>○ Affordable housing</li> </ul> </li> <li>• <b>If you could make 1 or 2 changes to ensure all residents of Davidson County can be as healthy as possible, what would these changes be?</b> <ul style="list-style-type: none"> <li>○ Affordable healthy foods</li> <li>○ Green space, trees, sidewalks and bike paths</li> <li>○ Affordable housing</li> <li>○ Community resources</li> <li>○ Improve public transportation</li> <li>○ High quality, affordable health care</li> <li>○ Cultural training for health care professionals</li> <li>○ Healthy lifestyle mandates for employers</li> <li>○ Human centered planning (health equity, more convenient clinic hours for working people)</li> <li>○ Universal health care</li> <li>○ Equitable health care</li> <li>○ Expand medicaid</li> <li>○ Remove politicians from health decisions</li> <li>○ Pay a living wage</li> <li>○ Reallocate taxes</li> <li>○ Equal representation of minorities in government</li> </ul> </li> </ul>	
<b>Populations/Sectors Represented</b>	<b>Common Themes</b>
<ul style="list-style-type: none"> <li>• Respondents most commonly lived within the following geographic zip codes: 37211, 37013, 37205, 37221, 37209, 37206 and 37207.</li> <li>• 66% of respondents were Caucasian/White, 21% were African American/Black, 4% were</li> </ul>	<ul style="list-style-type: none"> <li>• Access to high quality, affordable health care</li> <li>• More affordable housing</li> <li>• More green space, trees, sidewalks, and bike paths</li> <li>• Improve public transportation</li> <li>• Access to healthy foods</li> <li>• Inequities</li> </ul>

<p>Latinx/Hispanic and 3% Asian.</p> <ul style="list-style-type: none"> <li>• Ages ranged from 20-81 years of age, with a median age of 48.</li> </ul>	
<b>Meaningful Quotes</b>	
<ul style="list-style-type: none"> <li>• “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 town people.”</li> <li>• “The need for health navigation and education in many languages—in particular, indigenous languages from Latin America—in partnership with trusted community organizations.”</li> <li>• “Homeless youth, especially homeless LGBTQ+ youth, have no pathway to healthcare—and they need it.”</li> <li>• “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.”</li> <li>• “Healthcare in the USA is very expensive. It should be affordable for citizens of any class status.”</li> <li>• “Health Disparities, access to care such as transportation, childcare, and time off work. Language barriers to share on the importance of regular health care. This would include mental health as well!”</li> </ul>	

**Key stakeholder interviews - Davidson County**

A series of 37 one-on-one interviews were conducted by Ascension Saint Thomas and Vanderbilt University Medical Center's Office of Health Equity to gather feedback from key stakeholders on the health needs and assets of Davidson County. Representatives from 24 different organizations and agencies participated in the interviews, held between September 2021 and November 2021. Sectors represented by participants included:

- Local public health
- State public health
- Local mayor's office
- Local chamber of commerce
- Senior citizen-focused 501(c)3s
- LatinX and Hispanic citizen-focused 501(c)3s
- Healthcare
- Law enforcement
- Safety net clinics
- Maternal/child health organizations

## Key Stakeholder Interviews

### Key Summary Points

- Healthcare infrastructure, non-profit partners, and strong education systems and institutions were named as the county's strongest assets.
- People of color, refugees, immigrants, LGBTQ+, and non-English speaking populations were named as being left out of the story of Davidson County the most often.
- The top three issues interviewees were most concerned about were: Housing inventory and costs, transportation, growth/economic concerns, and mental and behavioral health (broad).
- The top three health issues interviewees were most concerned about were: mental and behavioral health, uninsured and underinsured populations' access to care including transportation, and mental health/substance misuse.
- COVID-19 exacerbated existing needs in the community, especially housing and the need for cultural competency in messaging about health and public health.

### Populations/Sectors Represented

- K-12 public schools
- Local government
- University students
- Business community
- Healthcare community
- Safety net populations
- Underinsured/Uninsured
- Faith-based community
- Senior citizens
- Spanish-speaking community members
- Arabic-speaking community members

### Common Themes

- Davidson County is a desirable place to live due to its growth, many health and business sectors; however, not everyone is feeling the benefits of Davidson County's success.
- Marginalized populations (seniors, minorities, and LGBTQ+) were more impacted by the COVID-19 pandemic and were already experiencing health and economic disparities.
- Transportation and housing need to be worked on in tandem to support the workforce that needs access to transit and work opportunities that are close to their homes.
- COVID-19 may have acted as an accelerant to existing mental health issues being experienced in the community.
- COVID-19 may have acted as an accelerant to substance misuse in the community.
- Economic opportunities, specifically local business support and wage growth to match the increased cost of living.
- Community infrastructure and safety is a necessity to achieve overall community health and accessibility.

### Meaningful Quotes

- "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."
- "As immigrants, there is a lack of information regarding health. A lot of us don't have health insurance [and] we don't know when to go to the doctor."
- "There is discussion about moving [existing] public housing. This needs to be balanced with Nashville's growth."

**Key stakeholder interviews - Williamson County**

A series of 22 one-on-one interviews were conducted by Ascension Saint Thomas and Vanderbilt University Medical Center's Office of Health Equity to gather feedback from key stakeholders on the health needs and assets of Williamson County. Representatives from 22 different organizations and agencies participated in the interviews, held between September 2021 and November 2021. Sectors represented by participants included:

- Local public health
- State public health
- Local mayor's office
- Local chamber of commerce
- Senior citizen-focused 501(c)3s
- LatinX and Hispanic citizen-focused 501(c)3s
- Healthcare
- Law enforcement
- Safety net clinics
- Maternal/child health organizations

<b>Key Stakeholder Interviews</b>	
<b>Key Summary Points</b>	
<ul style="list-style-type: none"> <li>Healthcare infrastructure, non-profit partners, and strong education systems and institutions were named as the county's strongest assets.</li> <li>People of color, unhoused, uninsured, and low-income populations were named as being left out of the story of Williamson County the most often.</li> <li>The top three issues interviewees were most concerned about that were not specific to health were: Housing inventory and costs, transportation, growth, and traffic, and mental and behavioral health (broad).</li> <li>The top three issues interviewees were most concerned about that were specific to health were: mental and behavioral health, and uninsured and underinsured populations' access to care including transportation.</li> <li>COVID-19 exacerbated existing needs in the community, especially housing and the need for cultural competency in messaging about health and public health. Many interviewees wanted to see an increase in vaccination rates.</li> </ul>	
<b>Populations/Sectors Represented</b>	<b>Common Themes</b>
<ul style="list-style-type: none"> <li>Senior citizens</li> <li>K-12 students</li> <li>Homeless</li> <li>Business community</li> <li>Safety net populations</li> <li>Underinsured/uninsured</li> <li>Faith-based communities</li> </ul>	<ul style="list-style-type: none"> <li>Williamson County is a desired location due to its location, size, and community assets.</li> <li>There are concerns about managed growth and affordability in the county, especially for housing.</li> <li>There are lots of resources and information related to community health needs available in the county, but many interviewees wish to see integration of social services and behavioral services woven in.</li> <li>Many interviewees wanted programming and solutions that focused on youth and K-12 ages.</li> </ul>
<b>Meaningful Quotes</b>	
<ul style="list-style-type: none"> <li>"Gentrification is pushing the people we serve farther out and they won't be as close to resources."</li> <li>"Lack of insurance causes a significant problems in deciding what to do with patients."</li> <li>"We want to support people on the road to recovery and not to use jails to do this."</li> </ul>	

To view additional community input data, see Appendix C (page 64).

### Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data was compiled from various sources that are reputable and reliable, including County Health Rankings, the Robert Wood Johnson Foundation and the U.S. Census Bureau.

Health indicators in the following categories were reviewed:

- Demographics
- Health Outcomes
- Social and Economic Factors that impact health
- Physical Environment
- Health Behaviors
- Clinical Care/Access
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined in the tables that follow.



The tables below are based on data vetted, compiled and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators. Some indicators were also accessed through Vanderbilt University's Office of Health Equity Community Health Data Dashboard, with data provided by Conduent Healthy Communities Institute.

CHRR compiles new data every year and shares with the public in March. The data below is from the 2021 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

### How To Read These Charts

**Why they are important:** Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

**County vs. State:** Describes how the county's most recent data for the health issue compares to state. Please note that this chart contains two counties: Davidson and Williamson (Davidson and then Davidson's trend; Williamson and then Williamson's trend).

**Trending:** CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share or the measure has remained the same.

**Top US Counties:** The best 10 percent of counties in the country. It is important to compare not just with Tennessee but important to know how the best counties are doing and how our county compares.

**Description:** Explains what the indicator measures, how it is measured, and who is included in the measure.

**n/a:** Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

## Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Davidson County	Trend	Williamson County	Trend	Tennessee	Top US Counties	Description
<b>Length of Life</b>							
Premature Death	8,500		4,500		9,355	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy	77.0		81.5		76.0	81.1	How long the average person should live.
Infant Mortality	7		3		7.1	4.0	Number of all infant deaths (within 1 year) per 1,000 live births.
<b>Quality of Life</b>							
Poor or Fair Health	19%		14%		21%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days	4.4		3.3		4.7	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress	14%		10%		15%	10%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight	9%		6%		9%	6%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+*	16.2		15		10.7	n/a	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population.
<b>Mental Health</b>							
Poor Mental Health Days	5.0		4.3		5.2	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress	15%		13%		16%	12%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide	13		12		16	11	Number of deaths due to suicide per 100,000.

Diabetes prevalence	9%		8%		13%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence*	443.8		441.9		466.0	n/a	Number of new cancer diagnoses per 100,000.
<b>Communicable Disease</b>							
HIV Prevalence	610		86		307	38	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections	841.8		206.4		569	161	Number of newly diagnosed chlamydia cases per 100,000.
Source: <a href="#">Explore Health Rankings</a>   <a href="#">County Health Rankings &amp; Roadmaps</a> <a href="#">Conduent Healthy Communities Institute</a> - <a href="#">VUMC Community Health Dashboard</a> *							

### Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Davidson County	Trend	Williamson County	Trend	Tennessee	Top US Counties	Description
<b>Economic Stability</b>							
Median Household Income	\$63,800		\$118,300		\$56,000	\$72,900	Income where half of households in a county earn more and half of households earn less.
Unemployment	2.5%		4.8%		3.4%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty	12.8%		4.7%		13.8%	n/a	Percentage of population living below the Federal Poverty Line.
Childhood Poverty	18%		4%		19%	10%	Percentage of people under age 18 in poverty.
High School Completion	89%		95%		87%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Some College	73%		85%		61%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Children in single-parent homes	34%		11%		29%	14%	Percentage of children that live household headed by a single parent.
Social Associations	13.4		12.7		11.3	18.2	Number of membership associations per 10,000 population.
Disconnected Youth	5%		2%		7%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile Arrests	N/A		19		X	X	Rate of delinquency cases per 1,000 juveniles.
Violent Crime	1,105		140		621	63	Number of reported violent crime offenses per 100,000 population.

Food Environment Index	7.7		9.1		6.2	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity	12%		7%		14%	9%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods	7%		5%		6%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Source: <a href="#">Explore Health Rankings   County Health Rankings &amp; Roadmaps</a>							

## Physical Environment

Why it is important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicators	Davidson County	Trend	Williamson County	Trend	Tennessee	Top US Counties	Description
<b>Physical Environment</b>							
Severe housing cost burden	14%		9%		12%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems	17%		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	8.9		8.7		8.8	5.5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership	54%		79%		66%	81%	Percentage of occupied housing units that are owned.
Source: <a href="#">Explore Health Rankings / County Health Rankings &amp; Roadmaps</a>							

## Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Davidson County	Trend	Williamson County	Trend	Tennessee	Top US Counties	Description
<b>Healthcare Access</b>							
Uninsured	14%		6%		12%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults	17%		8%		16%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children	6%		4%		5%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians	1,040:1		700:1		1,400:1	1,200:1	Ratio of population to primary care physicians.
Other Primary Care Providers	430:1		800:1		681:1	621:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers	300:1		490:1		630:1	270:1	Ratio of the population to mental health providers.
<b>Hospital Utilization</b>							
Preventable Hospital Stays	5,087		2,483		4,915	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
<b>Preventative Healthcare</b>							
Flu Vaccinations	52%		59%		50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings	39%		50%		41%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: <a href="#">Explore Health Rankings   County Health Rankings &amp; Roadmaps</a>							

## Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Davidson County	Trend	Williamson County	Trend	Tennessee	Top US Counties	Description
<b>Healthy Life</b>							
Adult Obesity	20%		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	23%		22%		27%	19%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities	91%		79%		70%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep	39%		35%		41%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths	11		7		15.4	9.0	Number of motor vehicle crash deaths per 100,000 population.
<b>Substance Use and Misuse</b>							
Adult Smoking	20%		13%		21%	16%	Percentage of adults who are current smokers.
Excessive Drinking	17%		18%		17%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths	28%		25%		25%	11%	Percent of Alcohol-impaired driving deaths.
Inpatient Stays due to Opioid Overdose (2019)*	23.0		7.0		19	n/a	Rate of opioid-related hospital visits per 100,000 population.
<b>Sexual Health</b>							
Teen Births	27		5		29	12	Number of births per 1,000 female population ages 15-19.
Source: <a href="#">Explore Health Rankings   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Conduent Health Communities Institute - VUMC Community Health Data Portal</a> *							

To view additional secondary data and sources, see Appendix D (page 69).



## Summary of COVID-19 Impact on Davidson County and Williamson County

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths from COVID to people over 65 years of age. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection and death compared to non-Hispanic White Americans.<sup>2</sup>

Significant COVID-19 disparities include:

- Hispanic Persons at 2.3 times the risk of death
- Non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions<sup>3</sup>

<b>COVID-19 Impact on Davidson County and Williamson County (as of April 17, 2022)</b>			
<b>Indicator</b>	<b>Davidson County</b>	<b>Williamson County</b>	<b>Tennessee</b>
Total Cases	209,287	62,335	1,976,936
Hospitalizations	3,880	855	42,679
Total Deaths	1,673	404	25,844
Population Fully Vaccinated	65%	66%	54.3%

Source: CDC COVID Data Tracker and Tennessee Department of Health [COVID-19 Data Dashboard - Tennessee Department of Health](#) and [The New York Times Coronavirus Tracker](#)

<sup>2</sup>Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities>)

<sup>3</sup> Ibid

### **Community Input on Previous CHNA and Implementation Strategy**

Ascension Saint Thomas Behavioral Health Hospital's previous CHNA and implementation strategy were made available to the public and open for public comment via the website:

<https://healthcare.ascension.org/chna>.

No comments were received regarding the previous CHNA and implementation plan.

### **Data Limitations and Information Gaps**

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Davidson County and Williamson County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

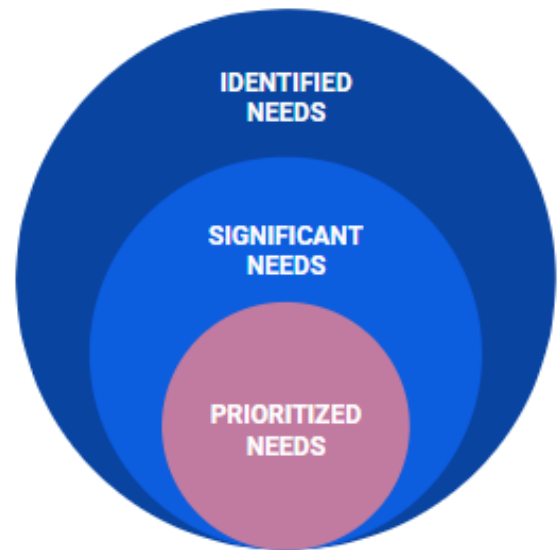
- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a Ministry's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2021 CHNA, the following acute community concerns were identified:
  - COVID-19

Despite the data limitations, Ascension Saint Thomas Behavioral Health Hospital is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

## Community Needs

Ascension Saint Thomas Behavioral Health Hospital, with assistance from community partners, analyzed secondary data of over 95 indicators and gathered community input through individual interviews and an online community survey to identify the needs in Davidson and Williamson County. In collaboration with community partners, Ascension Saint Thomas Behavioral Health Hospital used a phased prioritization approach to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined most crucial for community stakeholders to address.

Following the completion of the CHNA assessment, Ascension Saint Thomas Behavioral Health Hospital will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting.



### Identified Needs

Ascension has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Davidson and Williamson County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

## Significant Needs

In collaboration with various community partners, Ascension Saint Thomas Behavioral Health Hospital utilized elements of the MAPP process to prioritize which of the identified needs were most significant. Ascension has defined “significant needs” as the identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods.

Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
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 level of 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 address it sustainably? What’s already being done, and it is working? What are the community’s intrinsic barriers, and how big are they to overcome?

Through the prioritization process for the 2021 CHNA, the significant needs from Davidson County are as follows:

- **Housing/Transportation;**
- **Whole Health;**
- **Economic Opportunity and Job Skill Development;**
- **Food Access/Food Insecurity; and**
- **Awareness and Navigation of Community Resources**

Through the prioritization process for the 2021 CHNA, the significant needs from Williamson County are as follows:

- **Affordable Housing;**
- **Mental Health;**
- **Substance Misuse; and**
- **Healthy Living and Prevention**

To view health care facilities and community resources available to address the significant needs, please see Appendix E (*page 70*).

Descriptions (including data highlights, community challenges & perceptions, and local assets & resources) of the significant needs are on the following pages.

<b>Whole Health - Davidson County</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
Whole 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.	<ul style="list-style-type: none"> <li>• While provider ratios for primary care and mental health have improved in Davidson, integration is still lacking.</li> <li>• Dental health access continues to provide challenges, but there are many best practices in our community.</li> <li>• Disparities across many sectors of health continue to impact people of color more acutely.</li> </ul>
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<ul style="list-style-type: none"> <li>• Whole health needs to include spiritual health in the definition to be truly holistic.</li> <li>• Integrating other aspects of health into the whole person's health is paramount for an individual's health outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• Low-income populations</li> <li>• Uninsured/underinsured</li> <li>• Racial and ethnic minorities</li> <li>• Seniors</li> </ul>

<b>Economic Opportunity and Job Skill Development - Davidson County</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.</p>	<ul style="list-style-type: none"> <li>• Access to the health insurance market is made easier by meaningful employment.</li> <li>• Wage growth has not kept up with the cost of living in Nashville.</li> <li>• There are disparities among median household income, especially for people of color.</li> </ul>
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<ul style="list-style-type: none"> <li>• Job security and household income is an important social determinant of health. Steady incomes allow more people to meet their health needs.</li> <li>• High quality childcare is an important aspect of pursuing economic opportunities in Nashville.</li> </ul>	<ul style="list-style-type: none"> <li>• People of color</li> <li>• Those with limited English proficiency</li> <li>• Those with limited educational attainment</li> <li>• Those without access to childcare</li> </ul>

<b>Food Access/Food Insecurity - Davidson County</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>The environments where we live, learn, work, and play affect our 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. Low-income and underserved areas often have limited numbers of stores that sell healthy foods. People living farther away from grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast-food outlets.</p>	<ul style="list-style-type: none"> <li>• While food environment index scores have improved, access issues continue to be a barrier as the city rapidly develops.</li> <li>• The COVID-19 pandemic highlighted the need for children's access to healthy food through schools.</li> </ul>
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<ul style="list-style-type: none"> <li>• Individuals without reliable access to a vehicle or convenient public transit will face more barriers.</li> <li>• The cost of travel time to or additional out-of-pocket expenses for community members in underserved neighborhoods may be too high.</li> </ul>	<ul style="list-style-type: none"> <li>• Low-income individuals</li> <li>• Individuals located in food deserts</li> <li>• Those with limited access to a grocery store</li> <li>• Those without access to a vehicle or reliable public transit</li> </ul>

<b>Housing/Transportation - Davidson County</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability, and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development. Housing measures can also be considered proxy indicators of more general socioeconomic circumstances. Households experiencing severe cost burden have to face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford health insurance, health care and medication, healthy foods, utility bills, or reliable transportation to work or school. This, in turn, can lead to increased stress levels and emotional strain.</p>	<ul style="list-style-type: none"> <li>• High rates of cost burden for homeowners</li> <li>• High rates of cost burden for renters</li> <li>• High demand and exponential growth in Davidson County</li> </ul>
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<p>Urban housing needs to be close to transportation because of residents' dependence on public transportation. We need to be conscious of these constructs - low income workers need to be able to access transit, grocery stores, day cares, and employment.</p>	<ul style="list-style-type: none"> <li>• Unhoused and homeless</li> <li>• Minority populations</li> <li>• Young adults</li> <li>• Senior citizens</li> <li>• Those unable to attain homeownership easily</li> <li>• Those who cannot live near to where they work</li> </ul>



<b>Awareness/Navigation of Community Resources - Davidson County</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
Care coordination can impact overall physical, social and mental health status. The ease to which an individual can obtain the services needed speaks to bridging the gaps between patients, providers, and other aspects of the community health ecosystem.	<ul style="list-style-type: none"> <li>Davidson County is a healthcare-rich environment, but disparities persist among minority and refugee populations.</li> <li>Davidson County is resource-rich, but the delivery and adequate, equitable communication are barriers.</li> <li>Developing centralized repositories of information from trusted sources could help neighborhoods and clinics.</li> </ul>
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<ul style="list-style-type: none"> <li>Connecting those who have limited mobility and limited English proficiency continue to be barriers.</li> <li>Offering services and policies in multiple languages could support an increasingly diverse population.</li> <li>There need to be opportunities to develop and earn trust with communities of color.</li> <li>System level and individual interventions are needed to support this need.</li> </ul>	<ul style="list-style-type: none"> <li>Those with limited English proficiency</li> <li>Those without a vehicle or reliable public transportation</li> <li>Uninsured/underinsured</li> <li>Those with limited income</li> <li>Those who need assistance with health literacy</li> <li>Those who lack access to telehealth and internet capabilities</li> </ul>

<b>Mental Health - Williamson County</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.</p>	<ul style="list-style-type: none"> <li>• Many more children have sought resources for mental health-related issues than ever before - which provides opportunities but also staffing/expertise challenges.</li> <li>• The suicide rate in Williamson County has increased in recent years, and those most likely to complete suicide are white males in Williamson County.</li> </ul>
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<ul style="list-style-type: none"> <li>• COVID-19 may have exacerbated mental health issues, including anxiety, depression and isolation.</li> <li>• Shades of mental health need to be addressed, not just the extremes.</li> <li>• Stigma around mental health conversations and treatment need to be addressed.</li> <li>• More conversations and education with parents about social media use by kids may be needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Youth</li> <li>• Senior citizens</li> <li>• Those who may experience cultural stigmas</li> <li>• Those who have experienced physical or mental trauma</li> <li>• Those who may be predisposed to mental illness due to a variety of risk factors</li> </ul>

<b>Substance Misuse - Williamson County</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>Opioid misuse and other substance misuse continue to be a top issue for communities. Substance misuse, especially addiction can have ripple effects in a community. Those with substance misuse issues are more likely to engage in risky behavior, including accidents, contracting communicable diseases, and are at higher risk of suicide.</p>	<ul style="list-style-type: none"> <li>• 337 nonfatal opioid overdose outpatient visits in Williamson County in 2020.</li> <li>• 30 residents of Williamson County died from an opioid overdose in 2020.</li> <li>• Data around tobacco prevention shows that education before teenage years is key.</li> <li>• 13.3% of high school students use e-cigarettes, which can worsen depression and anxiety.</li> </ul>
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<ul style="list-style-type: none"> <li>• The Williamson County Anti-Drug Coalition has three areas of prevention they target: prescription drug abuse, tobacco use, and underage drinking.</li> <li>• Substance misuse data suggests that prevention and effective treatment of substance misuse is more effective than criminalizing substance misuse behavior.</li> </ul>	<ul style="list-style-type: none"> <li>• Youth</li> <li>• Young adults</li> <li>• Those who don't have a primary care physician</li> <li>• Those suffering from existing mental disorder or mental illness</li> </ul>

<b>Healthy Living and Prevention - Williamson County</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
Healthy Living and Prevention was defined as including promotion of physical activity, communicating about the importance of primary care access, and promotion of community resources that support success.	<ul style="list-style-type: none"> <li>Williamson County offers lots of community resources for wellness, but may need to work on the coordination and navigation of these resources.</li> <li>Unincorporated areas and rural communities are more likely to lack access to these resources.</li> <li>Education about healthy living and prevention at a young age increases likelihood of healthy behavior adoption.</li> </ul>
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<ul style="list-style-type: none"> <li>There may be more medical distrust in the systems that are providing resources.</li> <li>There may be an increasing need for translated materials as our area grows and diversifies.</li> <li>Integration of mental health resources is important, for youth and adults.</li> <li>Access to improved technology/infrastructure was identified as a driver for success.</li> </ul>	<ul style="list-style-type: none"> <li>Those who don't speak English well</li> <li>Those who live in rural areas</li> <li>Uninsured</li> <li>Low-income families</li> <li>Senior citizens</li> </ul>

<b>Affordable Housing - Williamson County</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability, and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development. Housing measures can also be considered proxy indicators of more general socioeconomic circumstances. Households experiencing severe cost burden have to face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford health insurance, health care and medication, healthy foods, utility bills, or reliable transportation to work or school. This, in turn, can lead to increased stress levels and emotional strain.</p>	<ul style="list-style-type: none"> <li>• High rates of cost burden for homeowners</li> <li>• High rates of cost burden for renters</li> <li>• High demand and exponential growth in Williamson County</li> </ul>
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<ul style="list-style-type: none"> <li>• Housing costs may be forcing longtime residents to move elsewhere.</li> <li>• Some families may be facing difficult trade-offs when housing/rent is so high.</li> <li>• Working with developers and with local officials may be an option.</li> <li>• Learning from other communities on how they are approaching “workforce” housing may be of interest to Williamson County residents.</li> </ul>	<ul style="list-style-type: none"> <li>• Unhoused and homeless</li> <li>• Minority populations</li> <li>• Young adults</li> <li>• Senior citizens</li> <li>• Those unable to attain homeownership easily</li> <li>• Those who cannot live near to where they work</li> </ul>

## Prioritized Needs

Following the completion of the CHNA, Ascension Saint Thomas Behavioral Health Hospital will select all, or a subset, of the needs below as the hospital's prioritized needs for its 2021 CHNA Implementation Strategy:

<b>Davidson County</b>	<b>Williamson County</b>
Housing/Transportation	Affordable Housing
Whole Health	Mental Health
Food Access/Food Insecurity	Healthy Living and Prevention
Economic Opportunity and Job Skill Development	Substance Misuse
Awareness and Navigation of Community Resources	

Ascension Saint Thomas Behavioral Health Hospital understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. The next steps will be to work with Ascension Saint Thomas Behavioral Health Hospital leaders and community partners to finalize which community health needs Ascension Tennessee and Ascension Saint Thomas Behavioral Health Hospital will prioritize. Later in 2022, an Implementation Plan (I.S.) with detailed strategies will be developed and brought before the Board for approval.

## **Summary of Impact from the Previous CHNA Implementation Strategy**

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Ascension Saint Thomas Behavioral Health Hospital is a new facility (2021) for the Ascension Tennessee market and did not participate in the strategies outlined in the 2019 CHNA. Ascension Saint Thomas Behavioral Health Hospital looks forward to contributing to the health needs in the community.

## **Approval by Ascension Saint Thomas Behavioral Health Hospital Board of Trustees**

To ensure the Ascension Saint Thomas Behavioral Health Hospital's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 Community Health Needs Assessment report was approved by Ascension Saint Thomas Behavioral Health Hospital Board of Directors on March 30, 2022. The 2021 Community Health Needs Assessment report was also approved by the Ascension Saint Thomas Board of Directors on April 8, 2022 (Ascension Saint Thomas Behavioral Health Hospital tax year 2021). This report applies to the following three-year cycle: 7/1/2022 to 6/30/2024. This report, as well as the previous report, can be found at our public website. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the Community Health Needs Assessment.



## Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the communities Ascension Saint Thomas Behavioral Health Hospital serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension Saint Thomas Behavioral Health Hospital to guide the creation of implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Saint Thomas Behavioral Health Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Davidson County and Williamson County. As a Catholic health ministry, Ascension Saint Thomas is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension Saint Thomas Behavioral Health Hospital is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (<https://healthcare.ascension.org/chna>) to submit your comments.

## Appendices

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## **Appendix A: Definitions and Terms**

### **Acute Community Concern**

An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g. hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern. Source: Ascension Acute Community Concern Assessment Framework

### **Collaborators**

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

### **Community Focus Groups**

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations. Source: CHA Assessing and Addressing Community Need, 2015 Edition II

### **Community Forums**

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

### **Community Served**

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular specialty area or targeted disease.

### **Consultants**

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

### **Demographics**

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

### **Identified Need**

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served.

### **Key Stakeholder Interviews**

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with a special knowledge or expertise in public health may include representatives from your state or local health department, faculty from

schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. Could also be referred to as Stakeholder Interviews.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

**Medically Underserved Populations**

Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source:

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3>

**Prioritized Need**

Significant needs which have been selected by the hospital to address through the CHNA implementation strategy.

**Significant Need**

Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods.

**Surveys**

Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

## Appendix B: Community Demographic Data and Sources

The tables below provide a description of Davidson County and Williamson County demographics. The description of the importance of the data is largely drawn from the County Health Rankings and Roadmaps website.

### Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Davidson County	Williamson County	Tennessee	U.S.
Total	715,884	247,726	7,025,037	333,934,112
Male	48.2%	49.1%	49.0%	49.3%
Female	51.8%	50.9%	51.0%	50.7%
Data source: <a href="#">U.S. Census Bureau, 2020</a>				

### Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Davidson County	Williamson County	Tennessee	U.S.
Asian	4.0%	5.2%	2%	6%
Black / African American	26.9%	4.3%	17%	13%
Hispanic / Latino	10.4%	4.9%	6%	19%
Native American	0.5%	0.3%	0%	1%
White	56.3%	83.8%	75%	69%
Data source: <a href="#">U.S. Census Bureau, 2020</a> , <a href="#">County Health Rankings 2021</a>				

### Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater healthcare needs.

Age	Davidson County	Williamson County	Tennessee	U.S.
Median Age	34.5	39.1	40.0	38.8
Age 0-17	20.6%	26.8%	21.2%	21.8%
Age 18-64	66.9%	59.7%	60.8%	61.0%
Age 65+	12.5%	13.5%	18.0%	17.2%
Data source: <a href="#">U.S. Census Bureau, 2020</a>				

### Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Davidson County	Williamson County	Tennessee	U.S.
Median Household Income	\$63,800	\$119,600	\$55,276	\$64,730
Per Capita Income	\$37,958	\$53,320	\$29,859	\$34,103
People with incomes below the federal poverty guideline	12.8%	4.1%	13.8%	12.3%
ALICE Households	34%	27%	32%	29%
Data source: <a href="#">United for Alice, 2018</a> <a href="#">County Health Rankings 2021</a> <a href="#">U.S. Census Bureau 2020</a>				

### Education

Why is it important: There is a strong relationship between health, lifespan and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Education	Davidson County	Williamson County	Tennessee	U.S.
High School grad or higher	89%	95%	87%	88%
Bachelor's degree or higher	43.3%	60.5%	27.3%	32.1%

Data source: [County Health Rankings 2021](#) [U.S. Census Bureau 2020](#)

### Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Uninsured/Medicaid	Davidson County	Williamson County	Tennessee	U.S.
Uninsured	14%	6%	12%	10%

Data source: [County Health Rankings 2021](#)

## **Appendix C: Community Input Data and Sources**

In January 2021, Ascension Saint Thomas Behavioral Health Hospital began a Community Health Needs Assessment for Davidson County and Williamson County and sought input from persons who represent the broad interests of the community using several methods:

- Planning meetings with community partners took place between January 2021-June 2021.
- 26 local reports from community partners were read, analyzed and cataloged as a part of an Environmental Scan for Davidson County between March - September 2021.
- 11 local reports from community partners were read, analyzed and cataloged as a part of an Environmental Scan for Williamson County between March - September 2021.
- Information gathering, using secondary public health sources, occurred between November 2021 - February 2022.
- 37 community members representing many sectors of the community, including Arabic and Spanish-speaking citizens, participated in stakeholder interviews in Davidson County.
- 22 community members representing many sectors of the community, including Arabic and Spanish-speaking citizens, participated in stakeholder interviews in Williamson County.
- A community survey was distributed and 366 responses were collected from November 1, 2021 through December 3, 2021 in Davidson County.
- A community survey was distributed and 177 responses were collected from November 1, 2021 through December 3, 2021 in Williamson County.
- Healthy Nashville Leadership Council CHNA Subcommittee:
  - February 8, 2022 - review all CHNA data, consider health equity questions and views from others in subcommittee, vote on top needs
  - February 10, 2022 - review voting results, prioritize the most significant health needs in the county, discuss solutions utilizing health equity framework
- Williamson County Health Council CHNA Subcommittee:
  - March 1, 2022 - review all CHNA data, consider health equity questions and views from others in subcommittee, vote on top needs
  - March 3, 2022 - review voting results, prioritize the most significant health needs in the county, discuss solutions utilizing health equity framework

### **Input of those with special knowledge or expertise in public health**

The CHNA process in Davidson County is coordinated by the Healthy Nashville Leadership Council, which has staffing support from the Metro Nashville Public Health Department, Ascension Saint Thomas Behavioral Health Hospital and Vanderbilt University's Office of Health Equity. VUMC and Ascension Saint Thomas regularly met with and gained advice from the MPH, and also interviewed the Director of Health for MPH as a part of the 1-1 interview methodology. Additionally, the Healthy Nashville Leadership Council contains members who serve in community-facing clinics, including federally qualified health centers and clinics that serve low-income communities. These individuals were instrumental in providing guidance, assistance and knowledge to the community health improvement process.



### **Consulting with persons representing the community's interests and taking into account input from persons who represent the broad interests of the community served by the hospital facility**

37 community members were interviewed across 24 organizations, including interviews with Hispanic and Arabic populations in Davidson County. 22 community members were interviewed across 22 organizations, including interviews with Hispanic and Arabic populations in Williamson County. Ascension Saint Thomas and Vanderbilt University Medical Center contracted with the Tennessee Immigrant and Refugee Rights Coalition (TIRRC) and the Elmahaba Center to conduct interviews with community members who spoke Spanish and Arabic.

Those selected were chosen based on their knowledge of Davidson and/or Williamson County and its health needs. The hospital and Health Department recommended the interviewees who represented the broad interests of the community.

The online survey in Davidson County was distributed through the Healthy Nashville Leadership Council, which represents a very broad swathe of the community representing many different agencies and organizations. Surveys were also distributed to the people who were interviewed to encourage larger representation from the community.

The online survey in Williamson County was distributed through the Williamson County Health Council, which represents a broad swathe of the community representing many different agencies and organizations. Surveys were also distributed to the people who were interviewed to encourage larger representation from the community.

### **Solicit and take into account members of the medically underserved, uninsured, and minority population served by the hospital or their representatives.**

Many of the interviewees in both Davidson County and Williamson County were selected because they represented the medically underserved, uninsured and minority populations.

Since the online survey was distributed through each county's respective health council, the medically underserved and uninsured were targeted as well as the general population. Below is a list of the interviewees from each county.

**Interviewees - Davidson County**

Organization	Represents
Metro Nashville Public Health Department	Public Health
Metro Nashville Public Health Department - Opioid Program	Public Health, Substance Use Disorder
Davidson County Mayor's Office	Local Government
Tennessee Primary Care Association	Youth, Healthcare
Mental Health Cooperative	Mental Health, Non-profit
Safety Net Consortium	Underserved, Uninsured
Catholic Charities	Youth
AgeWell	Seniors
End Slavery of Middle Tennessee	Human Trafficking
Davidson County Chamber of Commerce	Business
Tennessee Bureau of Investigation - Human Trafficking	Human Trafficking
Tennessee Hospital Association	Hospital, Healthcare
Tennessee Immigrant and Refugee Rights Coalition	Immigrant, Underserved
Tennessee Justice Center	Advocacy, Uninsured
Tennessee Public Health Association	Public Health
Greater Nashville Regional Council	Transportation
Tennessee Commission on Children and Youth	Youth
Elmahaba Center	Immigrant, Non-profit
Monroe Carroll, Jr. Children's Hospital Center for Hearing and Vision	Youth, Healthcare
TennCare (Medicaid)	Managed Care, Healthcare
Tennessee Board of Regents	Education
Homeland Heart	Maternal, Infant Healthcare
One Gen Away	Food Security
Metro Social Services	Local Government
The Nashville Food Project, TSU	Food Security
Urban Housing Solutions	Housing
Meharry Medical College	Maternal, Infant Healthcare
Meharry Dental Clinic	Dental, Healthcare
Hispanic Family Foundation	LatinX, Non-profit
United Way of Middle Tennessee - Greater Nashville	Non-profit



## Ascension Saint Thomas Behavioral Health Hospital

Congregational Health and Education Network (CHEN)	Faith-based
People's Alliance for Transit Housing and Employment (P.A.T.H.E.)	Housing, Transportation

**Interviewees - Williamson County**

Organization	Represents
Williamson County Health Department	Public Health
Williamson County Mayor's Office	Local Government
Tennessee Primary Care Association	Youth, Healthcare
Mental Health Cooperative	Mental Health, Non-profit
Safety Net Consortium	Underserved, Uninsured
Catholic Charities	Youth
AgeWell	Seniors
End Slavery of Middle Tennessee	Human Trafficking
Williamson County School System	Public Schools
Tennessee Bureau of Investigation - Human Trafficking	Human Trafficking
Tennessee Hospital Association	Hospital, Healthcare
Tennessee Immigrant and Refugee Rights Coalition	Immigrant, Underserved
Tennessee Justice Center	Advocacy, Uninsured
Tennessee Public Health Association	Public Health
Greater Nashville Regional Council	Transportation
Tennessee Commission on Children and Youth	Youth
Elmahaba Center	Immigrant, Non-profit
Monroe Carroll, Jr. Children's Hospital Center for Hearing and Vision	Youth, Healthcare
TennCare (Medicaid)	Managed Care, Healthcare
Tennessee Board of Regents	Education
Franklin Justice and Equity Collaborative	Advocacy, Schools, Housing
One Gen Away	Food Security
Williamson County Homeless Alliance	Homelessness

## **Appendix D: Additional Secondary Data and Sources**

Please click the link below to view the Powerpoint or PDF to view all secondary data visualizations that were used in the analysis for Davidson County:

[Davidson County 2021 CHNA Secondary Data](#)

Please click the link below to view the Powerpoint or PDF to view all secondary data visualizations that were used in the analysis for Williamson County:

[Williamson County 2021 CHNA Secondary Data](#)

## Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Saint Thomas Behavioral Health Hospital has cataloged resources available in Davidson County and Williamson County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading is not intended to be exhaustive.

### Davidson County

#### Awareness and Navigation of Community Resources

Organization Name	Phone	Website
211 HELPLINE	800-318-9335	<a href="#">TN 211</a>
Neighborhood Resources	314-733-8000	<a href="#">Neighborhood Resource   Ascension</a>
Tennessee Disability Pathfinder	800-640-4636	<a href="#">Tennessee Disability Pathfinder</a>
Age Well	615-353-4235	<a href="#">Neighborhood Resource   Ascension</a>
Where to Turn In Nashville	NA	<a href="#">Where To Turn In Nashville</a>

#### Economic Opportunities & Job Skill Development

Organization Name	Phone	Website
UpRise Nashville	615-301-8440	<a href="#">UpRise Nashville</a>
Nashville Career Advancement Center	615-862-8890	<a href="#">Nashville Career Advancement Center</a>
Catholic Charities	615-352-3087	<a href="#">Job Training - Catholic Charities of Tennessee</a>
Goodwill Industries of Middle Tennessee	615-742-4151	<a href="#">Goodwill Industries of Middle Tennessee</a>

**Whole Health (Integrated Access to All Health Services)**

Organization Name	Phone	Website
Centerstone of Middle TN	877-HOPE123	<a href="#">Mental Health and Addiction Services in Tennessee   Centerstone</a>
Suicide Prevention Hotline	800-273-8255	<a href="#">National Suicide Prevention Lifeline</a>
Interfaith Dental Clinic	615-329-4790	<a href="#">Interfaith Dental Clinic</a>
Siloam Health	615-298-5406	<a href="#">Siloam Health</a>
Matthew Walker Comprehensive Health Center, Inc	615-340-1265	<a href="#">Matthew Walker Comprehensive Health Center</a>

**Food Access / Food Insecurity**

Organization Name	Phone	Website
Second Harvest Food Bank of Middle Tennessee	615-329-3491	<a href="#">Second Harvest Food Bank of Middle Tennessee</a>
St. Luke's Community House Food Bank	615-350-7893	<a href="#">St. Luke's Community House</a>
The Nashville Food Project	615-460-0172	<a href="#">Nashville Food Project</a>
One Generation Away	615-538-7413	<a href="#">One Generation Away</a>
Samaritan Soup Kitchen	615-329-1523	NA

### Housing & Transportation

Organization Name	Phone	Website
WeGo Public Transit	615-862-5950	<a href="#">WeGo Public Transit</a>
Urban Housing Solutions	615-726-2696	<a href="#">Urban Housing Solutions</a>
Room In The Inn	615-251-9791	<a href="#">Room In The Inn</a>
Nashville Rescue Mission	615-255-2475	<a href="#">Nashville Rescue Mission</a>
Senior Ride	615-610-4040	N/A



## Williamson County

### Mental Health

Organization Name	Phone	Website
Centerstone of Middle TN	877-HOPE123	<a href="#">Mental Health and Addiction Services in Tennessee   Centerstone</a>
Suicide Prevention Hotline	800-273-8255	<a href="#">National Suicide Prevention Lifeline</a>
The Refuge Center	615-591-5262	<a href="#">The Refuge Center for Counseling</a>
Volunteer Behavioral Health	615-794-9973	<a href="#">Volunteer Behavioral Health Care System</a>
Tennessee Association of Mental Health Organizations	800-568-2642	<a href="#">TAMHO</a>

### Substance Misuse

Organization Name	Phone	Website
Williamson County Anti-Drug Coalition	NA	<a href="#">Williamson County Anti Drug Coalition</a>
Cumberland Heights	615-356-2700	<a href="#">Cumberland Heights</a>
STARS Nashville	615-279-0058	<a href="#">STARS Nashville</a>
The Guidance Center	877-567-6051	<a href="#">Volunteer Behavioral Health Care System</a>
Partnership to End Addiction	NA	<a href="#">Partnership to End Addiction</a>

### Healthy Living & Prevention

Organization Name	Phone	Website
One Generation Away	615-538-7413	<a href="#">One Generation Away</a>
YMCA Middle Tennessee	615-591-0322	<a href="#">YMCA of Middle Tennessee</a>
Mercy Community Healthcare	615-790-0567	<a href="#">Mercy Community Healthcare</a>
Franklin Counseling Center	615-790-0567	<a href="#">Mercy Community Healthcare</a>

### Affordable Housing

Organization Name	Phone	Website
Franklin Housing Authority	615-794-1247	<a href="#">Franklin Housing Authority</a>
GraceWork Ministries	615-794-9055	<a href="#">GraceWorks Ministries</a>
Community Housing Partnership	615-790-5556	<a href="#">Community Housing Partnership</a>