

Ascension Saint Thomas River Park

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



Ascension

2021 Community Health Needs Assessment

Ascension Saint Thomas River Park Hospital

The goal of this report is to offer a meaningful understanding of the most significant health needs across Warren 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 River Park Hospital

Hospital Address: 1559 Sparta Street, McMinnville Tennessee 37110

Hospital Website:

<https://healthcare.ascension.org/locations/tennessee/tnnas/mcminnville-ascension-saint-thomas-river-park>

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 Warren County. Ascension Saint Thomas River Park 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 Warren County.

Executive Summary

2021 Community Health Needs Assessment

Ascension Saint Thomas River Park 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 Warren 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 River Park 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 River Park 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 Warren County. Ascension Saint Thomas River Park 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, Warren County Health Department and the Warren County Health Council. Stratasan, a healthcare strategic planning organization, was an important contracted partner who helped Ascension Saint Thomas River Park 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 River Park Hospital serves Warren County and surrounding areas, Saint Thomas River Park Hospital has defined its community served as Warren County for the 2021 CHNA. Warren County was selected as Ascension Saint Thomas River Park 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.

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

Warren County Significant Community Health Issues



Identified Needs: 2019 CHNA

- Substance use disorders including smoking/nicotine
- Obesity
- Access to care
- Socioeconomics

Secondary Data Issues

- Adult smoking
- Adult obesity
- Teen births
- Uninsured
- High school completion
- Some college
- Violent crime

Issues Identified in Interviews

- Substance Use
- Unhoused population
- Transportation
- Nutrition
- Mental health
- Physical inactivity
- Access to care and the uninsured

Issues Identified in Survey

- Nutrition/lack of healthy food
- Access to affordable insurance and healthcare
- Health education and knowledge
- Poverty/lack of resources
- Motivation and changing lifestyle
- Inactivity/exercise
- Tobacco
- Obesity/overweight

At a community stakeholder meeting February 24, the group reviewed a summary of the most significant health issues according to the various sources, e.g. 2019 priorities, community interviews, community surveys, and secondary data.

The group agreed to prioritize three issues:

- Access to healthcare and insurance
- Mental health
- Substance use disorder

Next Steps

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

As a Ministry of the Catholic Church, Ascension Saint Thomas River Park Hospital is a non-profit hospital governed by a local board of trustees represented by residents, medical staff, and sister sponsorship's, and has been providing medical care to Warren County. Ascension Saint Thomas operates 9 hospital campuses, more than 99 related healthcare facilities, and employs more than 550 primary and specialty care clinicians.



Ascension Saint Thomas River Park

Ascension Saint Thomas River Park Hospital in McMinnville, Tennessee, is a full-service hospital with 24/7 emergency care. Ascension Saint Thomas River Park delivers care for life-threatening injuries and illnesses. The care teams listen to quickly understand your health needs and deliver care that is right for you. Ascension Saint Thomas River Park Hospital is a local destination for specialty care - including heart and vascular care, orthopedics, breast health, obstetrics and maternity services. The OB-GYN maternity care teams at our Family Birthing Center deliver a personalized birthing experience and advanced neonatal care for sick babies. Ascension Saint Thomas River Park offer a wide range of minimally invasive procedures, imaging, lab tests and rehabilitation services, all on one campus

For more information about Ascension Saint Thomas River Park Hospital, visit

<https://healthcare.ascension.org/locations/tennessee/tnnas/mcminnville-ascension-saint-thomas-river-park>

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 River Park 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 41).

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 River Park .

Timeline

In July 2021, Ascension Saint Thomas River Park Hospital began a Community Health Needs Assessment for Warren 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 eleven individual interviews for their perspectives on community health needs and issues from October 21, 2021 through January 31, 2022.
- A community survey was distributed and 50 responses were collected from October 6, 2021 through January 31, 2022.
- A community stakeholder group met on February 24, 2022 to prioritize the most significant community issues.

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 River Park Hospital has defined its community served as Warren County. Although Ascension Saint Thomas River Park Hospital serves Warren County and surrounding areas, the “community served” was defined as such because most of our service area is contained in Warren County. From July 1, 2020 through June 30, 2021, 74% of Ascension Saint Thomas River Park Hospital’s inpatients came from Warren County.

Image 1: Map of Community Served



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

- Health care & social assistance - 16.5%
- Retail Trade - 12.6%
- Public Administration - 12.2%
- Other Services (equipment & machine repair, promoting or administering religious activities, grantmaking, advocacy, and providing dry-cleaning and laundry services, personal care services, death care services, pet care services, etc.) - 11.3%
- Accommodation & Food Services - 11.0%

3,486 people commute into the county each day while 3,962 out migrate from the county resulting in a net out migration of 476 per day.

Demographic Data

Located in the Upper Cumberland Region of Tennessee halfway between Nashville and Chattanooga, Warren County has a population of 41,892 and is 62% rural with 434 square miles. Below are demographic data highlights for Warren County:

- The 2021 population of Warren County is estimated to be 41,892 projected to grow .37% per year by 2026.
- 19.1 percent of the residents of Warren County are 65 or older, compared to 18% percent in Tennessee
- 90 percent of residents are non-Hispanic; 10 percent are Hispanic or Latino (any race)
- 87 percent of residents are White; 1 percent are Asian; 4 percent are Black or African American
- The total population increase from 2010 to 2021 was 5.1 percent
- The median household income is below the state median income (\$46,100 for Warren County; \$55,276 for Tennessee)
- The percent of all ages of people in poverty was higher than the state (15.9 percent for Warren County; 13.8 percent for Tennessee)
- The uninsured rate for the Warren County is higher than the state (16 percent for Warren County; 12 percent for Tennessee)

Table 1: Description of the Community

Demographic Highlights		
Indicator	Warren County	Description
Population		
% Living in rural communities	62%	
% below 18 years of age	21.9%	
% 65 and older	19.1%	
% Hispanic	10%	
% Asian	1%	
% Black	4%	
% White	87%	
Social and Community Context		
English Proficiency	7%	Proportion of community members that speak English "less than well"
Median Household Income	\$46,100	Income where half of households in a county earn more and half of households earn less
Percent of Children in Poverty	24%	Percentage of people under age 18 in poverty

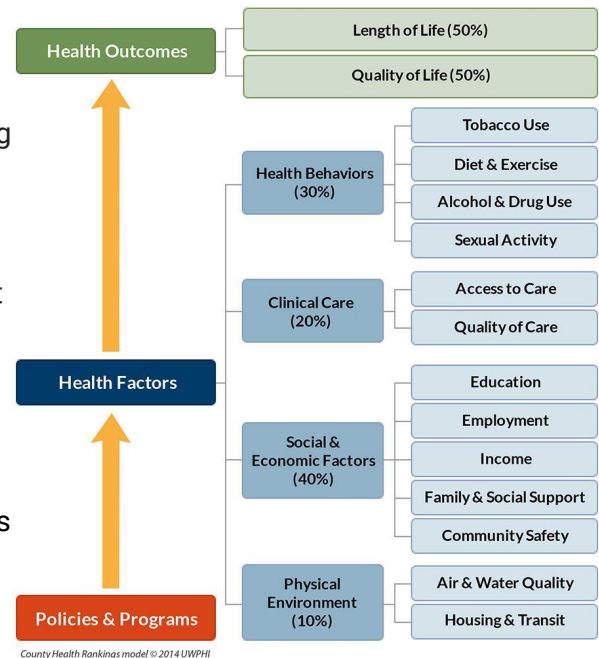
Percent of Uninsured	16%	Percentage of population under age 65 without health insurance
Percent of Educational Attainment	79%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Percent of Unemployment	3.9%	Percentage of population ages 16 and older unemployed but seeking work

To view Community Demographic Data in its entirety, see Appendix B (page 47).

Process and Methods Used

Ascension Saint Thomas River Park Hospital is committed to using national best practices in conducting the CHNA. Health needs and assets for Warren 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 River Park 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 River Park Hospital completed its 2021 CHNA in collaboration with the following organizations and individuals.

- Warren County Stakeholders Group
- Warren County Department of Health
- Tennessee Department of Health

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 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 River Park Hospital collected and analyzed primary and secondary data for Warren 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 Warren 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 Warren 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 Warren 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 Warren County. Fifty 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 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"> • What prevents all people in Warren County from being as healthy as possible? <ul style="list-style-type: none"> ○ Nutrition/ Lack of healthy diet <ul style="list-style-type: none"> ■ The community seemed to be most concerned with the lack of a healthy diet, eating out and eating fast food. ○ Access to affordable insurance and healthcare <ul style="list-style-type: none"> ■ The lack of insurance and cost of healthcare were concerning. ○ Education and Knowledge

<ul style="list-style-type: none"> ■ Education and knowledge of healthy lifestyles such as healthy eating and active living received mentions. ○ Poverty/lack of resources <ul style="list-style-type: none"> ■ The presence of poverty and general lack of disposable income for health activities ● If you could make 1 or 2 changes to ensure all residents of Warren County can be as healthy as possible, what would these changes be? <ul style="list-style-type: none"> ○ Create more affordable nutritious food selections/healthy diet <ul style="list-style-type: none"> ■ These responses were most concerned with consuming fresh food and ability to cook quick and easy meals. ○ Increase regular activity and exercise through walking, swimming, hiking <ul style="list-style-type: none"> ■ Respondents mentioned walking clubs and employer fitness programs as ways to increase movement. ○ Increase access to health insurance and healthcare <ul style="list-style-type: none"> ■ Expand Medicaid was a suggestion as well as increasing access to primary care for the uninsured were mentioned. ○ Increase lifestyle knowledge and education <ul style="list-style-type: none"> ■ Classes and health promotion in workplaces and schools were seen as ways to be more healthy. ○ Get the COVID-19 vaccine 	
Populations/Sectors Represented	Common Themes
<ul style="list-style-type: none"> ● The survey was distributed county-wide through the Health Council 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 Warren County from being as healthy as possible? The top responses are below with the number of mentions.</p> <ul style="list-style-type: none"> ● Nutrition/ Lack of healthy diet - 18 ● Access to affordable insurance and healthcare - 12 ● Education and knowledge of healthy lifestyles- 9 ● Poverty/lack of resources - 8 <p>If you could make 1 or 2 changes to ensure all residents of Warren County can be as healthy as possible, what would these changes be?</p> <ul style="list-style-type: none"> ● Create more affordable nutritious food selections/healthy diet - 15 ● Increase regular activity and exercise through walking, swimming, hiking - 11 ● Increase access to health insurance and healthcare - 9 ● Increase lifestyle knowledge and education - 8 ● Get the COVID-19 vaccine - 6
Meaningful Quotes	
<ul style="list-style-type: none"> ● "Make sure people can get medical care with no financial barriers even if they're uninsured." ● "More emphasis on emotional and mental well-being of all, along with more mental health treatment options." ● "Provide education to the broader public of the benefits of healthy eating habits and routine exercise related to longevity and quality of life." 	

Key stakeholder interviews

A series of 11 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 Warren County. 11 representatives from 11 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
- Church of God of Prophecy
- Centerstone Mental Health
- Warren County
- Warren County Chamber of Commerce
- 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 drug abuse, healthy nutrition, homelessness, mental health access to healthcare (providers and cost of care), poverty, jobs, and COVID. 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 • Church of God of Prophecy • Centerstone Mental Health • Warren County Government • Warren County Chamber of Commerce • Tennessee Commission on Children and Families • Tennessee Hospital Association • End Slavery • TennCare • Age Well • Tennessee Public Health Association <p>Interviewees represented, youth, children, businesses, seniors, the</p>	<p><u>Strongest Assets</u></p> <ul style="list-style-type: none"> • The people – volunteer spirit, caring, care about the community, collaboration • Good, strong local healthcare community – hospital, home care • Great environment - mountains, rivers, parks, climate • Centrally located with a 4-lane connector between 2 interstates, halfway between Nashville and Chattanooga • Really good school system with behavioral health in schools • Ministerial association and Cumberland transportation bus system <p><u>Communities Left Out</u></p> <ul style="list-style-type: none"> • Unhoused population • Low income, uninsured (especially fathers who don't qualify for TennCare) and underinsured • Mothers struggling with substance abuse • Undocumented population <p><u>Top three issues most concerned about in Warren County</u></p> <ul style="list-style-type: none"> • Substance use

<p>underserved, and the general population.</p>	<ul style="list-style-type: none"> • Unhoused population • Transportation • Nutrition • Lack of workforce for open jobs <p><u>Top three health issues most concerned about in Warren County</u></p> <ul style="list-style-type: none"> • Substance use • Physical inactivity • Mental health • Access to care - uninsured <p><u>Top Initiatives to Implement</u></p> <ul style="list-style-type: none"> • Shelters for men and women unhoused population • Drug coalition • Increase access to mental health providers • Increase pediatricians and primary care providers • More wellness programs • Free or inexpensive healthcare for the uninsured • Increase access to healthy foods and decrease food deserts • Utilize telemedicine to increase access to care <p><u>Needs emerged given COVID-19 pandemic and movements for racial and social justice</u></p> <ul style="list-style-type: none"> • Mental health issues emerged due to isolation • Made all realize access to healthcare, hospitals, caregivers, and EMS is important • People don't trust usual, established sources of information
Meaningful Quotes	
<ul style="list-style-type: none"> • "I'm surprised by people who live in tent cities and goat shacks and houses with no water or electricity. We need to try to help them." • "We have a high population of unhealthy people – diabetic or prediabetic, overweight, kidney disease, etc." • "As a community, we all work well together. We have quarterly health council meetings and all attend and come together to help improve Warren County." 	

To view community input data in its entirety, see Appendix C (page 50).

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 Warren County:

- Higher adult smoking at 28%
- Higher adult obesity at 35%
- Higher teen births at 40 per 1,000 teen births
- Higher percentage of uninsured at 16%
- Lower percentage of highschool completion at 79%
- Lower percentage of adults with some college at 44%
- Higher violent crimes at 458 violent crime offenses 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	Warren County	Tennessee	Top US Counties	Description
Length of Life					
Premature Death		10,082	9,355	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		74.5	76.0	81.1	How long the average person should live.
Infant Mortality		7.7	7.1	4.0	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health		27%	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		9%	9%	6%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+		9.1	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		6.0	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		18	16	11	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes prevalence		16%	13%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence		518	466.0	n/a	Number of new cancer diagnoses per 100,000.
Communicable Disease					

HIV Prevalence		90.7	304.7	50	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections		337	569	161	Number of newly diagnosed chlamydia cases per 100,000.
Source: https://www.countyhealthrankings.org/explore-health-rankings <Place URL of snapshot page here>					

Healthcare Access					
Uninsured		16%	12%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		19%	15%	12%	Percentage of adults under age 65 without health insurance.
Uninsured children		8%	5%	6%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		1,950:1	1,400:1	1,200:1	Ratio of population to primary care physicians.
Other Primary Care Providers		880:1	681:1	621:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		1,420:1	630:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		3,695	4,915	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		48%	50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		38%	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	Warren County	Tennessee	Top US Counties	Description
Economic Stability					
Median Household Income		\$46,100	\$56,000	\$72,900	Income where half of households in a county earn more and half of households earn less.
Unemployment		3.9%	3.8%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty		15.9%	13.8%	n/a	Percentage of population living below the Federal Poverty Line.
Childhood Poverty		24%	19%	10%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion		79%	87%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Some College		44%	61%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes		25%	29%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations		11.3	11.3	18.2	Number of membership associations per 10,000 population.
Disconnected Youth		11%	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		458	621	63	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food Environment Index		7.3	6.2	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		16%	14%	9%	Percent of the population who lack adequate access to food.

Limited Access to Healthy Foods		4%	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	Warren County	Tennessee	Top US Counties	Description
Physical Environment					
Severe housing cost burden		11%	12%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		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		69%	66%	81%	Percentage of occupied housing units that are owned.
Year Structure Built		20.3%	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	Warren County	Tennessee	Top US Counties	Description
Healthcare Access					
Uninsured		16%	12%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		19%	16%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		8%	5%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		1,950:1	1,400:1	1,200:1	Ratio of population to primary care physicians.
Other Primary Care Providers		880:1	681:1	621:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		1,420:1	630:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		3,695	4,915	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		48%	50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		38%	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	Warren County	Tennessee	Top US Counties	Description
Healthy Life					
Adult Obesity		35%	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		34%	27%	19%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		57%	70%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		42%	41%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths		25.7	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		15%	17%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths		18%	25%	11%	Percent of Alcohol-impaired driving deaths.
Opioid Hospital Visits		46	85	n/a	Rate of opioid-related hospital visits per 100,000 population.
Sexual Health					
Teen Births		40	29	12	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		337	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 54).

Summary of COVID-19 Impact on Warren 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 Warren County (as of December 1, 2021)			
Indicator	Warren County	Tennessee	Description
Total Cases	8,834	1,303,830	
Confirmed Cases per 100,000	11,132	19,092	
Total Deaths	132	19,829	
Deaths per 100,000	166	246	
Case Fatality Percentage	1.49%	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 River Park 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 Warren County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

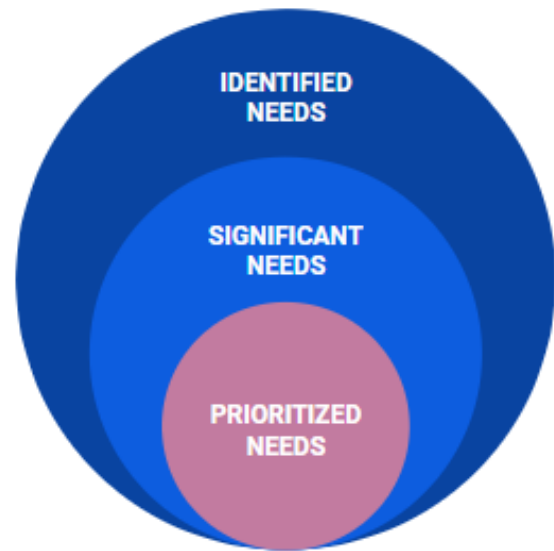
- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary 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 River Park 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 River Park 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 Warren County. In collaboration with community partners, Ascension Saint Thomas River Park 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 River Park 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. The image above also describes the relationship between the needs categories.



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 Warren 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 River Park 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:

- Access to healthcare and insurance
- Mental health
- Substance misuse

To view health care facilities and community resources available to address the significant needs, please see Appendix E (*page 59*).

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

Access to healthcare and insurance	
Why is it Important?	Data Highlights
Access to health services is an important step toward reducing health disparities. Health insurance coverage is an important determinant of access to health care.	<ul style="list-style-type: none"> • Higher percentage of uninsured at 16%. 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%
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • 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 	The stakeholders determined the uninsured and unhoused population were vulnerable due to lack of access to healthcare.

Mental Health	
Why is it Important?	Data Highlights
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.	<ul style="list-style-type: none"> • Higher number of poor mental health days in the last 30 days • Higher percentage of adults reporting 14 or more days of poor mental health per month at 19% • Higher suicide rate than Tennessee and the U.S.
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 	The stakeholders determined the unhoused population were very vulnerable to mental health issues such as schizophrenia and bipolar disorder.

Substance Misuse	
Why is it Important?	Data Highlights
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.	<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
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Both the community survey and interviews indicated substance misuse as one of the top health issues. • Negative stigma of the addicted population • Lack of treatment facilities 	The stakeholders discussed the negative impact of substance abuse on children and the unhoused population.

Prioritized Needs

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

- **Access to healthcare and insurance** - This was selected because of the general poor health of a significant percentage of the population and the high percentage of uninsured population.
- **Mental Health** - This need was selected because of the impact on the general population as well as the significant impact on the unhoused population.
- **Substance Misuse** - This need was selected because of the impact on children as well as the significant impact on the unhoused population.

Ascension Saint Thomas River Park 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 River Park 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 Board of Directors

To ensure the Ascension Saint Thomas River Park's 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 River Park Hospital serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension Saint Thomas River Park 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 River Park Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Warren County. As a Catholic health ministry, Ascension Saint Thomas River Park 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 River Park 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	Warren County	Tennessee	U.S.
Total	41,892	7,025,037	333,934,112
Male	49.6%	49.0%	49.3%
Female	50.4%	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	Warren County	Tennessee	U.S.
Asian	1%	2%	6%
Black / African American	4%	17%	13%
Hispanic / Latino	10%	6%	19%
Native American	0%	0%	1%
White	87%	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	Warren County	Tennessee	U.S.
Median Age	41.6	40.0	38.8
Age 0-17	21.9%	21.2%	21.8%
Age 18-64	59.0%	60.8%	61.0%
Age 65+	19.1%	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	Warren County	Tennessee	U.S.
Median Household Income	\$46,100	\$55,276	\$64,730
Per Capita Income	\$22,802	\$29,859	\$34,103
People with incomes below the federal poverty guideline	15.9%	13.8%	12.3%
ALICE Households	32%	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	Warren County	Tennessee	U.S.
High School grad or higher	79%	87%	88%
Bachelor's degree or higher	14.5%	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	Warren 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 River Park Hospital began a Community Health Needs Assessment for Warren 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 eleven individual interviews for their perspectives on community health needs and issues from October 21, 2021 through January 31, 2022.
- A community survey was distributed and 50 responses were collected from October 6, 2021 through January 31, 2022.
- A community group met on February 24, 2022 to prioritize the most significant community issues

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 Warren 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
Tennessee Department of Health	All
Centerstone Mental Health	Mental health
Chamber of Commerce	Businesses
Warren County local government	All
Church of God Prophecy	All
Tennessee Commission on Children and Families	Children
Tennessee Hospital Association	All
End Slavery (human trafficking)	Victims of trafficking
TennCare	All
Age Well	Seniors
Tennessee Public Health Association	All

Below is a list of community stakeholders who participated in prioritizing the most significant health needs in the community.

Warren County Community Stakeholders

Organization	Represents
Warren County Government	All
Children's Advocacy Center	Children
Homeless of McMinnville Effort (HOME)	Unhoused population
McMinnville Police Department	All
NHC	Seniors
Ascension Saint Thomas River Park Hospital	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 Warren County is worse than Tennessee. If a green star and green title accompany a table or graph, the Warren County indicator is better than Tennessee.

Health Outcomes

Length of Life - life expectancy, infant mortality

● Life Expectancy

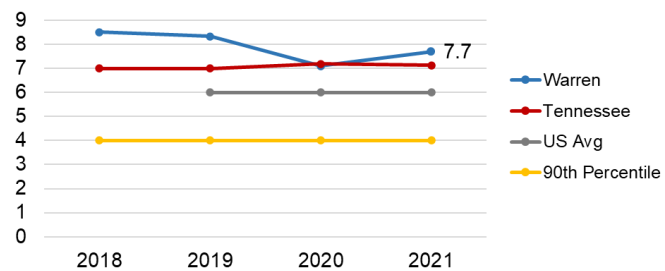
(Average number of years a person can expect to live)

2017-2019	
Warren County	74.5
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*

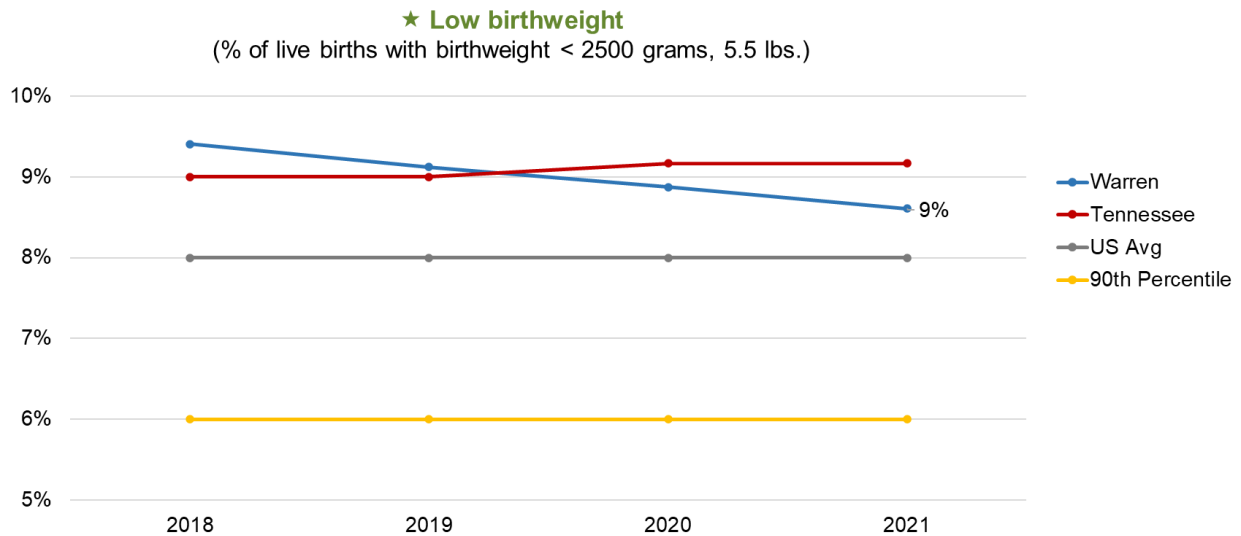
(Number of infant deaths within 1 year per 1,000 live births)



In the two health outcomes indicators, Warren County's measure was worse than Tennessee.

Physical Health

Low birthweight babies - *low birthweight babies*



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

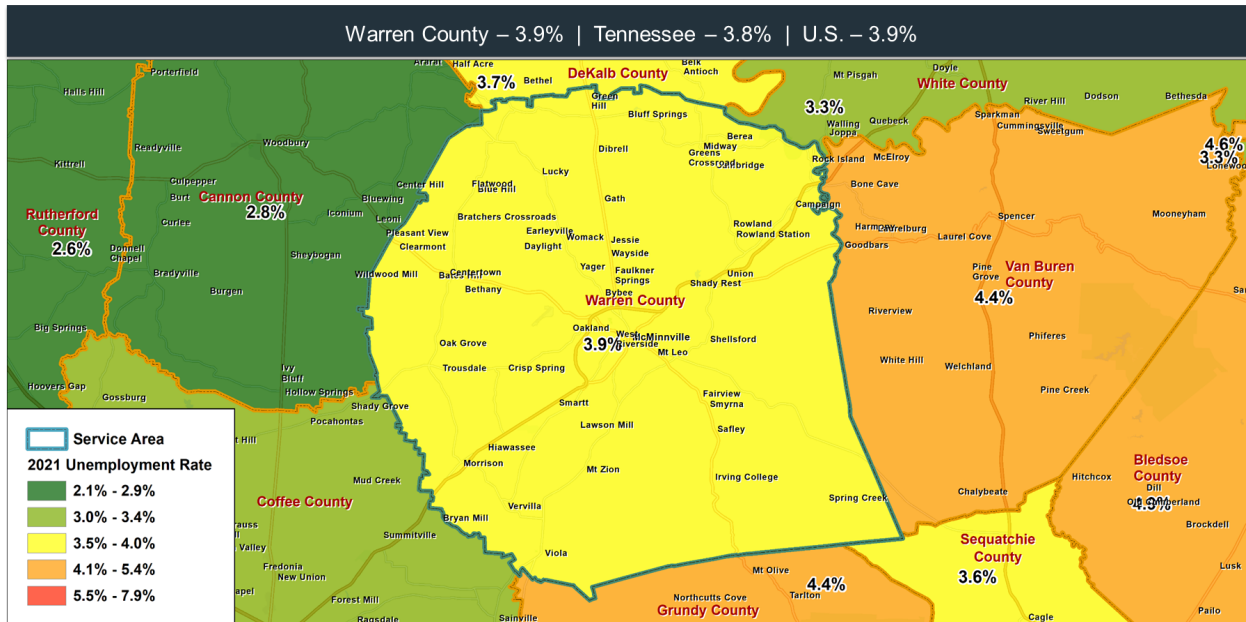
Social and Economic Factors

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

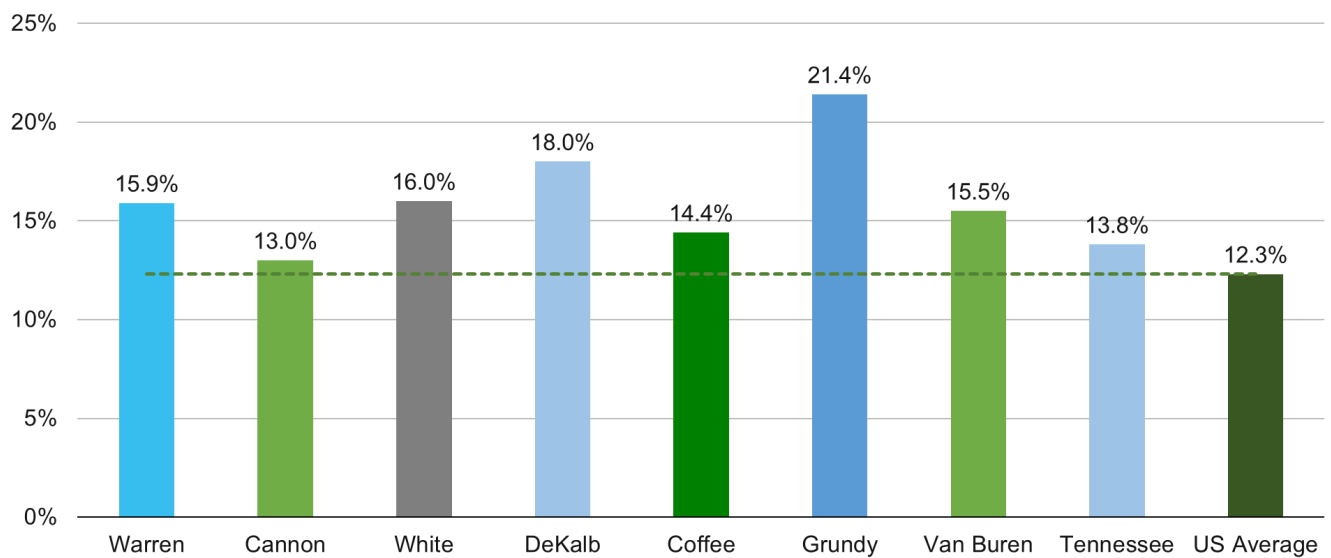
	Warren County	Tennessee	USA
Median Household Income	\$46,100	\$55,276	\$64,730

Source: Esri, 2021

Unemployment

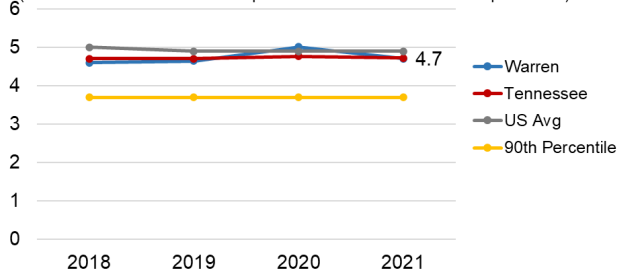


Poverty Estimates 2019 for Contiguous Counties, TN, and US



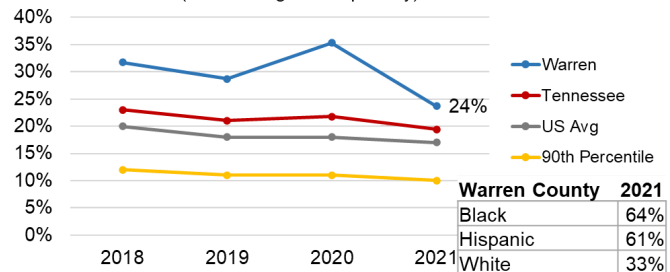
Income inequality

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



Children in poverty

(% under age 18 in poverty)



Warren County 2021	
Black	64%
Hispanic	61%
White	33%

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

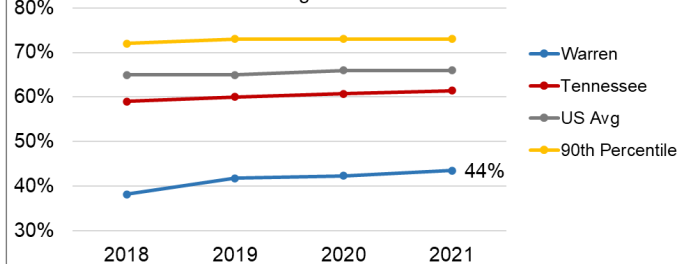
High school completion

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

2021	
Warren County	79%
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)
Higher is better

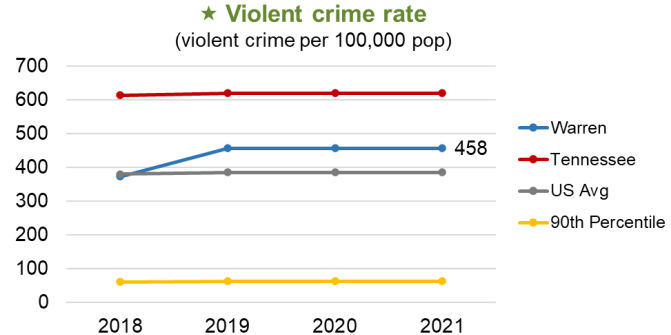
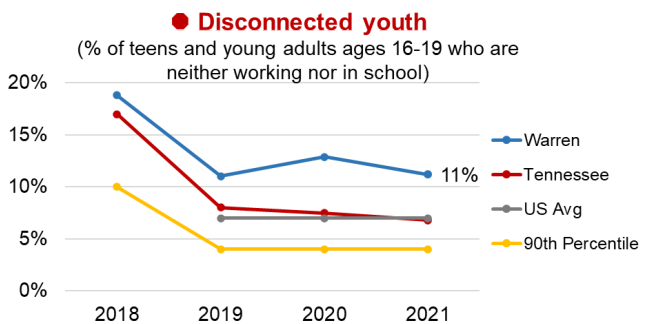
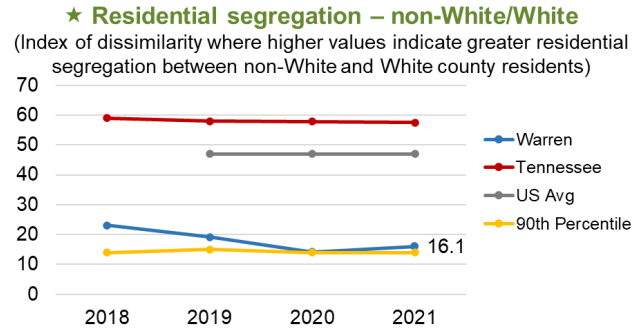
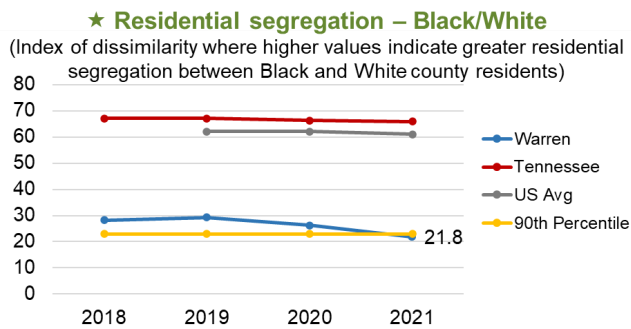
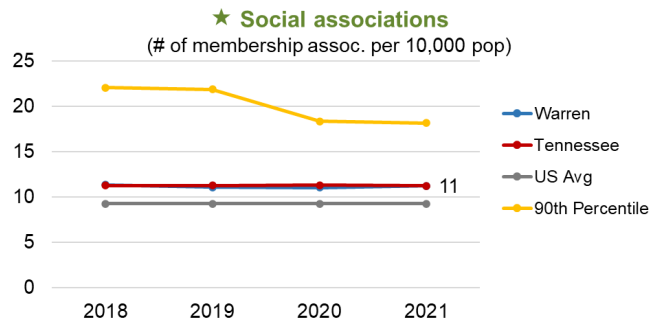
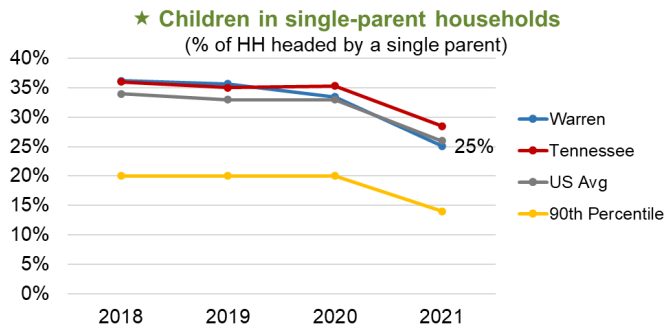
2021	
Warren County	2.7
Tennessee	2.9
US Avg	3.0
90th Percentile	3.4

3rd Grade reading level

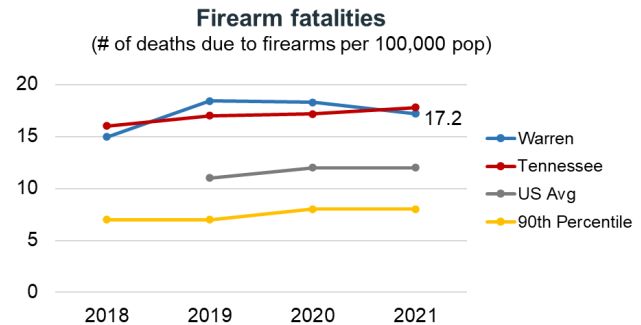
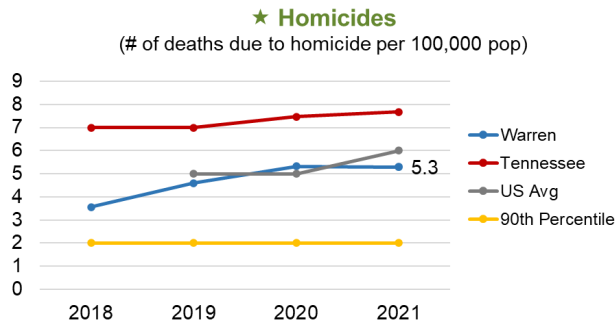
(Average grade level performance for 3rd graders on English Language Arts standardized tests)
Higher is better

2021	
Warren County	2.8
Tennessee	3.0
US Avg	3.1
90th Percentile	3.3

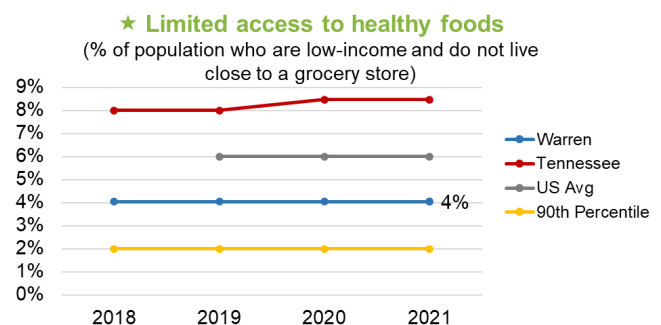
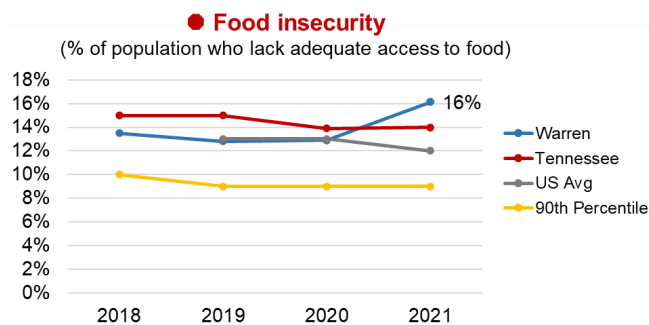
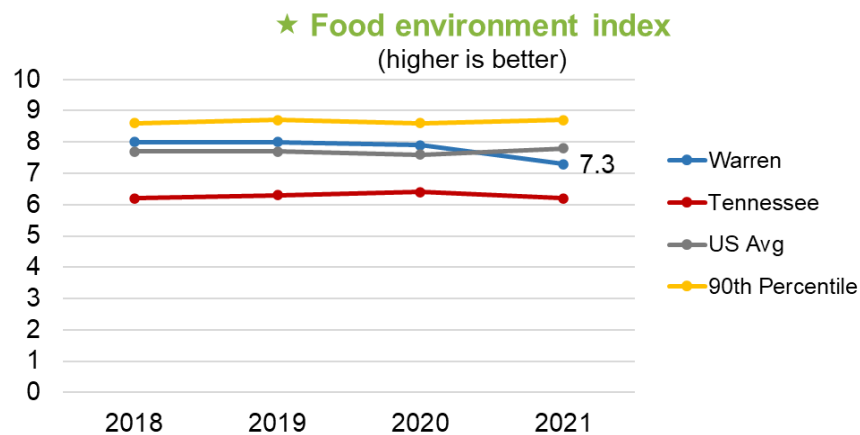
Social/Community - children in single parent homes, social associations, residential segregation - Black/White, residential segregation - nonWhite/White, disconnected youth, violent crime

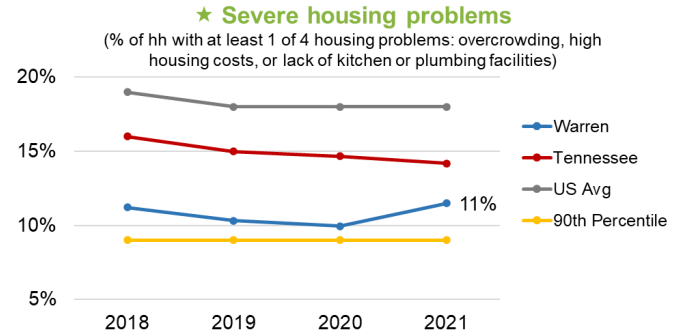
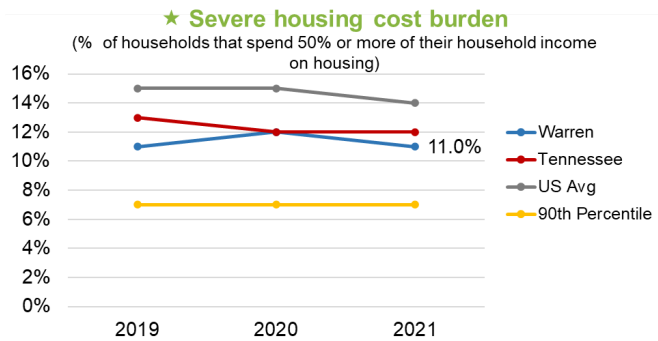


Injury Deaths - homicides, firearm fatalities



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



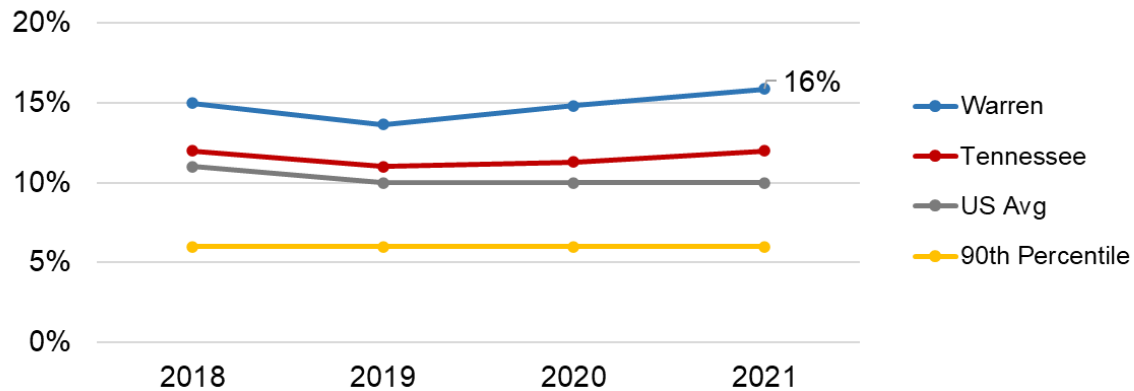
Physical Environment - Severe housing problems, severe housing cost burden


Clinical Care

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

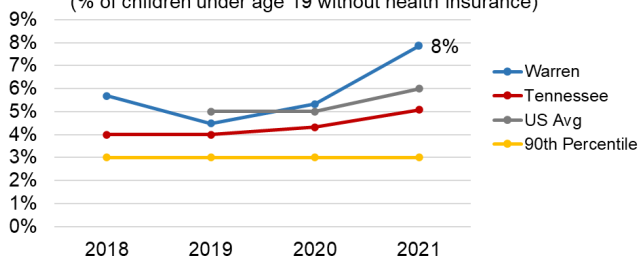
● Uninsured

(% of population under age 65 without health insurance)



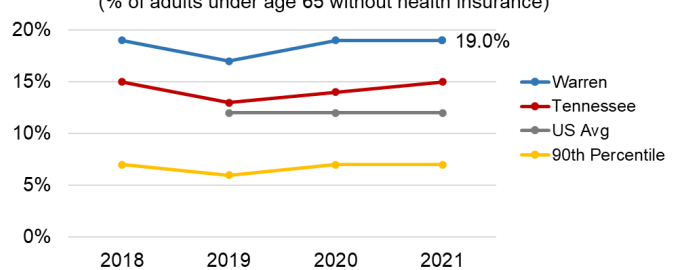
● Uninsured children

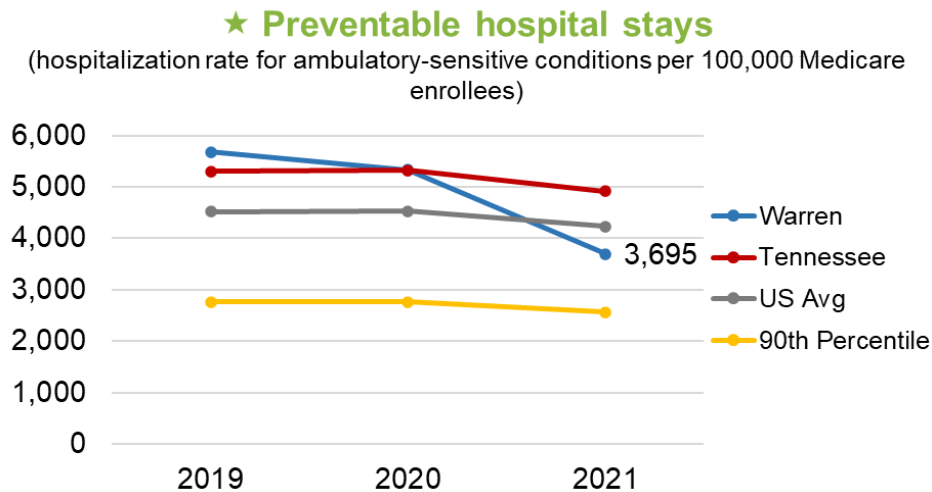
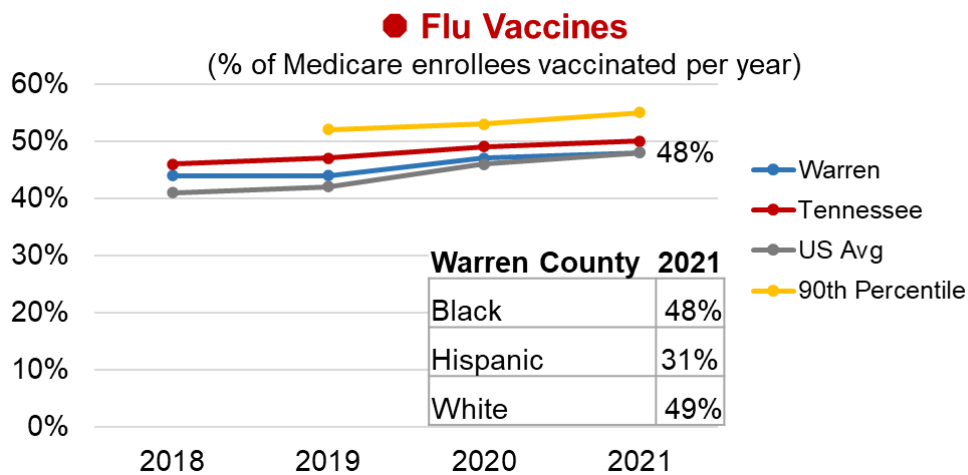
(% of children under age 19 without health insurance)



● Uninsured adults

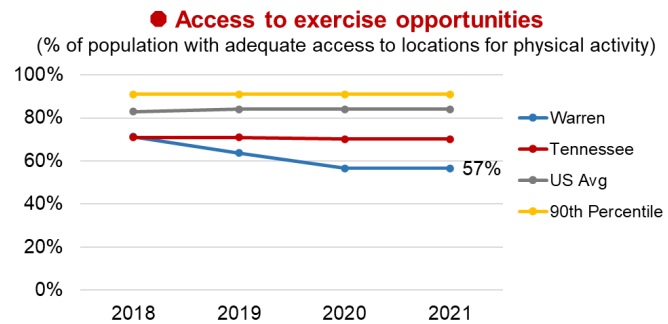
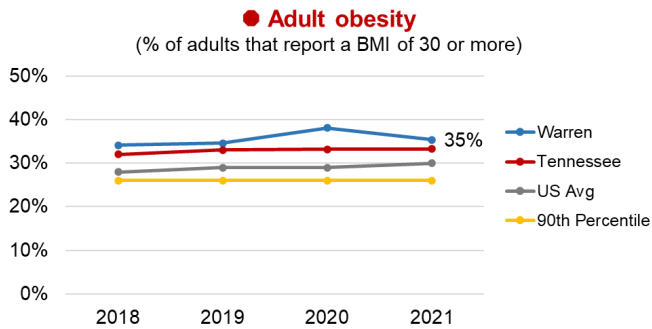
(% of adults under age 65 without health insurance)



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	
Warren County	46
Tennessee	85
US Avg	NA

Opioid overdose deaths

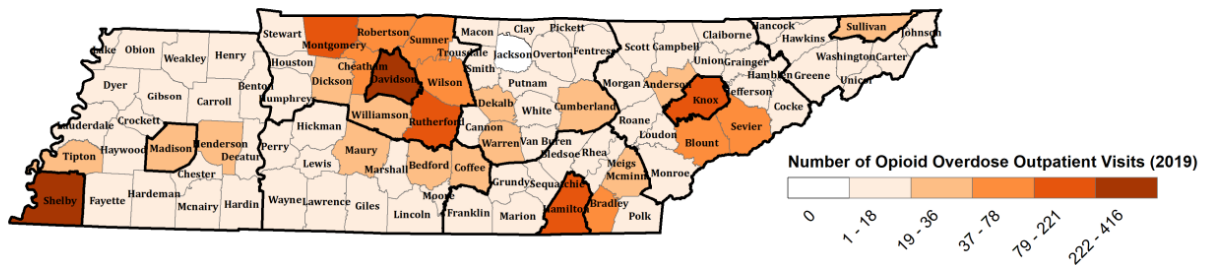
(rate of adults that died from an opioid overdose per 100,000, age adjusted)

2020	
Warren County	NA
Tennessee	73
US Avg	15

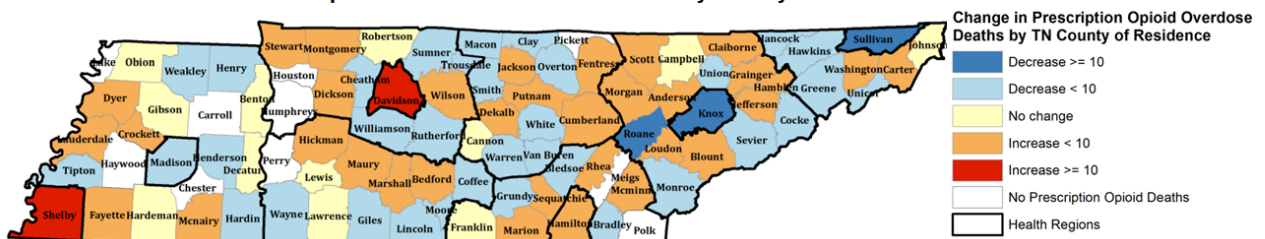
In Warren county the rate of drug overdose deaths involving all opioid deaths was unstable due to less than 10 counts in the year 2020. The total count of opioid deaths in Warren County was 7 in 2020.

Tennessee.gov: Drug Poisoning Report (2021)

Opioid Overdose Outpatient Visits by County



Opioid Overdose Deaths by County



Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Saint Thomas River Park Hospital has cataloged resources available in Warren 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.

Substance Use Disorder Resources

Organization Name	Phone	Website
Ascension Saint Thomas River Park	(931) 815-4000	https://healthcare.ascension.org/locations/tennessee/tnnas/mcminnville-ascension-saint-thomas-river-park?utm_campaign=gmb&utm_medium=organic&utm_source=local
Cumberland Recovery Center Psychiatric Clinic Suboxone	(931) 304-2844	https://cumberlandrecoverycenter.com/
Redemption Detox Center Tennessee	(931) 330-4770	https://drug-rehab-alcohol-detox-redemption-tennessee.business.site/?utm_source=gmb&utm_medium=referral
Care One Rehab Center McMinnville, Tennessee	(931) 329-6988	https://drug-rehab-alcohol-detox-care-one-mcminnville-tn.business.site/?utm_source=gmb&utm_medium=referral
Cheer Mental Health Center	(931) 473-9649	https://www.vbhcs.org/locations/mcminnville/
Hope Center of Warren County	(931) 507-7800	https://www.hopecenterwc.org/

Mental Health Resources

Organization Name	Phone	Website
Ascension Saint Thomas River Park	(931) 815-4000	https://healthcare.ascension.org/locations/tennessee/tnnas/mcmminnville-ascension-saint-thomas-river-park?utm_campaign=gmb&utm_medium=organic&utm_source=local
Tennessee Mental Health	(931) 474-4053	https://tmhca-tn.org/
Generations Health Center	(931) 527-1212	http://www.generationsgaither.com/
Cheer Mental Health Center	(931) 473-9649	https://www.vbhcs.org/locations/mcmminnville/
Hope Center of Warren County	(931) 507-7800	https://www.hopecenterwc.org/

Healthy/Active Living Resources

Organization Name	Phone	Website
Riverfront Park	(931) 473-1212	NA
Milner Recreation Center	(931) 473-1212	NA
Pepper Branch Park	(931) 473-1212	NA
Centertown Recreational Park	(931) 939-3951	NA

Access to Care

Organization Name	Phone	Website
Ascension Saint Thomas River Park	(931) 815-4000	Ascension Saint Thomas River Park
Ascension Saint Thomas Good Samaritan	(931) 474-1224	Ascension Saint Thomas Good Samaritan
Fast Pace Health	(931) 259-4144	Fast Pace Health
Tennessee Department of Health	(931) 473-8468	Local and Regional Health Departments

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

Ascension Saint Thomas River Park 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
Grow the Dispensary of Hope to provide medication assistance for uninsured and underinsured community members.	<i>Started - On Track</i>	FY20 No action steps taken. FY21 Action steps taken toward opening a new Dispensary of Hope during Summer 2021. FYTD22 Ribbon cutting on July, 27th, 2021. Nearly 1,000 prescriptions filled for uninsured/underinsured community members so far this fiscal year
Maximize Use of Mobile Health Units	<i>Started - Lagging</i>	FY20 Events on hold due to Covid FY21 Mobile Health Units were heavily utilized to assist with COVID vaccine clinics FYTD22 Regrouping meeting scheduled
Provide in-kind radiology services to community members being served at the Beersheba Springs Clinic.	<i>Started - On Track</i>	FY20 Events on hold due to Covid FY21 40 encounters for a total of nearly \$54,000 in services for uninsured/underinsured community members FYTD22

		6 encounters for a total of nearly \$13,000 in services for uninsured/underinsured community members
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 \$5,000 My Father's Closet Still reviewing applications for the 2022 fiscal year
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 Warren County residents.	<i>Started - Lagging</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.
Empower victims of sexual assault through the provision of Sexual Assault Nurse Examiner care and advocacy, ensuring that victims receive trauma-informed care and are connected to appropriate resources.	<i>Started - On Track</i>	FY20 None reported FY21 10 patients served FY22 Data collection is in process for this fiscal year.
Utilize volunteer chaplains to provide pastoral care in the community.	<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 \$5,000 Haven of Hope FY21 \$5,600 Haven of Hope FYTD22 \$5,600 Haven of Hope

PRIORITY NEED	Healthy Weight	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Implement a healthy food pantry within the Good Samaritan Charity Care Clinic assisting community members with dietary support and chronic-related issues.	<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 - Lagging</i>	FY20 None funded FY21 None funded FYTD22 Still reviewing applications for the 2022 fiscal year

PRIORITY NEED	Substance Misuse	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Support and build capacity within the Faith Health Task Force, a grassroots community coalition whose goal is to improve community health.	<i>Started - Lagging</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