

Ascension Saint Thomas Rutherford Hospital

**2021 Community Health Needs Assessment
Rutherford County, TN**



Ascension

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

Hospital Address: 1700 Medical Center Pkwy, Murfreesboro, TN 37129

Hospital Website: [Ascension Saint Thomas Rutherford](https://www.ascensionstthomas.com)

Hospital Phone: 615-396-4100

Hospital EIN: 62-0475842

The 2021 Community Health Needs Assessment was presented to the Ascension Saint Thomas Rutherford Board of Directors for approval and adoption on March 17, 2022 (Ascension Saint Thomas Rutherford tax year 2021) 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.

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 Rutherford County. Ascension Saint Thomas Rutherford 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 Rutherford County.

Executive Summary

2021 Community Health Needs Assessment

Ascension Saint Thomas Rutherford 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 Rutherford 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 Rutherford 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 Rutherford 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 Rutherford County. Ascension Saint Thomas Rutherford Hospital is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us - especially Vanderbilt University Medical Center's Office of Health Equity, the Rutherford County Health Department, the Rutherford County Health Council, Dr. Kathryn Mathes, the Tennessee Immigrant and Refugee Rights Coalition and the Elmahaba Center. 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 Rutherford Hospital serves Rutherford County and surrounding areas, Saint Thomas Rutherford Hospital has defined its community served as Rutherford County for the 2021 CHNA. Rutherford County was selected as Ascension Saint Thomas Rutherford 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.

- 14 local reports were read and analyzed as a part of an environmental scan.
- 37 community stakeholders were interviewed individually for their insights on community health issues.
- 213 people completed an online survey distributed through stakeholders and the Rutherford County Community 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 Rutherford Hospital analyzed secondary data of over 80 indicators and gathered community input through an environmental scan of local reports, individual community interviews, and an online community survey. In collaboration with community partners, Ascension Saint Thomas Rutherford Hospital used a phased prioritization approach to determine the most crucial needs for community stakeholders to address.

At the Rutherford County Health Council subcommittee meeting on January 27, 2022, the group reviewed a summary of the most significant health issues according to the various sources of data collected from community members.

Rutherford County Significant Needs - All Methodologies

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

Through this process and review the Health Council subcommittee prioritized five issues:

- **health care access;**
- **mental health;**
- **opioid misuse;**
- **infant mortality; and**
- **affordable housing.**

Next Steps

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

Ascension Saint Thomas Rutherford Hospital

As a Ministry of the Catholic Church, Ascension Saint Thomas Rutherford Hospital in Murfreesboro, Tennessee, is a full-service hospital with 24/7 emergency care. Ascension Saint Thomas Rutherford Hospital delivers care for life-threatening injuries and illnesses. Care teams listen to quickly understand your health needs and deliver care that's right for you. Ascension Saint Thomas Rutherford is a destination for specialty care - including heart and vascular care, orthopedics, intensive care, maternal - fetal medicine and obstetrics and maternity services. The OB-GYN maternity care teams deliver a personalized birthing experience and advanced neonatal care for sick babies. Ascension Saint Thomas Rutherford Hospital offers a wide range of minimally invasive procedures, imaging, lab tests and rehabilitation services, all on one campus.

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

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 Rutherford 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 Rutherford Hospital.

Timeline

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

- Planning meetings with community partners took place between January 2021-June 2021.
- 14 local reports from community partners were read, analyzed and cataloged as a part of an Environmental Scan between March - September 2021.
- Information gathering, using secondary public health sources, occurred between November 2021 - January 2022.
- 37 community members representing many sectors of the community, including Arabic and Spanish-speaking citizens, participated in stakeholder interviews.

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

- A community survey was distributed and 213 responses were collected from November 1, 2021 through December 3, 2021.
- Rutherford County Health Council Meetings were held on:
 - October 5, 2021 - discuss importance of CHNA to community and request assistance from community in forming a CHNA subcommittee
 - November 2, 2021 - review requirements and expectations of CHNA subcommittee meetings being held in early 2022, answer questions about process
- Rutherford County Health Council CHNA Subcommittee:
 - January 24, 2022 - review all CHNA data, consider health equity questions and views from others in subcommittee, vote on top needs
 - January 27, 2022 - review voting results, prioritize the most significant health needs in the county, discuss solutions utilizing health equity framework

Community Served and Demographics

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

Community Served

For the purpose of the 2021 CHNA, Ascension Saint Thomas Rutherford Hospital has defined its community served as Rutherford County. Although Ascension Saint Thomas Rutherford Hospital serves Rutherford County and surrounding areas, the “community served” was defined as such because most of our service area is contained in Rutherford County. From July 1, 2020 through June 30, 2021, 65% of Ascension Saint Thomas Rutherford Hospital’s inpatients came from Rutherford County.

Image 1: Map of Community Served



Demographic Data

Located in middle Tennessee, Rutherford County has a population of 352,182 and has experienced exponential growth over the last decade. Below are demographic data highlights for Rutherford County:

- The 2021 population of Rutherford County is estimated to be 352,182 and is one of the fastest-growing counties in Tennessee.
- The total population increase from 2010 to 2020 was 25.6%.
- The median household income is above the state median income (\$69,600 for Rutherford County; \$55,276 for Tennessee).
- The uninsured rate for Rutherford County is lower than the state (10 percent for Rutherford County; 12 percent for Tennessee).

Table 1: Description of the Community

Demographic Highlights		
Indicator	Rutherford County	Description
Population		
% Living in rural communities	17%	
% below 18 years of age	24%	
% 65 and older	10.8%	
% Hispanic	8.7%	
% Asian	3.6%	
% Black	15.8%	
% White	69.1%	
Social and Community Context		
English Proficiency	2%	Proportion of community members that speak English "less than well"
Median Household Income	\$69,600	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	13%	Percentage of people under age 18 in poverty.
Percent of Uninsured	10%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	92%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	2.6%	Percentage of population ages 16 and older unemployed but seeking work

To view Community Demographic Data in its entirety, see Appendix B (page 49).

Process and Methods Used

Ascension Saint Thomas Rutherford Hospital is committed to using national best practices in conducting the CHNA. Health needs and assets for Rutherford 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 Rutherford Hospital's approach includes the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement supplemented with additional data.

Collaborators and Vendors

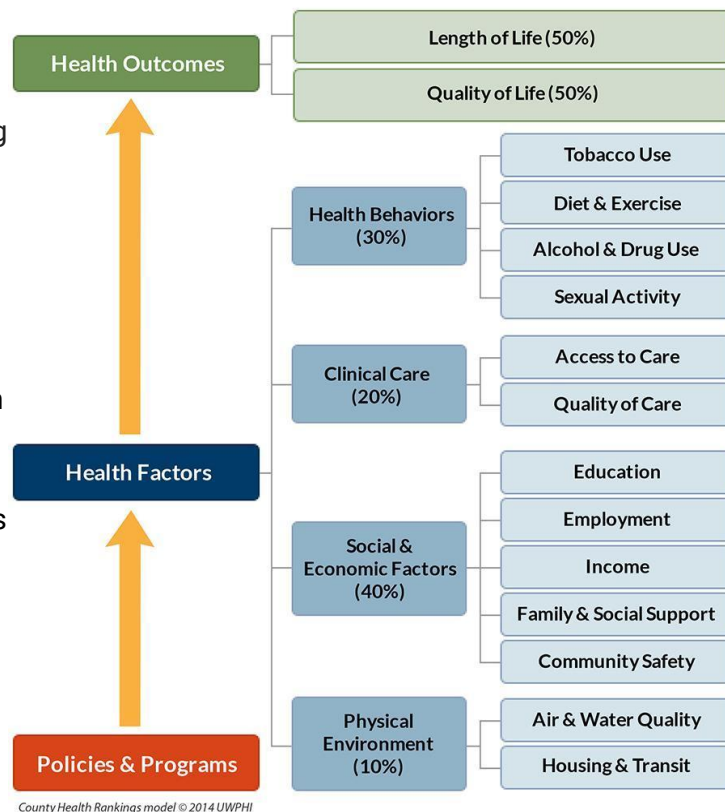
Ascension Saint Thomas Rutherford Hospital completed its 2021 CHNA in collaboration with the following organizations and individuals:

- Rutherford County Health Council
- Rutherford County Health Department
- Tennessee Department of Health
- Vanderbilt University Medical Center - Office of Health Equity
- Kathryn A. Mathes, PhD, Measurement Matters, LLC
- Tennessee Immigrant & Refugee Rights Coalition
- Elmahaba Center

The Rutherford County Health Council collaborated with Ascension Saint Thomas Rutherford Hospital regarding interview participants, survey link distribution and prioritization assistance.

The Tennessee Department of Health provided support to both the County Health Department as well as Ascension Saint Thomas during the CHNA process. The Rutherford County Health Department collaborated with Ascension Saint Thomas on coordinating interviews, survey link distribution, and meeting facilitations.

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





Ascension Saint Thomas Rutherford Hospital

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

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

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

Data Collection Methodology

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



Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, Ascension Saint Thomas Rutherford Hospital consulted with a range of public health and social service providers that represent the broad interest of Rutherford County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 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 an environmental scan of local reports from community partners, key stakeholder interviews, and an online community survey. These methods provided additional perspectives on how to select and address top health issues facing Rutherford County. A summary of the process and results is outlined below.

Environmental Scan

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

Organization
Prevention Coalition for Success
Second Harvest Food Bank of Middle Tennessee (2 reports)
Interfaith Dental
Inspiritus
Ascension Saint Thomas Rutherford
Morton Memorial United Methodist Church
Primary Care and Hope Clinic
Medical Foundation of Nashville
Tennessee Commission on Aging and Disability
American Cancer Society
End Slavery Tennessee
Tennessee Charitable Care Network
Tennessee Office for Refugees

Major Themes

Major themes that emerged for Rutherford County are insurance access, adapting health care infrastructure, food security and nutrition concerns, mental health and isolation, and COVID-19 as an accelerant to existing needs. They are described in more detail below:

Insurance access: Rutherford County enjoys a rich healthcare environment, with many health and healthcare organizations headquartered in and around Nashville, and more than 15 hospitals within 30 miles' distance available for residents. However, The Primary Care and Hope Clinic, located in the Smyrna area of Rutherford County, relayed that the benefit of this environment is lost on those that do not have access to health insurance:

"Statistics show that uninsured patients often fail to obtain preventative health care, as well as primary care for routine illnesses, because they have no consistent point of health care access. Too often, the lack of access causes uninsured patients to develop advanced diseases and seek treatment in the most expensive, accessible environments."

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

To summarize:

- language barriers persist;
- appropriate place for appropriate care continues to be a challenge; and
- the lack of insurance can often mean no services or very long wait times.

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

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

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

COVID-19 as an accelerant to existing needs: The challenges that accompanied the COVID-19 pandemic were mentioned in nearly every report, and often operated as an accelerant to an existing issue. For example, if the only way a family has access to fresh fruits and vegetables is due to a grocery mobile health unit drop-off - and that unit is understaffed or not operating due to COVID-19 - that family becomes that much more vulnerable to hunger. Substance use disorder also came up as an existing issue that often requires in-person support. Limited access to resources during the lockdowns and working with health systems that have been stretched thin left those community members suffering from opioid misuse in difficult positions. Additionally, many reports we read mentioned that community members they were serving had intentionally put off routine care (dentist appointments, needed surgeries) due to fear of COVID-19. An additional need that one report mentioned was affordable childcare. COVID-19 complicated the childcare landscape because with school closures, there was not enough supply to meet the demands of parents and families.

Conclusion

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

Surveys

A survey was conducted by Ascension Saint Thomas and the Rutherford County Health Council to gather the perceptions, thoughts, opinions, and concerns of the community regarding health priorities for Rutherford County. 213 individuals participated in the survey, held between October 2021 and December 2021. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 3 questions and was distributed to a broad segment of the population through distribution of the survey link to the members of the Health Council and to key stakeholders interviewed. The health council and other community partners 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 Rutherford County from being as healthy as possible? <ul style="list-style-type: none"> Social Determinants of Health, including transportation Affordable health care and adequate insurance coverage Access to behavioral/mental health care Affordable, health foods Accessible, safe, and clean green space If you could make 1 or 2 changes to ensure all residents of Rutherford County can be as healthy as possible, what would these changes be? <ul style="list-style-type: none"> More robust public transportation options Affordable, safe housing Protected green space and sidewalks Access to health care facilities that are affordable Expansion/continuation of grants to fund programs More training and standards for healthcare professionals (cultural diversity, assist those with low health literacy) 	
Populations/Sectors Represented	Common Themes Overall (All Questions)
<ul style="list-style-type: none"> The survey was distributed county-wide through the Health Council and people who were interviewed, including education sector, low-income clinics, and senior centers. The purpose of the distribution was to receive input from persons who represent the broad interests of the community served by the hospital. 	<ul style="list-style-type: none"> Affordable Health Care Social Determinants of Health (Housing, Transportation, Jobs) Affordable, Healthy Food Green Spaces, Sidewalks, and Bike Paths

Meaningful Quotes

- “I would expand public transportation and make it more accessible. It seems that transportation has been made available to the inner-city area of Murfreesboro but not outlying communities like Smyrna, LaVergne, Eagleville, Walter Hill and other areas of Rutherford County.”
- “Fund programs that aid those in need to get transportation to free/low-cost preventative services, provide services, and network with existing agencies in order to make sure they have wrap-around services as needed.”
- “I think health literacy is huge. There are so many that do not understand the doctor's orders or the ability to read and understand their prescriptions and/or care plan.”

Key stakeholder interviews

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

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

Key Stakeholder Interviews	
Key Summary Points	
<ul style="list-style-type: none"> • Healthcare infrastructure, non-profit partners, and strong education systems and institutions were named as the county's strongest assets. • People of color, refugees, immigrants, and non-English speaking populations were named as being left out of the story of Rutherford County the most often. • The top three issues interviewees were most concerned about were: Housing inventory and costs, transportation, growth, and traffic, and mental and behavioral health (broad). • The top three issues interviewees were most concerned about were: mental and behavioral health, uninsured and underinsured populations' access to care including transportation, and substance misuse. • COVID-19 exacerbated existing needs in the community, especially housing and the need for cultural competency in messaging about health and public health. 	
Populations/Sectors Represented	Common Themes
<ul style="list-style-type: none"> • K-12 students • University students • Business community • Poor/vulnerable/safety net populations • Underinsured/uninsured • Faith-based communities • Senior citizens • Spanish-speaking citizens • Arabic-speaking citizens 	<ul style="list-style-type: none"> • Rutherford County is a desired location due to its location, size, and community assets. • There are concerns about managed growth and affordability in the county, especially for housing. • There are lots of resources and information related to community health needs available in the county, but navigation continues to be an issue - especially if you don't speak English.

Meaningful Quotes

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

Other community input

Ascension Saint Thomas Rutherford Hospital collaborated with the Rutherford County Health Department and the Rutherford County Health Council for completion of the CHNA. The Rutherford County Health Council is comprised of more than 30 members representing child advocacy, schools, insurance payers, providers (health department, hospitals, mental health providers, counselors, physicians), employers, businesses, pastors, domestic violence, youth and family development agencies, UT Extension services, economic and community development, drug prevention, and local government.

To view additional community input data, see Appendix C (*page 52*).

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

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

- Higher adult smoking at 20%
- Higher adult obesity at 33%
- Higher violent crime rate at 492 (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. Some indicators were also accessed through Vanderbilt University's Office of Health Equity Community Health Data Dashboard, with data provided by Conduent Healthy Communities Institute.

CHRR compiles new data every year and shares with the public in March or April. 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	Rutherford County	Tennessee	Top US Counties	Description
Length of Life					
Premature Death		7,300	9,355	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		77.6	76.0	81.1	How long the average person should live
Infant Mortality		6	7.1	4.0	Number of all infant deaths (within 1 year) per 1,000 live births
Poor or Fair Health		19%	21%	14%	Percent of adults reporting fair or poor health
Poor Physical Health Days		4.4	4.7	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Frequent Physical Distress		16%	15%	10%	Percent of adults 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+		66	92	n/a	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population
Poor Mental Health Days		5.3	5.2	3.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent Mental Distress		13%	16%	10%	Percent of adults reporting 14 or more days of poor mental health per month
Suicide		13	16	11	Number of deaths due to suicide per 100,000
Diabetes prevalence		11%	13%	8%	Percent of adults aged 20 and above with diagnosed diabetes
Cancer Incidence*		452.9	466.0	n/a	Number of new cancer diagnoses per 100,000

Communicable Disease					
HIV Prevalence		210	304.7	50	Number of people aged 13 years and over with a diagnosis of HIV per 100,000
Sexually Transmitted Infections		554	569	161	Number of newly diagnosed chlamydia cases per 100,000
Source: Explore Health Rankings County Health Rankings & Roadmaps Conduent Healthy Community Institute - VUMC Community Health Dashboard					

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	Rutherford County	Tennessee	Top US Counties	Description
Economic Stability					
Median Household Income		\$69,600	\$56,000	\$72,900	Income where half of households in a county earn more and half of households earn less
Unemployment		2.6%	3.4%	2.6%	Percentage of population ages 16 and older unemployed but seeking work
Poverty		8.8%	13.8%	n/a	Percentage of population living below the Federal Poverty Line
Childhood Poverty		13%	19%	10%	Percentage of people under age 18 in poverty
High School Completion		96%	87%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some College		69%	61%	73%	Percentage of adults ages 25-44 with some post-secondary education
Children in single-parent homes		23%	29%	14%	Percentage of children that live in a household headed by a single parent
Social Associations		7.0	11.3	18.2	Number of membership associations per 10,000 population
Disconnected Youth		4%	7%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Juvenile Arrests	N/A	N/A	X	X	Rate of delinquency cases per 1,000 juveniles
Violent Crime		492	621	63	Number of reported violent crime offenses per 100,000 population
Food Environment Index		8.2	6.2	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best

Food Insecurity		10%	14%	9%	Percent of the population who lack adequate access to food
Limited Access to Healthy Foods		8%	6%	2%	Percent of the population who are low-income and do not live close to a grocery store
Source: https://www.countyhealthrankings.org/explore-health-rankings					

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

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	Rutherford County	Tennessee	Top US Counties	Description
Healthcare Access					
Uninsured		10%	12%	6%	Percentage of population under age 65 without health insurance
Uninsured Adults		12%	16%	7%	Percentage of adults under age 65 without health insurance
Uninsured children		5%	5%	3%	Percentage of children under age 19 without health insurance
Primary Care Physicians		2,370:1	1,400:1	1,200:1	Ratio of population to primary care physicians
Other Primary Care Providers		930:1	681:1	621:1	Ratio of the population to primary care providers other than physicians
Mental Health Providers		1,020:1	630:1	270:1	Ratio of the population to mental health providers
Hospital Utilization					
Preventable Hospital Stays		4,840	4,915	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
Preventative Healthcare					
Flu Vaccinations		52%	50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination
Mammography Screenings		44%	41%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening
Source: https://www.countyhealthrankings.org/explore-health-rankings					

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	Rutherford County	Tennessee	Top US Counties	Description
Healthy Life					
Adult Obesity		33%	33%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical Inactivity		23%	27%	19%	Percentage of adults age 20 and over reporting no leisure-time physical activity
Access to Exercise Opportunities		76%	70%	91%	Percentage of population with adequate access to locations for physical activity
Insufficient Sleep		42%	41%	32%	Percentage of adults who report fewer than 7 hours of sleep on average
Motor Vehicle Crash Deaths		12	15.4	9.0	Number of motor vehicle crash deaths per 100,000 population
Substance Use and Misuse					
Adult Smoking		20%	21%	16%	Percentage of adults who are current smokers
Excessive Drinking		17%	17%	15%	Percentage of adults reporting binge or heavy drinking
Alcohol-Impaired Driving Deaths		24%	25%	11%	Percent of Alcohol-impaired driving deaths
Opioid Hospital Visits		68	85	n/a	Rate of opioid-related hospital visits per 100,000 population
Sexual Health					
Teen Births		37	29	12	Number of births per 1,000 female population ages 15-19
Sexually Transmitted Infections		554	569	161	Number of newly diagnosed chlamydia cases per 100,000 population
Source: https://www.countyhealthrankings.org/explore-health-rankings					

To view additional secondary data and sources, see Appendix D (page 55).

Summary of COVID-19 Impact on Rutherford 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 Rutherford County (as of April 17, 2022)		
Indicator	Rutherford County	Tennessee
Total Cases	95,710	1,976,936
Hospitalizations	1,697	42,769
Total Deaths	896	25,844
Population Fully Vaccinated	54.2%	54.3%

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

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 Rutherford 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 Rutherford 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

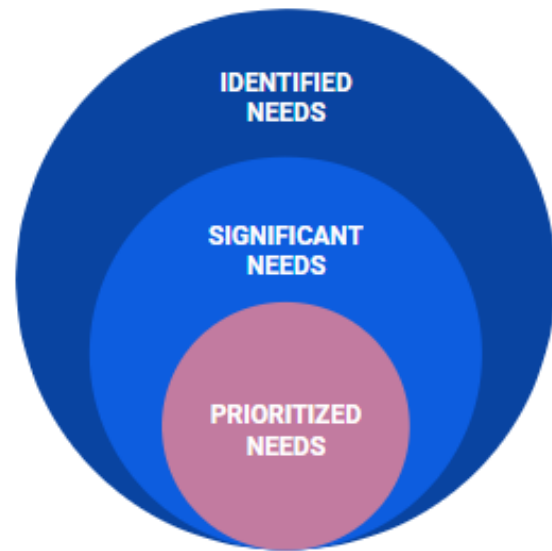
Despite the data limitations, Ascension Saint Thomas Rutherford Hospital is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital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

Community Needs

Ascension Saint Thomas Rutherford Hospital analyzed over 80 secondary data indicators. Additionally, community input was gathered through individual interviews and an online community survey to identify the needs in Rutherford County. In

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

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

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

- **mental health;**
- **opioid misuse;**
- **healthcare access;**
- **infant mortality;** and
- **safe and affordable housing**

To view health care facilities and community resources available to address the significant needs, please see Appendix E (*page 56*).

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 Rutherford County Health Council believed that mental health and related issues affected youth as well as adults and impacted many other areas of health, defined as overall wellbeing. COVID may have acted as an accelerant to mental health issues and seeking help.</p>	<ul style="list-style-type: none"> • More than average number of mentally unhealthy days reported in the last 30 days • More than average % reporting 14 or more days of poor mental health per month
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Continued stigma of mental health • Lack of mental health resources • Impact of COVID • Cost may keep some from seeking treatment/help • More and better data related to mental health 	<ul style="list-style-type: none"> • Youth/young adults • LGBTQ+ • Elderly/seniors • People of color and populations that experience increased cultural stigma • Veterans

Opioid Misuse	
Why is it Important?	Data Highlights
Drug overdose deaths are a leading contributor to premature death and are largely preventable. Rutherford County has above average rates of opioid use fatalities.	<ul style="list-style-type: none"> • High rate of opioid misuse/hospitalization for opioid misuse • Rates increasing amongst people of color • Fentanyl and stimulants often present
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Resources for treatment • Decrease stigma • Decriminalization of mental health issues 	The Rutherford County CHNA subcommittee discussed how the opioid epidemic was complicated by COVID-related issues. Since the last CHNA, community members were able to see in the data that opioid misuse affects both men and women, young and older adults; opioid misuse has also more greatly affected people of color since the last CHNA.

Infant Mortality	
Why is it Important?	Data Highlights
<p>Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.</p>	<ul style="list-style-type: none"> • High rate of infant mortality overall • Data shows that this indicator is continuing to trend higher than in previous years • The rate of infant mortality is more than 2x for Black/African American infants compared to White infants
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Inequities and racial biases need to be examined further • Post-neonatal support needed • Adequate prenatal care is vital • Safe sleep practices and education 	<p>The Rutherford County CHNA subcommittee discussed how Rutherford County is continuing to grow at an exponential rate and how housing may be a consideration when examining infant mortality rates. Women of color and infants of color are some of the most vulnerable populations when it comes to this indicator.</p>

Healthcare Access	
Why is it Important?	Data Highlights
Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.	<ul style="list-style-type: none"> • Primary care physician rate is higher than recommended • Exponential rate of county growth may be impacting accessibility • Uninsured rate overall is average but uninsured rate for Hispanic/LatinX population shows a disparity
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Cost of care • Uninsured populations' cost to the system • Ability to access appointments (transportation) • Role of telehealth 	The Rutherford County CHNA subcommittee discussed how the uninsured rate overall is average compared to Tennessee, there is a disparity for Hispanic residents and people of color. The subcommittee also discussed that access to a car is vital for appointments and how telehealth could help to solve for this issue. Cost of care, for all, also remains a concern. Adequacy of care for LGBTQ+ and other populations remains a concern.

Safe and Affordable Housing	
Why is it Important?	Data Highlights
<p>When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability, and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development. Housing measures can also be considered proxy indicators of more general socioeconomic circumstances. Households experiencing severe cost burden have to face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford health insurance, health care and medication, healthy foods, utility bills, or reliable transportation to work or school. This, in turn, can lead to increased stress levels and emotional strain.</p>	<ul style="list-style-type: none"> • High rates of cost burden for homeowners • High rates of cost burden for renters • High demand and exponential growth in Rutherford County
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Regentrification • Cost to build • Education/financial literacy for young people • % built set aside for lower-income families • Workforce housing 	<ul style="list-style-type: none"> • Unhoused and homeless • Minority populations • Young adults • Senior citizens

Prioritized Needs

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

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

Ascension Saint Thomas Rutherford 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 Rutherford Hospital leaders and community partners to finalize which community health needs Ascension Tennessee and Ascension Saint Thomas Rutherford 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 59*).

Approval by Ascension Saint Thomas Rutherford Hospital Board of Directors

To ensure the Ascension Saint Thomas Rutherford'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 Rutherford Board of Directors for approval and adoption on March 17, 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 Rutherford Hospital serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension Saint Thomas Rutherford Hospital to guide the creation of implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Saint Thomas Rutherford Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Rutherford County. As a Catholic health ministry, Ascension Saint Thomas Rutherford 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 Rutherford 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	Rutherford County	Tennessee	U.S.
Total	341,486	7,025,037	333,934,112
Male	49.1%	49.0%	49.3%
Female	50.9%	51.0%	50.7%
Data source: United States Census Bureau			

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	Rutherford County	Tennessee	U.S.
Asian	3.6%	2%	6%
Black / African American	15.8%	17%	13%
Hispanic / Latino	8.7%	6%	19%
Native American	0.5%	0%	1%
White	69.1%	75%	69%
Data source: County Health Rankings			

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	Rutherford County	Tennessee	U.S.
Median Age	34.1	40.0	38.8
Age 0-17	24.5%	21.2%	21.8%
Age 18-64	58.2%	60.8%	61.0%
Age 65+	10.8%	18.0%	17.2%

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

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	Rutherford County	Tennessee	U.S.
Median Household Income	\$68,718	\$55,276	\$64,730
Per Capita Income	\$31,195	\$29,859	\$34,103
People with incomes below the federal poverty guideline	8.8%	13.8%	12.3%
ALICE Households (2018)	36%	32%	29%

Data source: [US Census Bureau](#), [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	Rutherford County	Tennessee	U.S.
High School grad or higher	92.4%	87%	88%
Bachelor's degree or higher	32.6%	27.3%	32.1%
Data source: United States Census Bureau			

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	Rutherford County	Tennessee	U.S.
Uninsured	10%	12%	10%
Data source: County Health Rankings 2021			

Appendix C: Community Input Data and Sources

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

- Planning meetings with community partners took place between January 2021-June 2021.
- 14 local reports were read, analyzed, and cataloged as a part of an environmental scan between March 2021 - September 2021.
- Information gathering, using secondary public health sources, occurred between November 2021 - January 2022.
- 37 community members representing many sectors of the community, including Arabic and Spanish-speaking citizens, participated in stakeholder interviews.
- A community survey was distributed and 213 responses were collected from November 1, 2021 through December 3, 2021.
- Rutherford County Health Council Meetings were held on:
 - October 5, 2021 - discuss importance of CHNA to community and request assistance from community in forming a CHNA subcommittee
 - November 2, 2021 - review requirements and expectations of CHNA subcommittee meetings being held in early 2022, answer questions about process
- Rutherford County Health Council CHNA Subcommittee:
 - January 24, 2022 - review all CHNA data, consider health equity questions and views from others in subcommittee, vote on top needs
 - January 27, 2022 - review voting results, prioritize the most significant health needs in the county, discuss solutions utilizing health equity framework

Input of those with special knowledge or expertise in public health

The CHNA process in Rutherford County is coordinated by the Rutherford County Health Department (with support from the Tennessee Department of Health), Ascension Saint Thomas Rutherford Hospital and Vanderbilt University's Office of Health Equity. VUMC and Ascension Saint Thomas Rutherford regularly met with and gained advice from the Rutherford County Health Department Director, and also interviewed the director as a part of the 1-1 interview methodology. Additionally, the Rutherford County Health Council contains other members who serve in community-facing clinics, including federally qualified health centers and clinics that serve low-income communities. These individuals were instrumental in providing guidance, assistance and knowledge to the community health improvement process.

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

37 community members were interviewed across 24 organizations, including interviews with Hispanic and Arabic populations. Ascension Saint Thomas and Vanderbilt University Medical Center contracted

with the Tennessee Immigrant and Refugee Rights Coalition (TIRRC) and the Elmahaba Center to conduct interviews with community members who spoke Spanish and Arabic.

Those selected were chosen based on their knowledge of Rutherford 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 Rutherford County Health Council which represents a very broad swathe of the community representing many different agencies and organizations. Surveys were also distributed to the people who were interviewed to encourage larger representation from the community.

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

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

In addition, many of the interviewees were selected because they represented the medically underserved, uninsured and minority populations.

Below is a list of the interviewees.

Interviewees

Organization	Represents
Rutherford County Health Department	All
Rutherford County Mayor's Office	All
Tennessee Primary Care Association	Youth, Healthcare
Mental Health Cooperative	Mental Health, Non-profit
Safety Net Consortium	Underserved, uninsured
Housing, Health and Human Services - Rutherford County	Housing, Homelessness
United Way of Rutherford and Cannon Counties	Non-profit
Prevention Coalition for Success	Substance Use, Violence Prevention
Catholic Charities	Youth
AgeWell	Seniors
End Slavery of Middle Tennessee	Human Trafficking
Rutherford County Chamber of Commerce	Business
Tennessee Bureau of Investigation - Human Trafficking	Human Trafficking
Tennessee Hospital Association	Hospital, Healthcare

Tennessee Immigrant and Refugee Rights Coalition	Immigrant, Underserved
Tennessee Justice Center	Advocacy, Uninsured
Tennessee Public Health Association	Public Health
Greater Nashville Regional Council	Transportation
Tennessee Commission on Children and Youth	Youth
Elmahaba Center	Immigrant, Non-profit
Monroe Carroll, Jr. Children's Hospital Center for Hearing and Vision	Youth, Healthcare
Middle Tennessee State University	Education
TennCare (Medicaid)	Managed Care, Healthcare
Tennessee Board of Regents	Education

Appendix D: Additional Secondary Data and Sources

Please click the link below to view the Powerpoint or PDF to view all secondary data visualizations that were used in the analysis.

[Rutherford County 2021 CHNA Secondary Data](#)

Appendix E: Health Care Facilities and Community Resources

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

Opioid Misuse Resources

Organization Name	Phone	Website
Opioid Crisis Alliance - WeCARE	N/A	Rutherford County Opioid Crisis Alliance
Tennessee RedLine (Call or Text for support and resources)	1-800-889-9789	Tennessee REDLINE
Doors of Hope (Women and children facing substance and housing issues)	(615) 203-5221	Doors of Hope
TrustPoint Hospital (inpatient)	855-422-6477	TrustPoint Hospital

Mental Health Resources

Organization Name	Phone	Website
Volunteer Behavioral Health (mental health, addiction, and housing issues)	615-459-9251	Volunteer Behavioral Health
Mental Health Cooperative	615-726-0125	Mental Health Cooperative
Suicide Prevention Hotline	800-273-8255	https://suicidepreventionlifeline.org/
Centerstone of Middle TN	1877-HOPE123	https://centerstone.org/locations/tennessee/

Safe and Affordable Housing Resources

Organization Name	Phone	Website
Greenhouse Ministries	(615) 494-0499	Greenhouse Ministries
Housing, Health and Human Services Alliance of Rutherford County	N/A	H3ARC
The Journey Home	(615) 809-2644	The Journey Home

Infant Mortality Resources

Organization Name	Phone	Website
Tennessee Department of Health	N/A	Infant Mortality
March of Dimes Group Prenatal Care	1-888-274-3711	March of Dimes, UnitedHealth Group Launch Group Prenatal Care Program to Help Improve Health Outcomes for Mothers and Babies, and Reduce Health Care Costs

Healthcare Access Resources

Organization Name	Phone	Website
Ascension Saint Thomas Rutherford Hospital	(615) 396-4100	Ascension Saint Thomas Rutherford Hospital
Primary Care and Hope Clinic	(615) 893-9390	Primary Care & Hope Clinic
Matthew Walker Comprehensive Health Center	(615) 984-4290	Matthew Walker Comprehensive Health Center
Interfaith Dental	(615) 225- 4141	Interfaith Dental Clinic
Rutherford County Health Department	(615) 898-7880	Rutherford County Health Department

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

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

Ascension Saint Thomas Rutherford 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.

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 Rutherford 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 8,793 persons served, 16,671 patient encounters, 35,902 prescriptions filled for a total monetary investment of \$495,113 FY21 9,259 persons served, 16,992 patient encounters, 30,768 prescriptions filled for a total monetary investment of \$465,444 FYTD22 6,318 persons served, 2,171 patient encounters, 11,975 prescriptions filled for a total monetary investment of \$347,567
Provide a medical home for an increased number of uninsured and underinsured individuals, thus expanding their access to a full range of needed medical care	<i>Not Started</i>	FY20 No action steps taken FY21 No action steps taken FYTD22 No action steps taken

Implement community-wide Medical Missions at Home that integrate medical, dental, vision and behavioral health, along with broader community resources.	<i>Not Started</i>	FY20 No action steps taken FY21 No action steps taken FYTD22 No action steps taken
Maximize Mobile Health Unit activity, including Mobile Mammography.	<i>Started - On Track</i>	FY20 No action steps taken FY21 102 uninsured women screened by the Mobile Mammography Unit FYTD22 21 uninsured women screened by the Mobile Mammography Unit so far
Pharmacist-driven improvement in medication management through community education sessions and patient-specific pharmacotherapy clinic appointments.	<i>Started - On Track</i>	FY20 2,862 Patient Encounters for a \$160,755 investment FY21 2554 Patient Encounters for a \$166,263 investment FYTD22 1033 Patient Encounters and a \$106,765 investment so far this 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
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 29 sexual assault cases FY21 60 sexual assault cases FYTD22 44 sexual assault cases

Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.	<i>Started - On Track</i>	FY20 \$25,000 Greenhouse Ministries \$5,000 Nurses for Newborns \$2,400 Tennessee Justice Center \$8,500 Interfaith Dental \$3,000 Family & Childrens Service FY21 \$25,000 Greenhouse Ministries \$10,000 Special Kids \$3,750 Family & Childrens Service \$5,000 Tennessee Justice Center \$21,666 Interfaith Dental FYTD22 \$1,666 Civic TN COVID Vaccine Outreach \$10,000 Special Kids \$25,000 Greenhouse Ministries \$8,334 Nurses for Newborns \$15,000 End Slavery Tennessee
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PRIORITY NEED	Mental Health	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Grow the Faith & Health Task Force, partnering with faith communities, to provide state of the art wellness promotion and health care that embodies physical, psychological, social and spiritual care for individuals.	<i>Not Started</i>	FY20 No action steps taken FY21 No action steps taken FYTD22 No action steps taken
Offer chaplain services at the Saint Louise Family Medicine Center to integrate spiritual care with physical and mental care, seeking to care holistically for patients.	<i>Not Started</i>	FY20 No action steps taken FY21 No action steps taken FYTD22 No action steps taken
Provide mental health screening, counseling, and psychiatric medication management to community members who seek care at Saint Thomas Medical Partners' Rutherford Family Health Center PCMH sites.	<i>Started - On Track</i>	FY20 No action steps taken FY21 Added a behavioral health screening questionnaire to the check-in process at

		<p>our some pilot primary care clinics and emergency departments to help identify potential needs</p> <p>FYTD22</p> <p>More than 78,000 community members in Tennessee have received a behavioral health screening since we began collecting data in FY21</p>
Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.	<i>Started - On Track</i>	<p>FY20</p> <p>\$2,000 Sexual Assault Center</p> <p>\$5,000 Journey Home</p> <p>FY21</p> <p>\$20,000 Primary Care and Hope Clinic</p> <p>FYTD22</p> <p>\$15,000 End Slavery Tennessee</p> <p>Still reviewing applications for the 2022 fiscal year</p>

PRIORITY NEED	Healthy Weight	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Operate a community-based breastfeeding clinic to support and educate breastfeeding families.	<i>Started - On Track</i>	<p>FY20</p> <p>447 moms served</p> <p>FY21</p> <p>670 moms served</p> <p>FYTD22</p> <p>141 moms so far this year</p>
Provide nutrition counseling that will improve food choices.	<i>Not Started</i>	<p>FY20</p> <p>No action steps taken</p> <p>FY21</p> <p>No action steps taken</p> <p>FYTD22</p> <p>No action steps taken</p>
Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.	<i>Started - On Track</i>	<p>FY20</p> <p>\$10,000 Boys & Girls Club of Rutherford County</p> <p>\$6,250 Inspiritus</p> <p>FY21</p> <p>\$8,750 Inspiritus</p> <p>\$19,000 Boys & Girls Club of Rutherford County</p> <p>FYTD22</p> <p>Still reviewing applications for the 2022 fiscal year</p>

PRIORITY NEED	Substance Misuse	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Provide community space and coordination for monthly Narcotics Anonymous meetings at Saint Thomas Rutherford Hospital.	<i>Not Started</i>	FY20 No action steps taken FY21 No action steps taken FYTD22 No action steps taken
Provide community space, capacity-building coordination and other resources, in support of We C.A.R.E.	<i>Started - On Track</i>	FY20 No action steps taken FY21 11 meetings FYTD22 9 meetings
Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.	<i>Not Started</i>	FY20 No action steps taken FY21 No action steps taken FYTD22 No action steps taken