

Ascension Saint Thomas Highlands Hospital

**2021 Community Health Needs Assessment
White County, Tennessee**



Ascension

2021 Community Health Needs Assessment

Ascension Saint Thomas Highlands Hospital

The goal of this report is to offer a meaningful understanding of the most significant health needs across White 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 Highlands Hospital

Hospital Address: 401 Sewell Drive, Sparta Tennessee 38583

Hospital Website:

<https://healthcare.ascension.org/locations/tennessee/tnnas/sparta-ascension-saint-thomas-highlands>

Hospital Phone: 931-815-4000

Hospital EIN: 47-4063046

The 2021 Community Health Needs Assessment report was approved by the Ascension Saint Thomas Regional Hospitals Board of Directors on March 28, 2022 (Ascension Saint Thomas Stones River tax year 2021) and the Ascension Saint Thomas Board of Directors on April 8, 2022 (Ascension Saint Thomas Stones River tax year 2021), and 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 White County. Ascension Saint Thomas Highlands 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 White County.

Executive Summary

2021 Community Health Needs Assessment

Ascension Saint Thomas Highlands Hospital

The goal of the 2021 Community Health Needs Assessment (CHNA) report is to offer a meaningful understanding of the most significant health needs across White County. 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 Highlands 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 Highlands 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 White County. Ascension Saint Thomas Highlands Hospital is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us - especially the Tennessee Department of Health, White County Health Department and the White County Health Council. Stratasan, a healthcare strategic planning organization, was an important contracted partner who helped Ascension Saint Thomas Highlands Hospital and community representatives review existing data and provided important data analysis. 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

Although Ascension Saint Thomas Highlands Hospital serves White County and surrounding areas, Ascension Saint Thomas Highlands Hospital has defined its community served as White County for the 2021 CHNA. White County was selected as Ascension Saint Thomas Highlands Hospital's community served because it is our primary service area as well as our partners'. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The 2021 CHNA was conducted from July 2021 to February 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.

- 10 community stakeholders were interviewed individually for their insights on community health issues.
- 42 people completed an online survey distributed through stakeholders and the White County Health Council.
- 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 Highlands Hospital analyzed secondary data of over 95 indicators and gathered community input through individual community interviews, an online community survey, and the White County Healthcare Council to identify the needs in White County. In collaboration with community partners, Ascension Saint Thomas Highlands Hospital used a phased prioritization approach to determine the most crucial needs for community stakeholders to address.

A second online community survey was conducted to receive community input into the most significant health issues.

White County Significant Community Health Issues

Identified Needs: 2019 CHNA

- Obesity
- Substance use disorder (including smoking/nicotine)
- Chronic diseases
- Kids/poverty
- Access to care

Secondary Data Issues

- Adult smoking
- Adult obesity
- Access to exercise opportunities
- Teen births
- Uninsured
- High school completion
- Some college
- Injury deaths

Issues Identified in Interviews

- Mental health
- Substance misuse
- Access to affordable healthcare
- Physical inactivity
- Access to care – primary care providers, neurology
- Transportation
- Low-income housing
- Food insecurity, especially for kids
- Lack of resources in a rural community

Issues Identified in Surveys

- Access to affordable healthcare and insurance
- Education on healthy lifestyles/make better choices
- Improve diet and nutrition
- Poverty/income
- Substance abuse
- Inactivity/exercise
- Obesity/overweight
- Alcohol abuse

The final community survey prioritized four issues:

- Mental health – depression, suicide
- Substance misuse – includes alcohol and tobacco
- Access to affordable healthcare and insurance
- Poverty/Low-income housing

Next Steps

The next steps will be to work with Ascension Saint Thomas Highlands Hospital leaders and community partners to finalize which community health needs Ascension Tennessee and Ascension Saint Thomas Highlands 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 Highlands Hospital

At Ascension Saint Thomas Highlands Hospital, we strive to make a difference in the lives of our community by providing quality, compassionate care.

Ascension Saint Thomas Highlands Hospital is proud to have served White County and the surrounding communities since 1929. Ascension Saint Thomas Highlands Hospital is a Joint Commission accredited facility and is a part of the Saint Thomas Stroke Network. The 60-bed facility provides a full range of medical services including 24-hour Emergency Care, behavioral health, and rehabilitation services.

Ascension Saint Thomas Highlands Hospital is a member of Ascension, the nation’s largest Catholic and non-profit health system. We are committed to serving the greater Sparta area and surrounding communities by providing the highest quality healthcare.



Ascension Saint Thomas Highlands Hospital

The doctors, nurses and staff are committed to providing the expert, personalized care that you and your family deserve. Here you'll find a list of this location's specialty areas:

- Cardiology
- Orthopedics
- Senior health care
- Breast health
- Stroke care
- Radiology
- Surgery
- Physical therapy
- Rehabilitation

For more information about Ascension Saint Thomas Highlands Hospital, visit

<https://healthcare.ascension.org/locations/tennessee/tnnas/sparta-ascension-saint-thomas-highlands>

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.”¹ 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 Highlands 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 42).

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 Highlands Hospital .

Timeline

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

- Information gathering, using secondary public health sources, occurred in January 2022.
- Community members participated in ten individual interviews for their perspectives on community health needs and issues from November 1, 2021 through February 15, 2022.
- A community survey was distributed and 42 responses were collected from October 6, 2021 through January 31, 2022.
- A final community need prioritization survey was distributed from February 15 through February 28, 2022 and 83 surveys were completed.

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

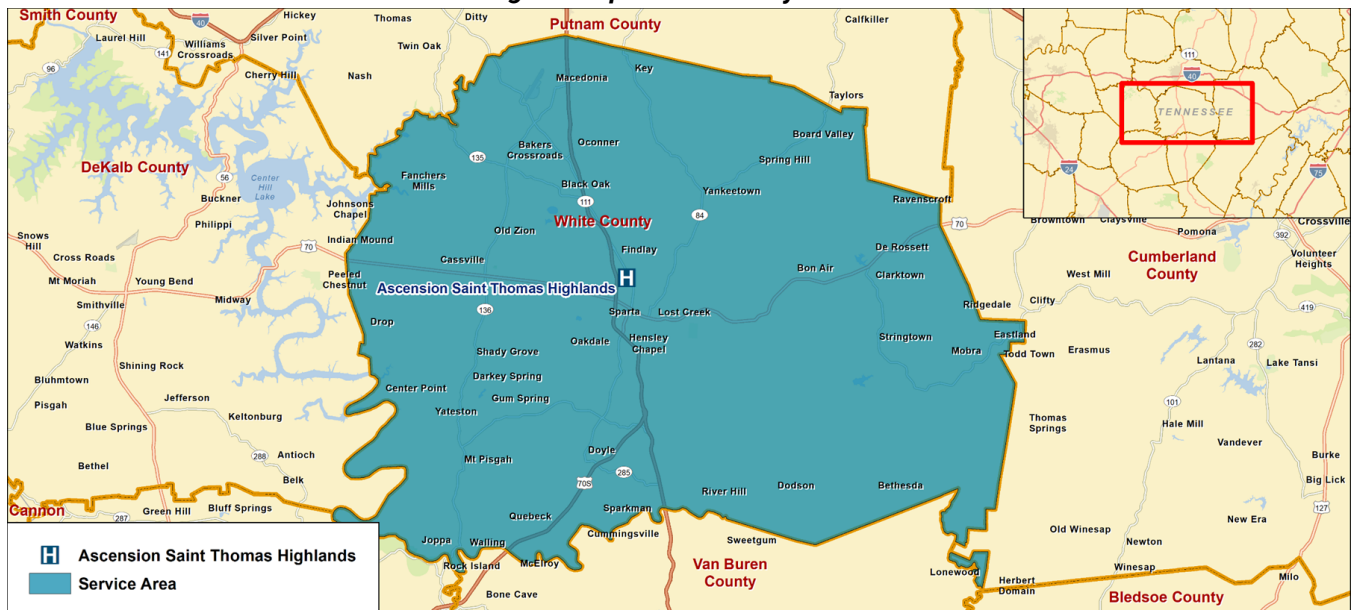
Community Served and Demographics

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 Highlands Hospital has defined its community served as White County. Although Ascension Saint Thomas Highlands Hospital serves White County and surrounding areas, the “community served” was defined as such because most of our service area is contained White County. From July 1, 2020 through June 30, 2021, 66% of Ascension Saint Thomas Highlands Hospital’s inpatients came from White County.

Image 1: Map of Community Served



Sixty-three percent of employees are employed in the top five businesses:

- Manufacturing - 19.6%
- Retail Trade - 15.4%
- Health care & social assistance - 14.5%
- Education Services - 7.1%
- Accommodation & Food Services - 6.4%

1,697 people commute into the county each day while 3,072 out migrate from the county resulting in a net out migration of 2,275 per day.

Demographic Data

Located in the Upper Cumberland region of Tennessee, White County has a population of 28,128 and is 62% rural with 379 square miles. Below are demographic data highlights for White County:

- The 2021 population of White County is estimated to be 28,128 projected to grow .70% per year by 2026.
- 22.0 percent of the residents of White County are 65 or older, compared to 18% percent in Tennessee
- 97 percent of residents are non-Hispanic; 3 percent are Hispanic or Latino (any race)
- 95 percent of residents are White; 0 percent are Asian; 2 percent are Black or African American
- The total population increase from 2010 to 2021 was 8.9 percent
- The median household income is below the state median income (\$43,600 for White County; \$55,276 for Tennessee)
- The percent of all ages of people in poverty was higher than the state (16.0 percent for White County; 13.8 percent for Tennessee)
- The uninsured rate for the White County is higher than the state (13 percent for White County; 12 percent for Tennessee)

Table 1: Description of the Community

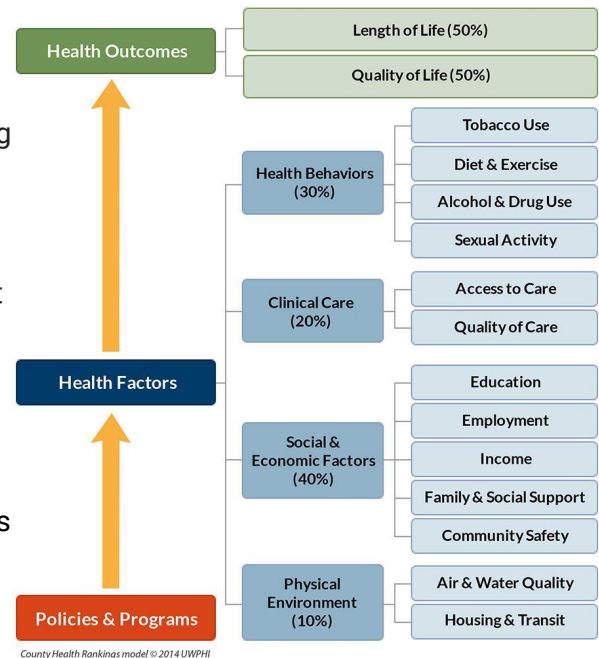
Demographic Highlights		
Indicator	White County	Description
Population		
% Living in rural communities	78%	
% below 18 years of age	19.8%	
% 65 and older	22.0%	
% Hispanic	3%	
% Asian	0%	
% Black	2%	
% White	95%	
Social and Community Context		
English Proficiency	1.3%	Proportion of community members that speak English "less than well"
Median Household Income	\$43,600	Income where half of households in a county earn more and half of households earn less
Percent of Children in Poverty	22%	Percentage of people under age 18 in poverty
Percent of Uninsured	13%	Percentage of population under age 65 without health insurance
Percent of Educational Attainment	83%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Percent of Unemployment	3.3%	Percentage of population ages 16 and older unemployed but seeking work

To view Community Demographic Data in its entirety, see Appendix B (page 44).

Process and Methods Used

Ascension Saint Thomas Highlands Hospital is committed to using national best practices in conducting the CHNA. Health needs and assets for White 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 Highlands 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/or Consultants

With the contracted assistance of Stratasan, Ascension Saint Thomas Highlands Hospital completed its 2021 CHNA in collaboration with the following organizations and individuals.

- White County Department of Health
- Tennessee Department of Health
- White County Health Council

Ascension Saint Thomas as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of secondary community health data, conducted and analyzed the interviews, and analyzed the online survey data.

The Tennessee Department of Health provided support to both the White County Health Department as well as Ascension Saint Thomas during the CHNA process.

Data Collection Methodology

In collaboration with various community partners, Ascension Saint Thomas Highlands Hospital collected and analyzed primary and secondary data for White 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, Stratasan consulted with a range of public health and social service providers that represent the broad interest of White 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 the Tennessee Department of Health. These methods provided additional perspectives on how to select and address top health issues facing White County. A summary of the process and results is outlined below.

Multiple methods were used to gather community input, including key stakeholder interviews, community survey and collaboration with the White County Health Council. A summary of the process and results is outlined below.

Surveys

A survey was conducted to gather the perceptions, thoughts, opinions, and concerns of the community regarding health priorities for White County. 42 individuals participated in the survey, held between December, 2021 and January, 2022. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 5 questions and was distributed to a broad segment of the population through distribution of the survey link to the members of the White County Health Council and to key stakeholders interviewed. They distributed the link widely throughout their clients, co-workers, and other organizations.

Surveys	
Key Summary Points	
<ul style="list-style-type: none"> • Half of the respondents mentioned insurance, access to doctors and cost as primary issues • Far and away the most mentioned were low-cost primary care, cost of insurance and doctors taking new patients • Increasing healthy eating and education on a healthy lifestyle were also concerns 	
Populations/Sectors Represented	Common Themes
<ul style="list-style-type: none"> • The survey was distributed county-wide through the Hospital and people who were interviewed. • The purpose of the distribution was to receive input from persons who represent the broad interests of the community served by the hospital. 	<p>What prevents all people in White County from being as healthy as possible? The top responses are below with the number of mentions.</p> <ul style="list-style-type: none"> • Access to affordable insurance and healthcare (21) • Motivation, choices, lifestyle (7) • Nutrition/ Lack of healthy diet (7) • Poverty/lack of resources for a healthy lifestyle (6) • Substance misuse/drugs (4) <p>If you could make 1 or 2 changes to ensure all residents of White County can be as healthy as possible, what would these changes be?</p> <ul style="list-style-type: none"> • Increase affordable access to health insurance and healthcare (22) • Increase education on a healthy lifestyle: eating, cooking, diet, exercise, mental health, sexual health, diabetes and drugs (7) • Create more affordable nutritious food selections (5) • Increase activity and exercise (5) • Decrease drug use (4) • Increase access to mental health (4)
Meaningful Quotes	
<ul style="list-style-type: none"> • "Increase mental health access for ALL ages. There is a huge deficit of access in our county and state." • "High deductible health plans force people to put off going to the doctor." • "So many issues we see in our community are related to addiction." 	

Key stakeholder interviews

A series of 10 one-on-one interviews were conducted by Stratasan in collaboration with Ascension Saint Thomas staff to gather feedback from key stakeholders on the health needs and assets of White County. Ten representatives from 10 different organizations and agencies participated in the focus groups, held between December 2021 and February 2022. Sectors represented by participants included:

- Tennessee Department of Health
- White County Schools
- Ascension Saint Thomas Highlands Hospital
- White County High School - School Health
- Tennessee Commission on Children and Families
- Tennessee Hospital Association
- End Slavery
- TennCare
- Age Well
- Tennessee Public Health Association

Key Stakeholder Interviews	
Key Summary Points	
<ul style="list-style-type: none"> • The community was most concerned by low-income individuals having access to insurance, care and housing, food insecurity, mental health, children's health, drug abuse, transportation and inactivity. Below are the populations represented and the common themes of each question asked. 	
Populations/Sectors Represented	Common Themes
<ul style="list-style-type: none"> • Tennessee Department of Health • White County Schools • White County High School • Ascension Sparta and Cookeville Medical Group <p>Interviewees represented youth, children, the underserved, and the general population.</p>	<p><u>Strongest Assets</u></p> <ul style="list-style-type: none"> • Good community spirit, good-will, organizations working together, neighbors helping neighbors • Small town feel and 1.5 hours to Nashville, Knoxville and Chattanooga • Lots of outdoor activities • Quality providers and healthcare facilities <p><u>Communities Left Out</u></p> <ul style="list-style-type: none"> • Those in poverty • Elderly – no longer drive, no transportation • Low income, underinsured, and uninsured • Kids needing childcare <p><u>Top three issues most concerned about in White County</u></p> <ul style="list-style-type: none"> • Food insecurity especially for kids • Transportation • Lack of resources in a rural community • Low-income housing • Drug/substance abuse • Mental health

	<ul style="list-style-type: none"> • Physical inactivity <p><u>Top three health issues most concerned about in White County</u></p> <ul style="list-style-type: none"> • Availability of providers, lack of primary care providers, need neurology – practices full • Transportation to doctors' visits • Access to affordable healthcare – high deductibles, co-pays, unaffordable healthcare • Substance abuse • Physical inactivity • Mental health <p><u>Top Initiatives to Implement</u></p> <ul style="list-style-type: none"> • Increase mental health services and providers, inpatient, outpatient, seniors' program • Improve transportation – Ucars vans increase schedule, have a system just for seniors • More low-income housing for seniors, low-income assisted living • Screenings in the schools like WellChild used to do • Provide Life Alert buttons to patients and seniors • More access to healthcare, dentists, primary care • Educational classes COPD, CHF, diabetes, exercise, dementia support group <p><u>Needs emerged given COVID-19 pandemic and movements for racial and social justice</u></p> <ul style="list-style-type: none"> • Telehealth, virtual care was extremely helpful • The 3 midnight waiver before sending someone to skilled care from the hospital was most helpful • Decreased access to care and physical activity led to increase in obesity diabetes and poor mental health • Health education became difficult as trusted sources were ignored and social media took its place • Keep an extra close check on neglect and abuse
Meaningful Quotes	
<ul style="list-style-type: none"> • "Availability of providers is an issue. The current providers are booked up and work hours that may not be convenient for everyone." • "The schools see insect problems; bed bugs and roaches have infested their backpacks." • "As a community, we all work well together. You see that spirit at Christmas with all the different organizations that reach out to help people." 	

To view community input data in its entirety, see Appendix C (page 47).

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.

Health indicators in the following categories were reviewed:

- Health Outcomes
- Social and Economic Factors that impact health
- Health Behaviors
- Access to Healthcare
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below.

Secondary data gathered includes:

- Public health data - causes of death, disease incidence, county health rankings indicators
- Demographics and socioeconomics - population, poverty, uninsured, unemployment
- Psychographics - behavior measured by spending and preferences using a nationwide survey

County Health Rankings indicates the following as areas to explore in White County:

- Higher adult smoking at 28%
- Higher adult obesity at 37%
- Lower access to exercise opportunities at 36%
- Higher teen births at 41 per 1,000 teen births
- Higher percentage of uninsured at 13%
- Lower percentage of highschool completion at 83%
- Lower percentage of adults with some college at 48%
- Higher injury deaths at 113 per 100,000 population

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.

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.

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	Trend	White County	Tennessee	Top US Counties	Description
Length of Life					
Premature Death		9,800	9,355	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		74.9	76.0	81.1	How long the average person should live.
Infant Mortality		NA	7.1	4.0	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health		26%	21%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		5.7	4.7	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		18%	15%	10%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight		8%	9%	6%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+		9.4	10.7	n/a	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population.
Mental Health					
Poor Mental Health Days		5.8	5.2	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		19%	16%	10%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		21	16	11	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes prevalence		17%	13%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence		597.2	466.0	n/a	Number of new cancer diagnoses per 100,000.
Communicable Disease					
HIV Prevalence		61	304.7	50	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.

Sexually Transmitted Infections		328.9	569	161	Number of newly diagnosed chlamydia cases per 100,000.
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Source: <https://www.countyhealthrankings.org/explore-health-rankings> <Place URL of snapshot page here>

Healthcare Access					
Uninsured		13%	12%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		15%	15%	12%	Percentage of adults under age 65 without health insurance.
Uninsured children		6%	5%	6%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		3,010:1	1,400:1	1,200:1	Ratio of population to primary care physicians.
Other Primary Care Providers		1,440:1	681:1	621:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		6,840:1	630:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		4,148	4,915	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		52%	50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		45%	41%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

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	Trend	White County	Tennessee	Top US Counties	Description
Economic Stability					
Median Household Income		\$43,600	\$56,000	\$72,900	Income where half of households in a county earn more and half of households earn less.
Unemployment		3.3%	3.8%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty		16.0%	13.8%	n/a	Percentage of population living below the Federal Poverty Line.
Childhood Poverty		22%	19%	10%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion		83%	87%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Some College		48%	61%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes		20%	29%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations		8.9	11.3	18.2	Number of membership associations per 10,000 population.
Disconnected Youth		NA	7%	7%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile Arrests		X	X	X	Rate of delinquency cases per 1,000 juveniles.
Violent Crime		254	621	63	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food Environment Index		7.6	6.2	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		14%	14%	9%	Percent of the population who lack adequate access to food.

Limited Access to Healthy Foods		5%	6%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

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	Trend	White County	Tennessee	Top US Counties	Description
Physical Environment					
Severe housing cost burden		9%	12%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		11%	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		8.8	8.8	5.5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		80%	66%	81%	Percentage of occupied housing units that are owned.
Year Structure Built		15.9%	18.1%	27.5%	Percentage of housing units built prior to 1960.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

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	Trend	White County	Tennessee	Top US Counties	Description
Healthcare Access					
Uninsured		13%	12%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		15%	16%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		6%	5%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		3,010:1	1,400:1	1,200:1	Ratio of population to primary care physicians.
Other Primary Care Providers		1,440:1	681:1	621:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		6,840:1	630:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		4,148	4,915	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		52%	50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		45%	41%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

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	Trend	White County	Tennessee	Top US Counties	Description
Healthy Life					
Adult Obesity		37%	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/m ² .
Physical Inactivity		24%	27%	19%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		36%	70%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		41%	41%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths		25.1	15.4	9.0	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking		28%	21%	16%	Percentage of adults who are current smokers.
Excessive Drinking		16%	17%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths		21%	25%	11%	Percent of Alcohol-impaired driving deaths.
Opioid Hospital Visits		NA	85	n/a	Rate of opioid-related hospital visits per 100,000 population.
Sexual Health					
Teen Births		41	29	12	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		328.9	569	161	Number of newly diagnosed chlamydia cases per 100,000 population.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

To view additional secondary data, see Appendix D (page 49).

Summary of COVID-19 Impact on White 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.²

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 conditions³

COVID-19 Impact on White County (as of December 1, 2021)			
Indicator	White County	Tennessee	Description
Total Cases	5,771	1,303,830	
Confirmed Cases per 100,000	7,272	19,092	
Total Deaths	98	19,829	
Deaths per 100,000	123	246	
Case Fatality Percentage	1.70%	1.52%	Percent of total confirmed cases of individuals who died of COVID-19

Source: CDC COVID Data Tracker and Tennessee Dept of Health
https://covid.cdc.gov/covid-data-tracker/#trends_totalandratedeathstotalrate

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

³ Ibid

Community Input on Previous CHNA and Implementation Strategy

Ascension Saint Thomas Highlands 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 White County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

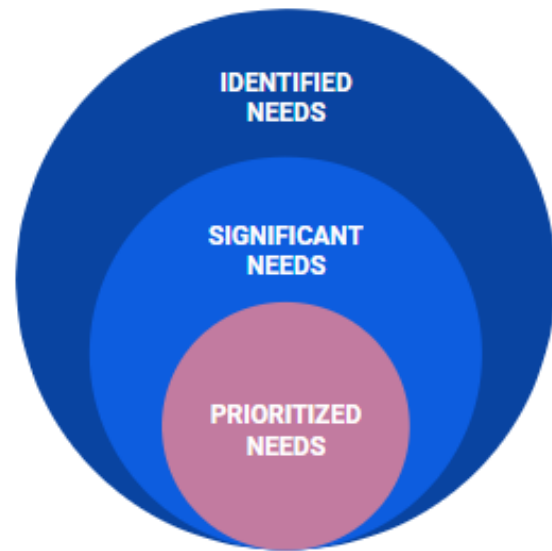
- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary 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 Highlands 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 Highlands Hospital, with contracted assistance from Stratasan, analyzed secondary data of over 95 indicators and gathered community input through individual interviews and an online community survey to identify the needs in White County. In collaboration with community partners, Ascension Saint Thomas Highlands 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 Highlands 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 White 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 Highlands Hospital utilized the 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 are as follows:

- Mental health – depression, suicide
- Substance misuse – includes alcohol and tobacco
- Poverty/Low-income housing
- Access to affordable healthcare and insurance

To view health care facilities and community resources available to address the significant needs, please see Appendix E (*page 60*).

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

Mental Health	
Why is it Important?	Data Highlights
<p>The stakeholders believed that mental health and related issues affected substance abuse and the unhoused population and impacted many other areas of health, defined as overall wellbeing.</p>	<ul style="list-style-type: none"> • Higher number of poor mental health days in the last 30 days at 5.8 • Higher percentage of adults reporting 14 or more days of poor mental health per month at 19% • Higher suicide rate at 21.3 than Tennessee and the U.S.
Local Assets & Resources	
<ul style="list-style-type: none"> • Health Connect America • Insightful Pediatric and Family Therapy 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Continued stigma of mental health • Lack of mental health resources and facilities • Many are going to jail or the hospital • The unhoused population are impacted by mental health issues 	<p>The stakeholders determined the unhoused population were very vulnerable to mental health issues such as schizophrenia and bipolar disorder.</p> <p>During COVID, isolation also increased depression.</p>

Substance Misuse	
Why is it Important?	Data Highlights
<p>Drug overdose deaths are a leading contributor to premature death and are largely preventable. Substance abuse impacts children and families in the community as well as the unhoused population.</p>	<ul style="list-style-type: none"> • Higher rate of drug overdose mortality at 38 per 100,000 population • Higher percentage of adult smoking at 28% • Higher rate of opioid prescriptions filled per 1,000 residents at 907 • Twenty-one percent of driving deaths had alcohol involvement
<p>Local Assets & Resources</p> <ul style="list-style-type: none"> • Bluebird Recovery • The Identify Project 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Substance abuse was in the top health issues in both the community survey and interviews • Negative stigma of the addicted population • Lack of treatment facilities 	<p>The stakeholders discussed the negative impact of substance abuse on children and the unhoused population.</p>

Poverty/low income housing	
Why is it Important?	Data Highlights
<p>Poverty and low-income status are associated with various adverse health outcomes, including shorter life expectancy, higher infant mortality rates, and higher death rates for the 14 leading causes of death. Healthy homes promote good physical and mental health. Good health depends on having homes that are safe and free from physical hazards. In contrast, poor quality and inadequate housing contributes to health problems such as chronic diseases and injuries, and can have harmful effects on childhood development.</p>	<ul style="list-style-type: none"> • Sixteen percent of the population earned below the poverty rate, higher than Tennessee and the U.S. • Twenty two percent under the age of 18 were in poverty, higher than Tennessee and the U.S. • Forty-eight percent of adults 35-44 had some college, lower than Tennessee and the U.S.
Local Assets & Resources	
<ul style="list-style-type: none"> • Stone Ridge Estates Affordable Housing • Knollcrest Manor Low Income Housing • Cookeville Rescue Mission 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Both the community survey and interviews identified poverty and socioeconomic conditions in the top health issues. 	<p>Those with income below the poverty level as well as lower income populations are more vulnerable to health issues and more likely to need low income housing.</p>

Access to healthcare and insurance	
Why is it Important?	Data Highlights
<p>Access to health services is an important step toward reducing health disparities. Health insurance coverage is an important determinant of access to health care.</p>	<ul style="list-style-type: none"> • Higher percentage of uninsured at 16%, and 8% of children were uninsured • Higher population per primary care physician, dentists, mental health providers, and other primary care providers • Lower mammography screening at 38% • Higher percentage of adults reporting fair or poor health at 27%
Local Assets & Resources	
<ul style="list-style-type: none"> • Ascension Saint Thomas Highlands Hospital • White County Health Department • Cumberland Family Care • Fast Pace Health 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • The community survey and interviews mentioned access to affordable healthcare and insurance in the top health issues • There is a lack of adequate primary care providers • There is a lack of services for people without insurance • The high percentage of uninsured population leads to lack of healthcare access 	<p>The stakeholders determined the uninsured population was vulnerable due to lack of access to healthcare.</p>

Prioritized Needs

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

1. Mental health – depression, suicide
2. Substance misuse – includes alcohol and tobacco
3. Poverty/Low-income housing
4. Access to affordable healthcare and insurance

Ascension Saint Thomas Highlands 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 Highlands Hospital leaders and community partners to finalize which community health needs Ascension Tennessee and Ascension Saint Thomas Highlands 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.

Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the 2019 CHNA can be found in Appendix F (*page 62*).

Approval by Ascension Saint Thomas Hospitals Board of Directors

To ensure the Ascension Saint Thomas Highlands' efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 CHNA was presented to the Ascension Saint Thomas Regional Board of Directors for approval and adoption on March 28, 2022 and to the Ascension Saint Thomas Board of Directors on April 8, 2022. 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 Highlands serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension Saint Thomas Highlands Hospital to guide the 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 Highlands Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of White County. As a Catholic health ministry, Ascension Saint Thomas Highlands 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 Highlands 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 the community's 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	White County	Tennessee	U.S.
Total	28,128	7,025,037	333,934,112
Male	49.2%	49.0%	49.3%
Female	50.8%	51.0%	50.7%
Data source: Esri, 2021			

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	White County	Tennessee	U.S.
Asian	0%	2%	6%
Black / African American	2%	17%	13%
Hispanic / Latino	3%	6%	19%
Native American	1%	0%	1%
White	95%	75%	69%
Data source: Esri, 2021			

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	White County	Tennessee	U.S.
Median Age	44.3	40.0	38.8
Age 0-17	19.8%	21.2%	21.8%
Age 18-64	58.2%	60.8%	61.0%
Age 65+	22.0%	18.0%	17.2%
Data source: Esri, 2021			

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	White County	Tennessee	U.S.
Median Household Income	\$43,600	\$55,276	\$64,730
Per Capita Income	\$22,040	\$29,859	\$34,103
People with incomes below the federal poverty guideline	16.0%	13.8%	12.3%
ALICE Households	39%	32%	29%
Data source: Esri, 2021, Tennessee Dept of Health County Data Package (US Bureau of Economic Analysis 2019), US Census Bureau Small Area Income and Poverty Estimates Program, 2019, United for Alice, 2018			

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	White County	Tennessee	U.S.
High School grad or higher	83%	87%	88%
Bachelor's degree or higher	12.3%	27.3%	32.1%
Data source: Esri, 2021			

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	White County	Tennessee	U.S.
Uninsured	16%	12%	10%
Medicaid Eligible	22.1%	19%	24.8%
Data source: County Health Rankings 2021, State of Tennessee County Profiles, 2020; US Medicaid.gov			

Appendix C: Community Input Data and Sources

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

- Information gathering, using secondary public health sources, occurred in January 2022.
- Community members participated in ten individual interviews for their perspectives on community health needs and issues from December 1, 2021 through February 15, 2022.
- A community survey was distributed and 42 responses were collected from October 6, 2021 through January 31, 2022.
- A final community survey, prioritizing 3-4 health needs, was distributed from February 15 through February 28, 2022 and 83 surveys were completed.

Input of those with special knowledge or expertise in public health

The Regional Health Department was consulted prior to beginning the CHNA process for advice and counsel. Representatives of the local health department participated in the interviews.

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

Eleven community members were interviewed. Those selected were chosen based on their knowledge of White County and its health needs. The hospital and Health Department recommended the interviewees who represented the broad interests of the community.

The online survey was distributed through the hospital CEO and other community stakeholders 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.

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 were selected because they represented the medically underserved, uninsured and minority populations.

Since the online survey was distributed through the Health Council, the medically underserved and uninsured were targeted as well as the general population.

Below is a list of the interviewees.

Interviewees

Organization	Represents
White County Health Department	All
Ascension Sparta and Cookeville Medical Group	All
White County Schools	Youth
White County High School	All
Tennessee Commission on Children and Families	Children
Tennessee Hospital Association	All
End Slavery	Victims of trafficking
TennCare	All
Age Well	Seniors
Tennessee Public Health Association	All

Appendix D: Secondary Data and Sources

In the graphs and tables below, if a red stop sign and red title accompany a graph or table the indicator for White County is worse than Tennessee. If a green star and green title accompany a table or graph, the White County indicator is better than Tennessee.

Health Outcomes

Length of Life - life expectancy, infant mortality

● **Life Expectancy**

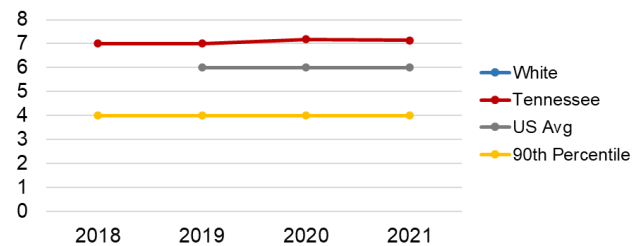
(Average number of years a person can expect to live)

2017-2019	
White County	74.9
Tennessee	76.0
US Avg*	78.8
90th Percentile	81.1

*US is 2019 data; due to Covid and impacts of Covid, life expectancy in the US decreased 1.87 years in 2020.

Infant Mortality*

(Number of infant deaths within 1 year per 1,000 live births)

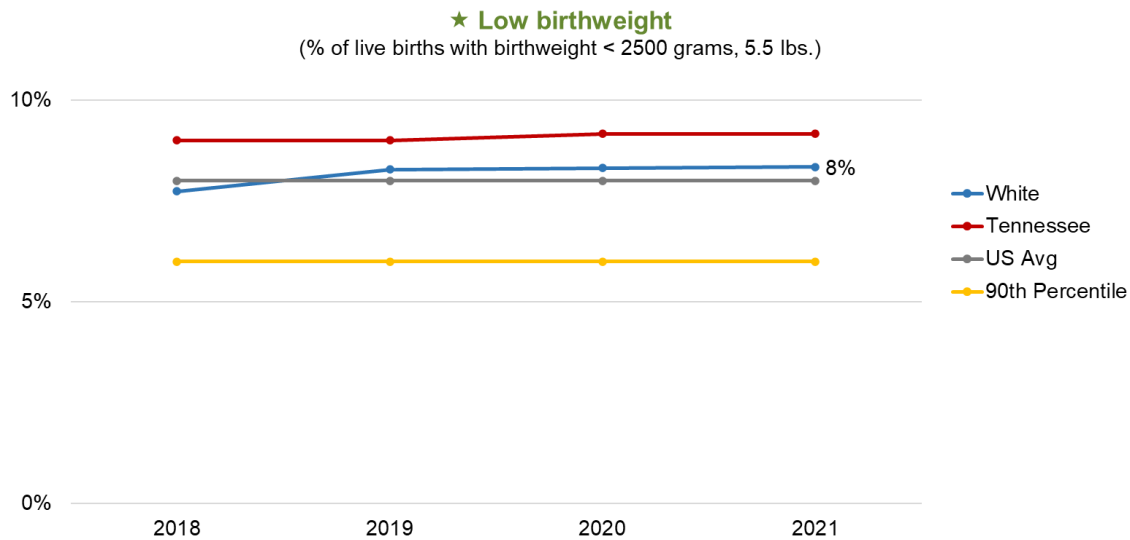


*Data was not available for White County on County Health Rankings due to low data volume. According to the State of Tennessee Commission on Children and Youth in County Profiles 2020, there were 1 infant deaths, making the rate 3.5 per 1,000. Published 1/2021

Life expectancy in White County was lower than Tennessee.

Physical Health

Low birthweight babies - *low birthweight babies*



For the percentage of low birthweight babies, White County is better than Tennessee.

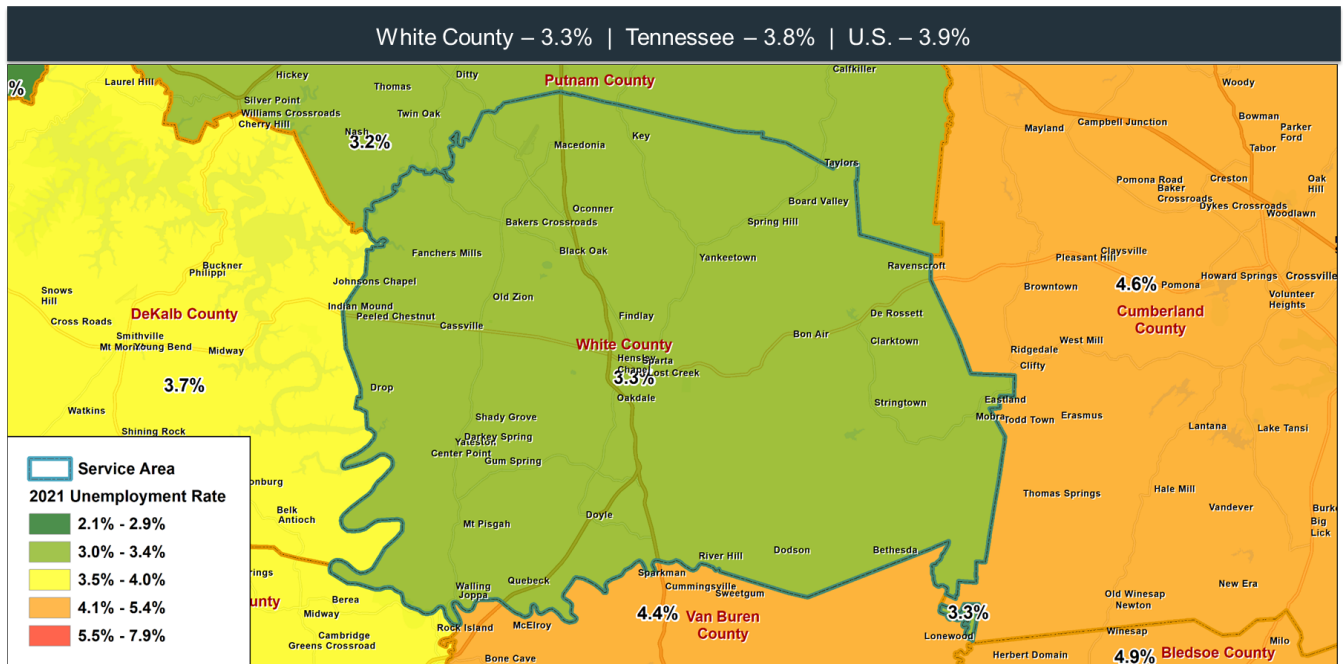
Social and Economic Factors

Economic Stability - *median hh income, unemployment, poverty, childhood poverty, income inequality*

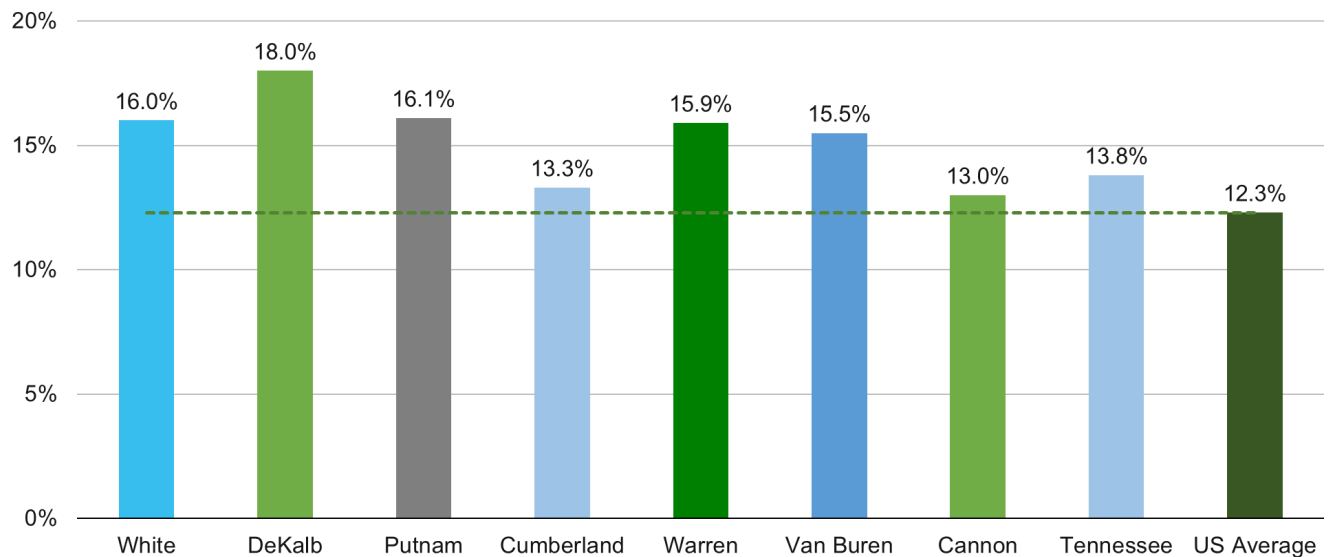
	White County	Tennessee	USA
Median Household Income	\$43,600	\$55,276	\$64,730

Source: Esri, 2021

Unemployment

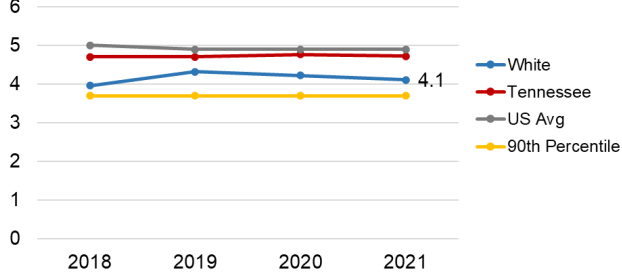


Poverty Estimates 2019 for Contiguous Counties, TN, and US



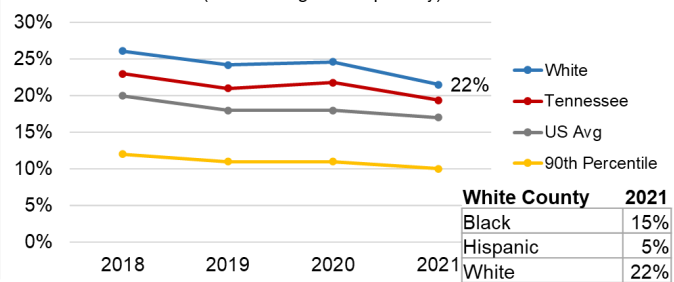
★ Income inequality

(ratio of HH income at the 80th percentile to income at the 20th percentile)



● Children in poverty

(% under age 18 in poverty)



White County 2021	
Black	15%
Hispanic	5%
White	22%

Educational Attainment - high school completion, some college, reading scores, math scores

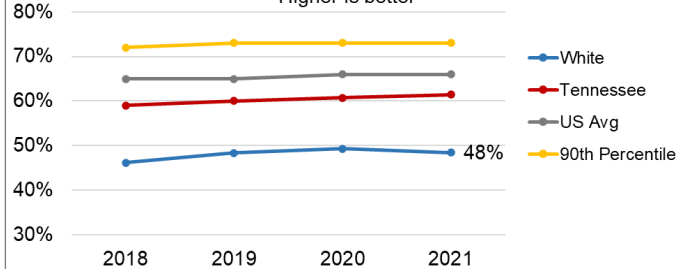
● High school completion

(% of adults ages 25 and over with a high school diploma or equivalent)

2021	
White County	83%
Tennessee	87%
US Avg*	88%
90th Percentile	94%

● Some college

(% of adults 35-44 with some postsecondary ed)
Higher is better



Math scores

(Average grade level performance for 3rd graders on math standardized tests)

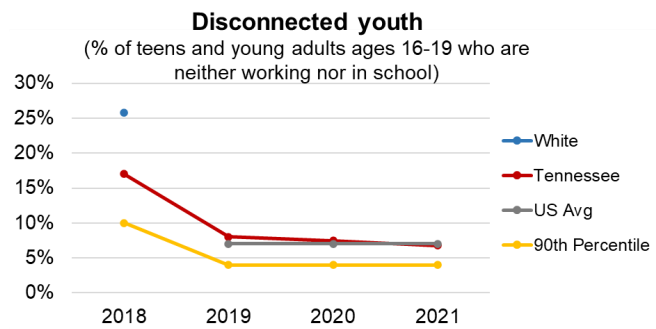
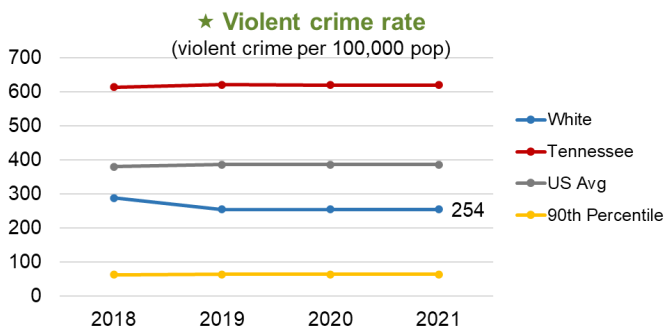
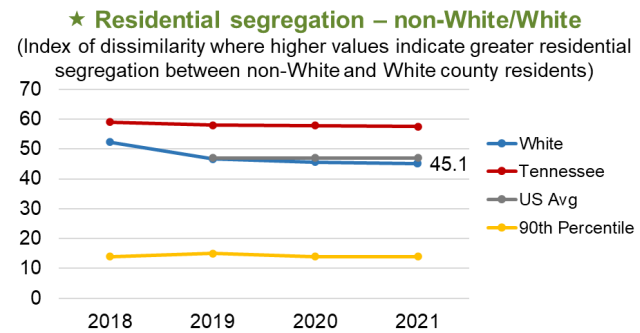
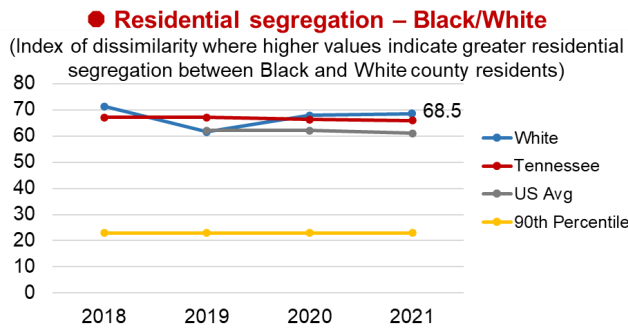
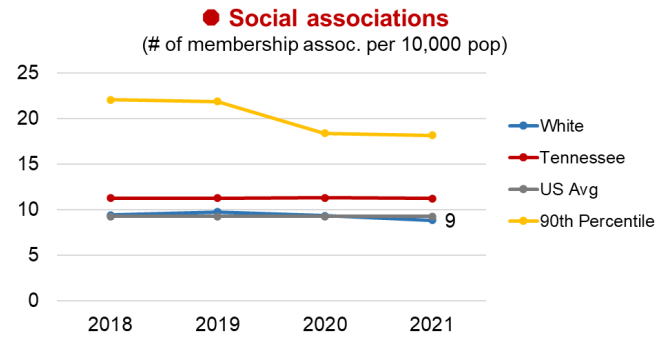
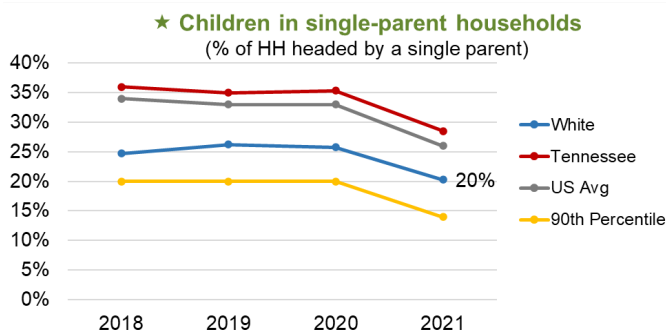
2021	
White County	2.9
Tennessee	2.9
US Avg	3.0
90 th Percentile	3.4

● 3rd Grade reading level

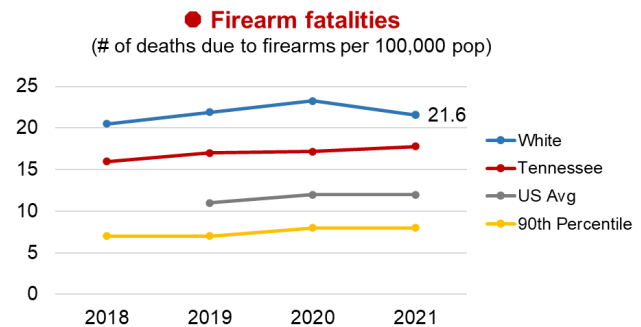
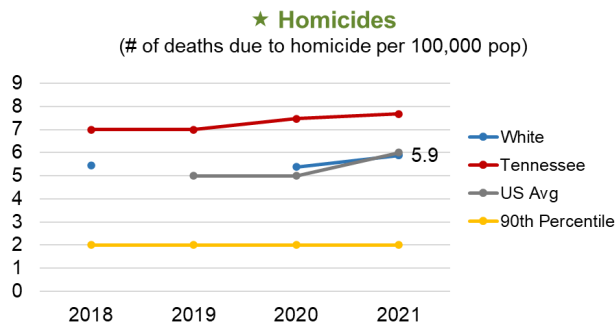
(Average grade level performance for 3rd graders on English Language Arts standardized tests)

2021	
White County	2.9
Tennessee	3.0
US Avg	3.1
90 th Percentile	3.3

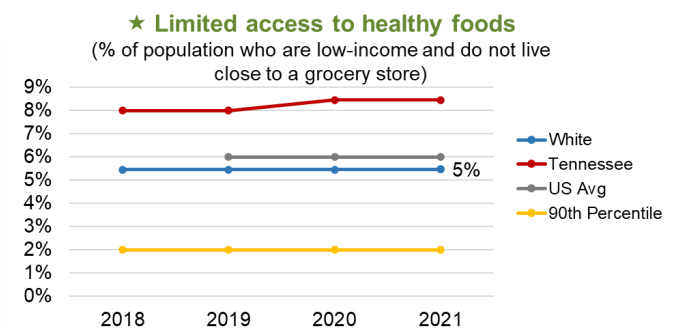
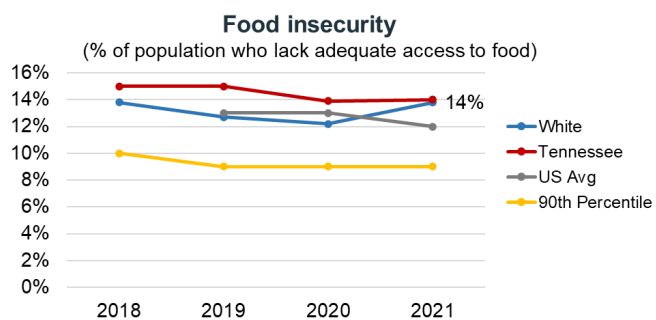
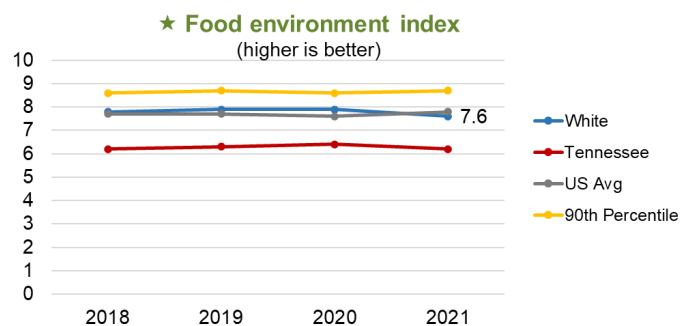
Social/Community - children in single parent homes, social associations, residential segregation - Black/White, residential segregation - non-White/White, disconnected youth, violent crime

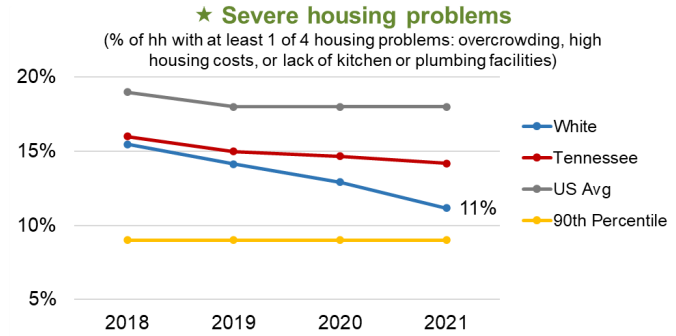
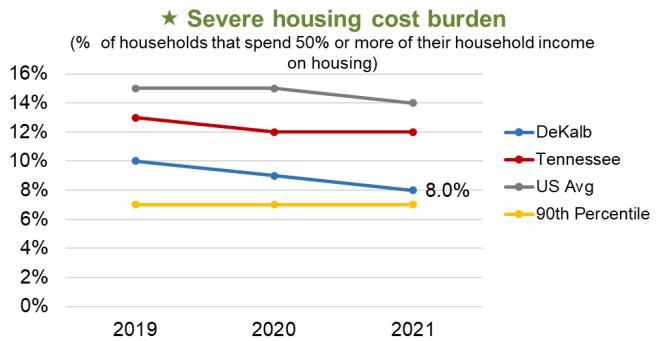


Injury Deaths - homicides, firearm fatalities



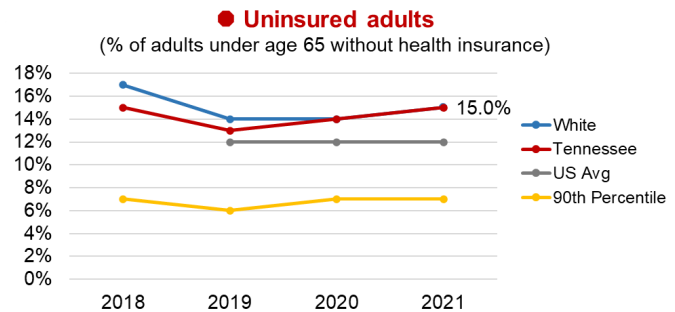
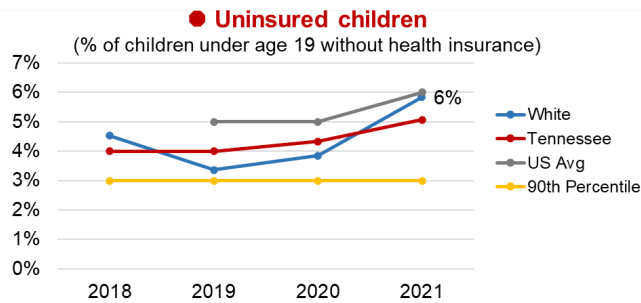
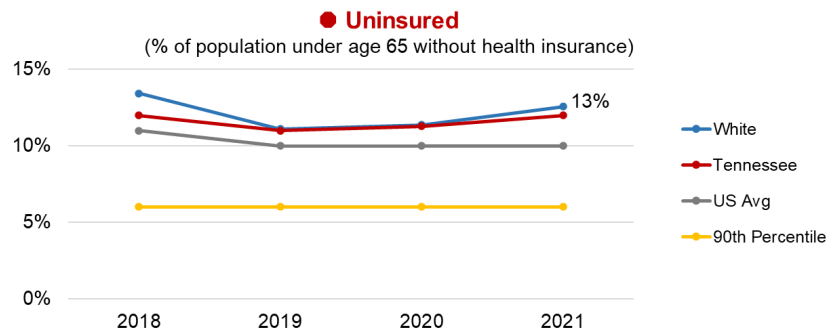
Access to Healthy Foods - food environment index, food insecurity, limited access to healthy foods

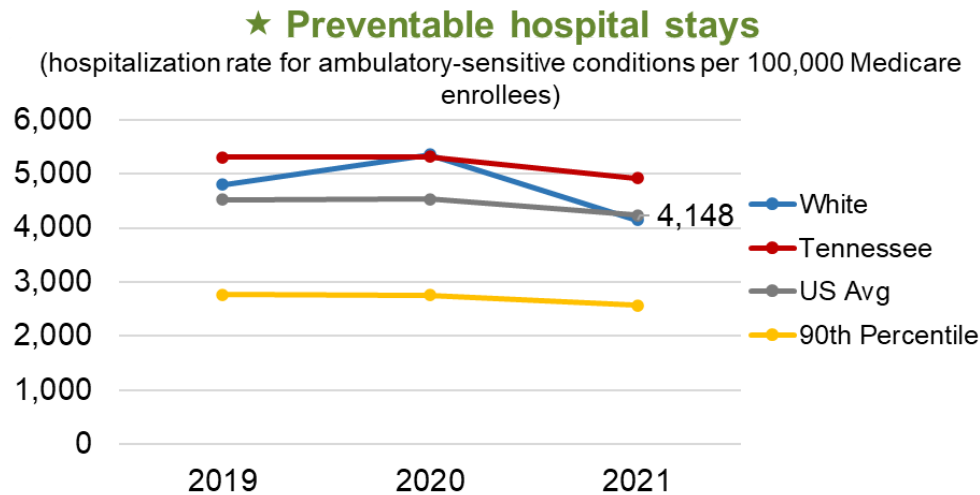
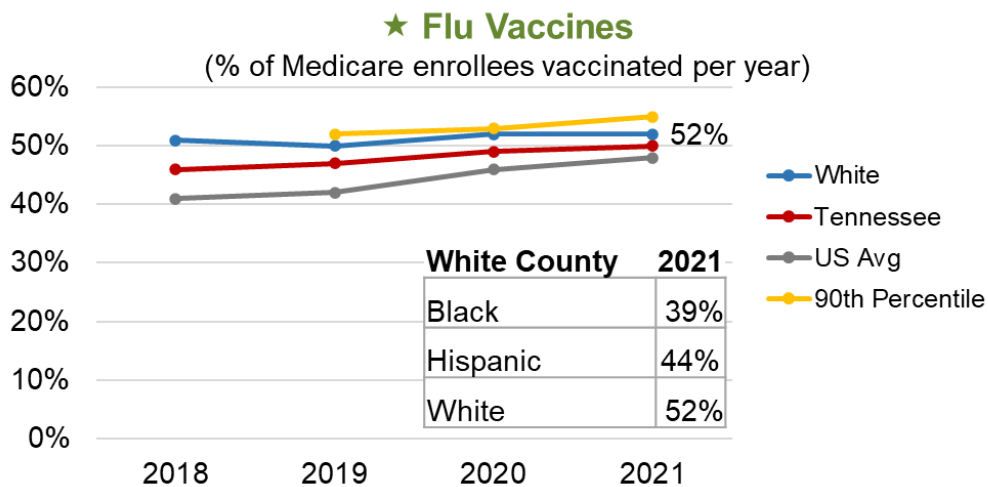


Physical Environment - Severe housing problems, severe housing cost burden


Clinical Care

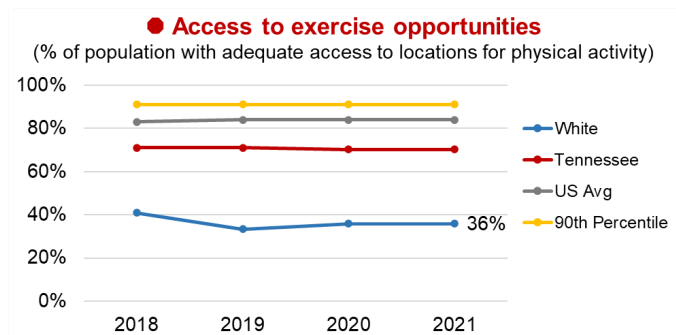
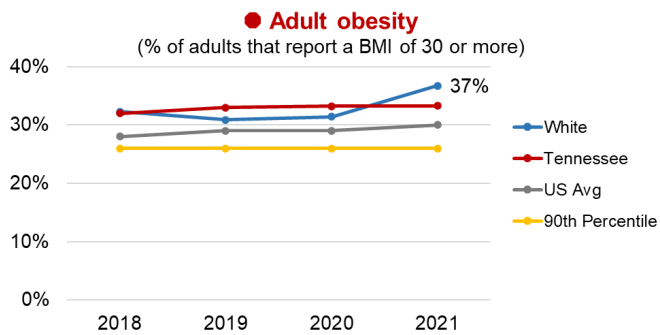
Healthcare Access - *uninsured, uninsured adults, uninsured children*



Hospital Utilization - Preventable hospital stays

Preventative Healthcare - Flu vaccinations


Health Behaviors

Healthy Life - Adult obesity, access to exercise opportunities



Substance Use and Misuse - Opioid hospital visits, opioid deaths
Opioid overdose outpatient visits

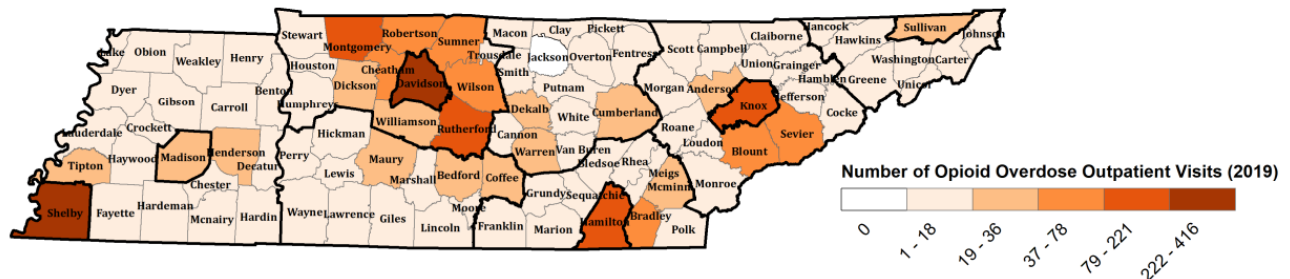
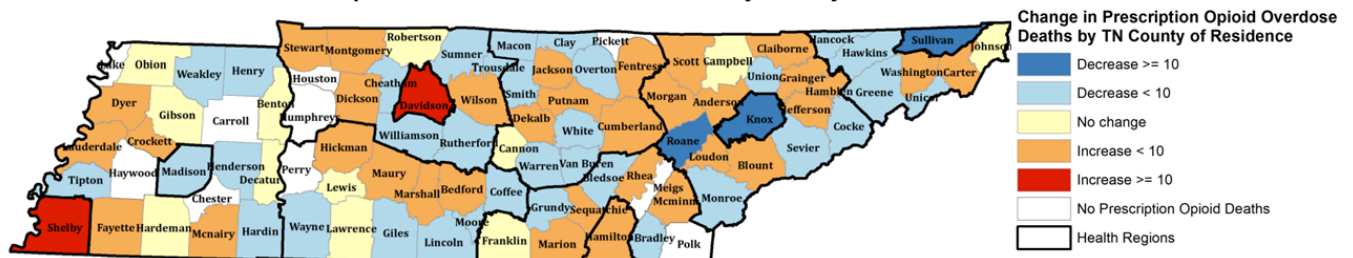
(rate of adults that were treated for an opioid overdose and survived per 100,000)

2019	
White County	NA
Tennessee	85
US Avg	NA

★ Opioid overdose deaths

(rate of adults that died from an opioid overdose per 100,000, age adjusted)

2020	
White County	51
Tennessee	73
US Avg	15

Opioid Overdose Outpatient Visits by County

Opioid Overdose Deaths by County


Tennessee.gov: Drug Poisoning Report (2021)

To view additional secondary data, see Appendix D (page 54).

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Saint Thomas Highlands Hospital has cataloged resources available in White 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.

Mental Health Resources

Organization Name	Phone	Website
Health Connect America	(931) 837-6042	https://www.healthconnectamerica.com/
Insightful Pediatric and Family Therapy	(931) 246-9449	https://www.insightfultherapytn.com/

Substance Misuse Resources

Organization Name	Phone	Website
Bluebird Recovery	(931) 222-0139	https://www.bluebirdrecoveryllc.com/
The Identify Project	(949) 274-3765	NA

Poverty/Low Income Housing Resources

Organization Name	Phone	Website
Stone Ridge Estates Affordable Housing	(931) 837-7368	https://olympiamanagement.net/property/stoneridge-estates-sparta-tn/
Knollcrest Manor Low Income Housing	(931) 836-3859	https://www.alcomgt.com/knollcrest-manor-apartments/
Cookeville Rescue Mission	(931) 528-5819	https://cookevillerescuemission.org/

Access to Healthcare

Organization Name	Phone	Website
Ascension Saint Thomas Highlands Hospital	(931) 738-9211	https://healthcare.ascension.org/locations/tennessee/tnnas/sparta-ascension-saint-thomas-highlands
White County Health Department	(931) 836-2201	https://www.tn.gov/health
Cumberland Family Care	(931) 738-3383	http://www.cumberlanddoc.com/
Fast Pace Health	(931) 739-4000	https://www.fastpacehealth.com/location/sparta?utm_source=gmb&utm_medium=yext&y_source=1_MjlzMDg2MzktNzE1LWxvY2F0aW9uLmdvb2dsZV93ZWJzaXRlX292ZXJyaWRl

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension Saint Thomas Highlands Hospital's previous CHNA implementation strategy addressed the following priority health needs: Access to Care, Mental Health, Healthy Weight, and Substance Misuse.

The table below describes the actions taken during the 2019 CHNA to address each priority need and indicators of improvement.

The COVID-19 pandemic had a profound impact on Ascension Saint Thomas Hickman Hospital's ability to carry out many strategies. Like many health systems, staff capacity shifted in 2020; while some of our strategies were able to adapt, many were not able to be implemented or fully completed.

Note: At the time of the report publication (e.g., Spring), the third year of the cycle will not be complete. Individual ministries will accommodate for that variable.

PRIORITY NEED	Access to Care	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Improve access to primary and specialty care services.	<i>Started - On Track</i>	FY20 No action steps taken FY21 Expanded virtual and same-day services. Added providers of the following specialties: Primary Care Psychiatry Cardiology FYTD22 No further additions noted
Maximize Use of Mobile Health Units	<i>Started - Lagging</i>	FY20 Events on hold due to COVID FY21 Events on hold due to COVID FYTD22 Planning meetings have resumed to identify opportunities to utilize mobile health units
Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.	<i>Started - On Track</i>	FY20 \$1,000 Family & Children's Service \$960 Tennessee Justice Center FY21 \$1,250 Family & Children's Service \$2,000 Tennessee Justice Center

		FYTD22 \$10,000 White County Schools
Improve access to care via telemedicine consultations, including when acute stroke symptoms are present	<i>Started, but ultimately stopped counting as Community Benefit during FY20</i>	FY20 Approximately 140 community members were able to use this service in the first two quarters of FY20, resulting in a net loss to AST of \$1909. During the pandemic, more emphasis was placed on the need to reimburse for telehealth visits, thus changing this to a service that is now reimbursed. FY21 No longer counted as Community Benefit FYTD22 No longer counted as Community Benefit

PRIORITY NEED	Mental Health	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Integrate behavioral health services with primary medical care to care for the behavioral as well as physical needs of underserved White County residents.	<i>Started - On Track</i>	FY20 No action steps taken FY21 Added a behavioral health screening questionnaire to the check-in process at our some pilot primary care clinics and emergency departments to help identify potential needs FYTD22 More than 78,000 community members in Tennessee have received a behavioral health screening since we began collecting data in FY21
Provide community support for those suffering from Alzheimer's Disease by hosting Alzheimer's Support Group.	<i>Not Started</i>	FY20 No action steps taken FY21 No action steps taken FYTD22 No action steps taken
Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.	<i>Started - On Track</i>	FY20 \$1,500 Haven of Hope FY21 \$1,700 Haven of Hope FYTD22 \$1,700 Haven of Hope

PRIORITY NEED	Healthy Weight	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Explore opportunities to increase active living and healthy eating.	<i>Not Started</i>	FY20 No action steps taken FY21 No action steps taken FYTD22 No action steps taken
Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.	<i>Started - On Track</i>	FY20 \$3,000 Second Harvest Food Bank Mobile Pantry FY21 \$6,000 Second Harvest Food Bank Mobile Pantry FYTD22 Still reviewing applications for the 2022 fiscal year

PRIORITY NEED	Substance Misuse	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Explore and enhance existing resources and mobilizations in the community related to substance misuse.	<i>Not Started</i>	FY20 No action steps taken FY21 No action steps taken FYTD22 No action steps taken
Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.	<i>Not Started</i>	FY20 None funded FY21 None funded FYTD22 Still reviewing applications for the 2022 fiscal year