

Ascension Saint Thomas DeKalb Hospital

**2024 Community Health Needs Assessment
DeKalb County, Tennessee**



Ascension



The goal of this report is to offer a meaningful understanding of the most significant health needs across DeKalb County, with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. 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.

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The 2024 Community Health Needs Assessment report was adopted by the Ascension Saint Thomas East Regional Hospitals Board of Directors on March 24, 2025 (2024 tax year), by the Ascension Saint Thomas Board of Directors on April 25, 2025 (2024 tax year) and applies to the following three-year cycle: July 1, 2025 to June 30, 2028. This report, as well as the previous report, can be found on Ascension's 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

The 2024 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across DeKalb County. Ascension Saint Thomas DeKalb 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 promote a healthier, more equitable place to live, work and play."

We would also like to thank you for reading this report, and your interest and commitment to improving the health and well-being of DeKalb County.



2024 Community Health Needs Assessment Ascension Saint Thomas DeKalb Hospital

Executive Summary

The goal of the 2024 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across DeKalb 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 Plan and Strategies (IS) every three years. The purpose of the CHNA is to understand the health needs and priorities, with emphasis on identifying the barriers to health equity, for all people who live and/or work in the communities served by the hospital, with the goal of responding to those needs through the development of an implementation plan and strategies.

Collaborators

Ascension Saint Thomas DeKalb Hospital appreciates the collaborative work of StrategyHealth, DeKalb County Health Department, DeKalb County Health Council, Tennessee Department of Health, community members and many others that were pivotal in the development and completion of this Community Health Needs Assessment.

Community Served

Ascension Saint Thomas DeKalb Hospital has defined its community served as DeKalb County for the 2024 CHNA. DeKalb County was selected as Ascension Saint Thomas DeKalb Hospital's community served because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The 2024 CHNA was conducted from April 2024 to October 2024, and utilized a derivation of the Mobilizing for Action through Planning and Partnership (MAPP) process, which incorporated data from both primary and secondary sources. Community input sources included key community member interviews. 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.



Special attention was given to the needs of individuals and populations who are more marginalized and to unmet health needs or gaps in services.

- Planning meetings with community partners took place between April 2024 - May 2024.
- Information gathering, using secondary public health sources, occurred between May 2024- August 2024.
- On August 15, 2024 –14 key community members participated in interviews at DeKalb County Health Department Board room. These interviews included members from the community and representation from the DeKalb County Health Department, including DeKalb County Health Department director.
- On October 29, 2024 –A community meeting with the DeKalb County Health Council was held with 32 participants in attendance. Participants were asked to review primary and secondary data, identify and prioritize community needs and discuss solutions utilizing the health equity framework.

Community Needs

Ascension Saint Thomas DeKalb Hospital analyzed secondary data of over 95 indicators and gathered community input through interviews and community meetings to identify the needs of DeKalb County. In collaboration with community partners, Ascension Saint Thomas DeKalb Hospital used a phased prioritization approach to determine the most crucial needs for community members to address. The needs that the community prioritized are listed in the chart below.

DeKalb County Prioritized Community Health Needs

<u>Prioritized Needs: 2022 CHNA</u>	<u>Secondary Data</u>	<u>Needs Identified in Interviews</u>	<u>Community Prioritized Needs: 2024 CHNA</u>
<ul style="list-style-type: none">• Substance misuse• Poverty/income/unhoused population• Mental health• Healthy lifestyles – healthy eating/active living	<ul style="list-style-type: none">• Adult smoking• Adult obesity• Physical inactivity• Uninsured• Population to primary care physician• High school completion• Adults with “some college”• High injury deaths	<ul style="list-style-type: none">• Mental health• Access to care• Substance misuse• Education/health literacy• Nutrition/exercise• Chronic conditions• Job opportunities	<ul style="list-style-type: none">• Mental health• Access to care• Substance misuse

Color coded by topic across sources: Substance misuse, HEAL and resulting chronic conditions, Access to Care, Mental Health, Education, Other



Next Steps and Conclusion

The 2024 CHNA was presented to the Ascension Saint Thomas East Regional Hospitals Board of Directors for approval and adoption on March 24, 2025. The next steps will be to work with Ascension Saint Thomas DeKalb Hospital leaders and community partners to analyze which community health needs Ascension Tennessee and Ascension Saint Thomas DeKalb Hospital will prioritize. Later in 2025, an Implementation Plan and strategies (I.S.) will be developed and brought before the Board for approval.

Ascension Saint Thomas DeKalb Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs of DeKalb County. The hospital values the community's voice and welcomes feedback on this report; comments or questions can be submitted via Ascension's public website (<https://healthcare.ascension.org/chna>).



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 one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. In FY2024, Ascension provided \$2.1 billion in care of persons living in poverty and other community benefit programs. Across 17 states and the District of Columbia, Ascension's network encompasses approximately 128,000 associates, 33,000 affiliated providers, 118 wholly owned or consolidated hospitals, and 34 senior living facilities. Additionally, through strategic partnerships, Ascension holds an ownership interest in 16 other hospitals.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform health care 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

Ascension Saint Thomas operates 16 hospitals in Tennessee and a comprehensive network of affiliated joint ventures, medical practices, clinics and rehabilitation facilities that cover a 45-county area and provided more than \$136 million in community benefit and care of persons living in poverty in fiscal year 2024. Across the state, Ascension Saint Thomas and its affiliates employ more than 13,165 associates. The health system has a 125-year history in Tennessee.



Ascension Saint Thomas DeKalb Hospital

Ascension Saint Thomas DeKalb Hospital delivers emergency care and a wide range of hospital care in Smithville, Tennessee. Ascension Saint Thomas DeKalb Hospital operates one hospital campus and employs more than 80 associates. Serving Tennessee since 1969, Ascension Saint Thomas DeKalb Hospital is continuing the long and valued tradition of responding to the health needs of the people in our community. Located at 520 West Main Street, the hospital and emergency care teams deliver primary and specialty care when you need it most. The emergency and surgical care services include heart care, and general surgery. The hospital also offers physical and occupational therapy for acute adults, cardiopulmonary rehabilitation, and orthopedic and sports injury therapy. The highly trained respiratory therapists specialize in pulmonary function testing, asthma education, sleep study diagnostics, cardiology, and smoking cessation.

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





About the Community Health Needs Assessment

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

Purpose of the CHNA

A CHNA is defined as “a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority 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 DeKalb Hospital’s commitment to offer programs designed to respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.² Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are particular health differences closely linked with economic, social, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced such obstacles to health based on their race or ethnicity, religion, socioeconomic status, gender identity, sexual orientation, age, cognitive, sensory, or physical disability, geographic location, or other characteristics historically linked to discrimination or exclusion.³

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

Ascension acknowledges that health disparities in our communities go beyond individual health behaviors. Ascension’s Mission calls us to be “advocates for a compassionate and just society through our actions and words”, therefore, health equity is a matter of great importance to Ascension.

¹ Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit, 2022* (p.146).

² National Center for Chronic Disease Prevention and Health Promotion. (2023, January 4). *Advancing health equity in chronic disease prevention and management*. Center for Disease Control and Prevention (CDC). Retrieved October 11, 2023, from <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

³ Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, 129(Suppl 2), 5-8. <https://doi.org/10.1177/00333549141291S203>



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 ACA are described in Code Section 501(r)(3) and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed at <https://healthcare.ascension.org/CHNA>, and paper versions can be requested at Ascension Saint Thomas DeKalb Hospital Administrative Office.

Timeline

In April 2024 – October 2024, Ascension Saint Thomas DeKalb Hospital began a Community Health Needs Assessment for DeKalb 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 April 2024 - May 2024.
- Information gathering, using secondary public health sources, occurred between May 2024- August 2024.
- On August 15, 2024 –14 key community members participated in interviews at DeKalb County Health Department Board room. These interviews included members from the community and representation from the DeKalb County Health Department, including DeKalb County Health Department director.
- On October 29, 2024 –A community meeting with the DeKalb County Health Council was held with 32 participants in attendance. Participants were asked to review primary and secondary data, identify and prioritize community needs and discuss solutions utilizing the 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

Ascension Saint Thomas DeKalb Hospital has defined its community served as DeKalb County for the 2024 CHNA. DeKalb County was selected as Ascension Saint Thomas DeKalb Hospital's community served because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.



Source: SiteMap

DeKalb County is 79% rural with 66.0 population per square mile in 2020.

67% of employees are employed in the top five industries:

- Manufacturing – 22.9%
- Educational services, and health care and social assistance – 17.8%
- Retail trade – 10.2%
- Arts, entertainment, recreation, and accommodation and food services – 8.1%
- Transportation, warehousing and utilities – 7.7%

[2022 American Community Survey 5-Year Estimates](#)

Demographic Data

Located in the Upper Cumberland region of Tennessee, DeKalb County has a population of 21,225 and is 80% rural with 304.4 square miles and 66.0 population per square mile. Below are demographic data highlights for DeKalb County:

- 18.6% of the community members of DeKalb County are 65 or older, compared to 17.3% in Tennessee
- 91.3% of community members are non-Hispanic; 8.7% are Hispanic or Latino
- 86.7% of community members are non-Hispanic White; 1.2% are Asian/Pacific Islander; 0.6% are American Indian or Alaska Native, and 2.0% are non-Hispanic Black or African American
- The total population increase from 2020 to 2023 was 5.7%
- The median household income is below the state median income (\$46,907 for DeKalb County \$64,035 for Tennessee)
- The percent of all ages of people in poverty was higher than the state (15.6% for DeKalb County 13.3 % for Tennessee)

- The uninsured rate for DeKalb County is higher than the state (14.2% for DeKalb County 11.9% for Tennessee)

Source: [County Health Rankings DeKalb County, 2024](#)

Listed below in Table 1 is a snapshot of some demographic highlights for DeKalb County. To view community demographic data in their entirety, see Appendix B (Page 31).

Table 1. Description of Community

Demographic Highlights			
Population			
Indicator	DeKalb	Tennessee	Description
% living in rural communities	79.1%	33.8%	2020 Census percent rural population within the state
% below 18 years of age	21.6%	21.8%	N/A
% 65 years of age and over	18.6%	17.3%	N/A
% Asian	1.2%	2.1%	N/A
% American Indian or Alaska Native	0.6%	0.5%	N/A
% Hispanic	8.7%	6.4%	N/A
% non-Hispanic Black	2.0%	16.4%	N/A
% non-Hispanic White	86.7%	72.9%	N/A
Social and Community Context			
English proficiency	0.9%	1.6%	Proportion of community members who speak English "less than well"
Median household income	\$46,907	\$64,035	Income level at which half of households in a county earn more and half of households earn less
% of children in poverty	22%	18%	Percentage of people under age 18 in poverty
% of uninsured	14.2%	11.9%	Percentage of population under age 65 without health insurance
% of educational attainment	81.1%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent
% of unemployment	4.1%	3.5%	Percentage of population ages 16 and older unemployed but seeking work

Source: [County Health Rankings, 2024](#); [US Census Quick Facts DeKalb County 2019-2023](#); [American Community Survey 2018-2022](#); [Bureau of Labor Statistics](#)

Process and Methods Used

Ascension Saint Thomas DeKalb Hospital is committed to using national best practices in conducting the Community Health Needs Assessment (CHNA). Health needs and assets for DeKalb 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 DeKalb 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

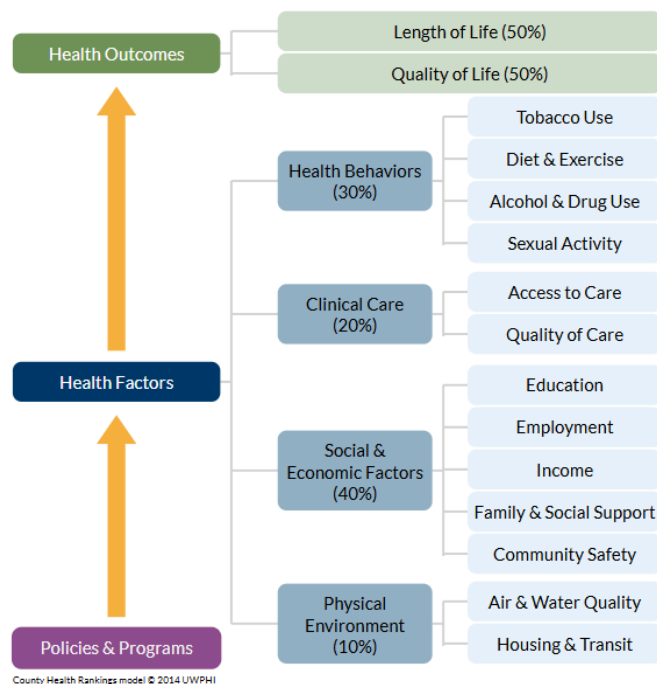
Ascension Saint Thomas DeKalb Hospital completed its 2024 CHNA in collaboration with the following organizations and individuals:

- StrategyHealth, LLC
- DeKalb County Department of Health
- Tennessee Department of Health
- DeKalb County Health Council

Ascension Saint Thomas DeKalb Hospital worked closely with and engaged leaders for this community health needs assessment. StrategyHealth, LLC, a healthcare consultancy based in Nashville, Tennessee, partnered with the analysis of secondary community health data, conducted and analyzed the interviews, and facilitated the community meeting. The Tennessee Department of Health provided support to both the DeKalb County Health Department as well as Ascension Saint Thomas DeKalb Hospital during the CHNA process. The DeKalb County Department of Health served as a partner in the process, identifying individuals to participate in key community member interviews. As well as assisting with coordination of health council meetings.

Data Collection Methodology

Ascension Saint Thomas DeKalb Hospital is committed to using national best practices in conducting the CHNA. In collaboration with various community partners, Ascension Saint Thomas DeKalb Hospital's approach relies on the County Health Rankings and Roadmaps developed by the Robert



Wood Johnson Foundation and the University of Wisconsin. Although not all data came from County Health Rankings, the data used its organizing methodology of health outcomes and health factors including social drivers of health.

Summary of Community Input

Community input, also referred to as “primary data,” is an integral part of a CHNA and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. 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, 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 community member interviews and community health council meetings. These methods provided additional perspectives on selecting and responding to top health issues facing DeKalb County. A summary of the process and results is outlined below.

Key Community Member Interviews

A series of 14 one-on-one interviews were conducted by Ascension Saint Thomas DeKalb Hospital representative and StrategyHealth to gather feedback from key community members on the health needs and assets of DeKalb County. These meetings included members from the community and representation from the DeKalb County Health Department, including DeKalb County Health Department director. 14 representatives from at least 12 different organizations and agencies participated in the interviews, held August 15, 2024. The table below summarizes key points, common themes, and meaningful quotes.

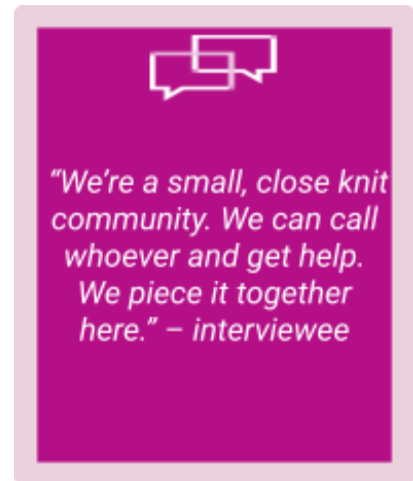


Table 2: Key Community Member Interviews

Key Community Member Interviews	
Key Summary Points	
<ul style="list-style-type: none"> • The top things respondents would do to improve quality of life are: increase mental health treatment; increase substance misuse treatment; have a walkable community; increase physical activity and better nutrition; increase access to care through insurance, more primary care physicians and a pediatrician; affordable housing; job opportunities; and promote education. • The community's strongest assets are: AST DeKalb Hospital, Health Department, Haven of Hope, good doctors; organizations and agencies such as the chamber, local government, recovery court, faith community; a caring culture; education. • The obstacles or challenges in the community are: poverty and low incomes, access to care (particularly for the uninsured and more specialties), substance misuse and mental health; infrastructure, transportation, no bike lanes, population growth; and nutrition. • The top health issues of concern are: mental health, access to care (insurance), substance misuse prevention, obesity leading to chronic diseases like heart disease, cancer and diabetes; education and health literacy. • The top initiatives the interviewees would implement are: increase access to care (insurance for all, more specialists, dentists, primary care), additional mental health services, additional substance misuse services (medical management, counseling), increase physician activity, better nutrition, education as a higher priority along with health literacy. 	
Populations/Sectors Represented by Participants	Common Themes
<ul style="list-style-type: none"> • Government • Schools • Health Department • Hospital • Law enforcement • Physician • Clergy • Seniors • Mental health & substance misuse 	<ul style="list-style-type: none"> • Increase access to care through insurance. Many are uninsured and have high deductible health plans making access to care difficult. • Desire for additional primary care and specialty services. • Lack of mental health services and resources • Substance use resources, particularly focus on prevention • Increase physical activity and improve nutrition • Improve health literacy and focus on formal education for jobs
Meaningful Quotes	
<p>"We need some way to encourage our children to aspire higher."</p> <p>"People here know each other, want to help, and come together. We piece it together here."</p> <p>"We need health insurance for all."</p> <p>"Mental health - can't blame the people who have it, give them treatment."</p>	

Community Meeting with the Health Council

Each county in Tennessee has a health council sponsored by the local health department. Each health council workgroup is dedicated to improving a specific need, and were convened separately for focused conversations. Each workgroup is composed of community organizations and community members. On November 14, 2024 Ascension Saint Thomas DeKalb Hospital presented the CHNA secondary data and results of the key community member interviews to the DeKalb County Health Council to receive their input on the most significant health needs.



Community Meeting with the Health Council was a time for community members to be informed on primary and secondary data. This meeting created engagement around community health related issues happening in DeKalb County. The themes and discussion were around the topics of mental health, substance misuse, healthy eating/active living, and unhoused population. DeKalb County Health Council members agreed that the data shared during the community meeting supported the voted community's prioritized needs.

To view community input data in its entirety, see Appendix C (Page 34).

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 population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

- Health outcomes
- Physical environment
- Clinical care
- Social determinants that impact health
- Disparities

Secondary Data Highlights

A summary of the secondary data collected and analyzed through this assessment is outlined below. [County Health Rankings](#) indicates the following as areas to explore for improvement in DeKalb County:

- Higher adult smoking at 24% than to the State of Tennessee 20%
- Adult obesity at 36% is the same for State of Tennessee 36%
- Higher physical inactivity at 33% than the State of Tennessee 27%
- Higher uninsured at 16% than the State of Tennessee 12%
- Higher population to primary care physician at 2,560:1 than the State of Tennessee at 1,440:1
- Lower high school completion at 81% than the State of Tennessee at 89%
- Lower percentage of those adults with "some college" at 42% than the State of Tennessee at 63%
- Higher injury deaths at 133 per 100,000 population than the State of Tennessee 108 per 100,000 population

To view the secondary data and sources in their entirety, see Appendix D (Page 39).

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 DeKalb County. This constraint limits the ability to assess all the community's needs fully.

For this assessment, two types of limitations were identified:

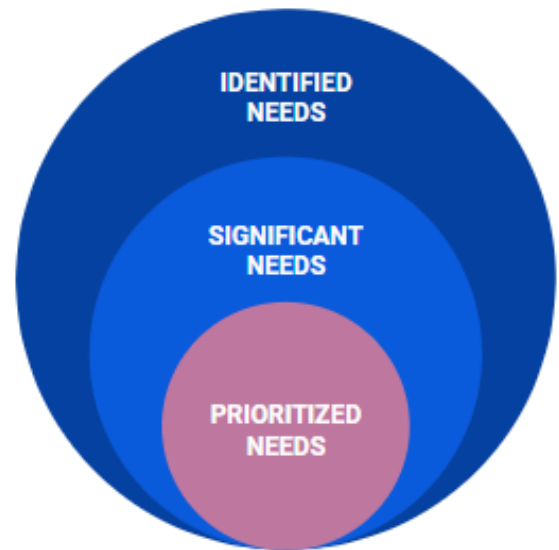
- Some groups of individuals may not have been adequately represented through the community input process. For example, those groups may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.

Despite the data limitations, Ascension Saint Thomas DeKalb 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 qualitative and quantitative methods and engaged the hospital and participants from the community.

Community Needs

Ascension Saint Thomas DeKalb Hospital, in collaboration with StrategyHealth, analyzed secondary data of 95 indicators and gathered community input through community interviews and a community meeting to identify the needs in DeKalb County. In collaboration with community partners, Ascension Saint Thomas DeKalb Hospital used a phased prioritization approach to identify the needs.

Following the completion of the Community Health Needs Assessment (CHNA), Ascension Saint Thomas DeKalb Hospital will select all, or a subset, of the community's **prioritized needs** as the hospital's prioritized needs to develop a three-year implementation plan and strategies. Although the hospital may respond to many needs, the prioritized needs will be at the center of a formal CHNA implementation plan and strategies; corresponding tracking and reporting. The image above portrays the relationship between the needs categories.



Identified Needs

The first phase was to determine the broader set of **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 DeKalb County. The identified needs were categorized into health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In the second phase, identified needs were then narrowed to a set of “significant needs” determined most crucial for community members to address. In collaboration with various community partners, Ascension Saint Thomas DeKalb Hospital synthesized and analyzed the data to determine which of the identified needs were most significant. Ascension Saint Thomas DeKalb Hospital has defined **significant needs** as the identified needs deemed most significant to respond to, based on established criteria and/or prioritization methods.

Prioritized Needs

In the third phase, significant needs were further narrowed to a set of community “**prioritized needs**.” This process is done in collaboration with various community partners. Following the completion of the CHNA, Ascension Saint Thomas DeKalb Hospital will select all, or a subset, of the needs below as the hospital's prioritized needs for its 2024 CHNA Implementation Plan and Strategies.

The prioritization process in Dekalb County, called the community meeting, included a facilitated session with the goal of engaging health council and local voices in a streamlined prioritization process and building out community recommendations. Participants made decisions about the needs using the data provided, their lived and professional experience, and criteria outlined in the MAPP 2.0 Handbook to make these decisions ([NACCHO](#), 2023). The table listed below is the criteria used to identify the prioritized needs.

Table 3: Criteria for Identifying Community Prioritized Needs

Criteria for Identifying Prioritized Needs	
Magnitude	How many individuals does the problem affect?
Seriousness of consequences	What would happen if the issue were not made a priority? What level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable, and what is the community's capacity to address?
Equity	Is one group of people being affected more than other groups? Are health outcomes different for different groups?

Based on the synthesis and analysis of the data, the DeKalb County community prioritized needs for the 2024 CHNA are as follows:

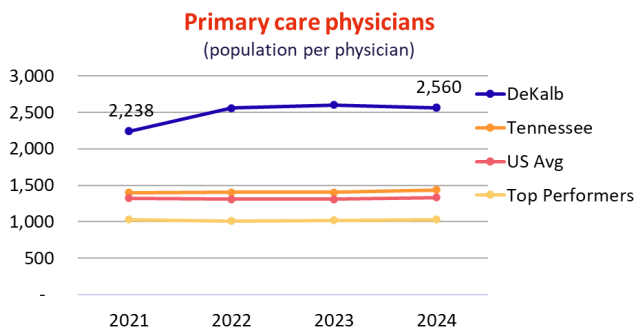
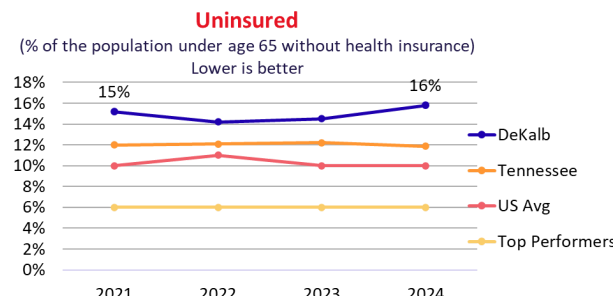
- Access to Care
- Mental Health
- Substance Misuse

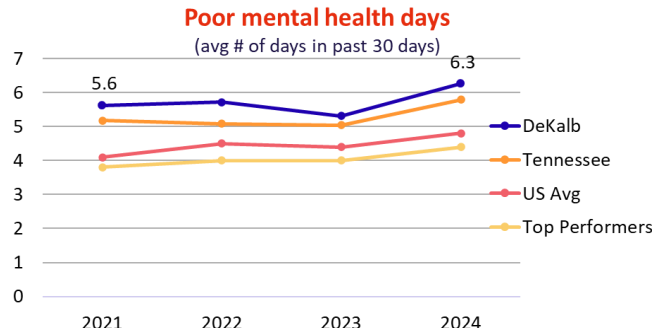
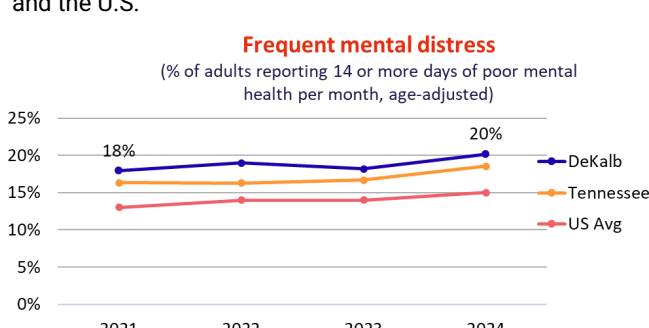
Ascension Saint Thomas DeKalb Hospital understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. The next steps will be to work with Ascension Saint Thomas DeKalb Hospital leaders and community partners to finalize which community prioritized health needs Ascension Tennessee and Ascension Saint Thomas DeKalb Hospital will prioritize. Later in 2025, an Implementation Plan and Strategies (IS) will be developed and brought before the Board for approval.

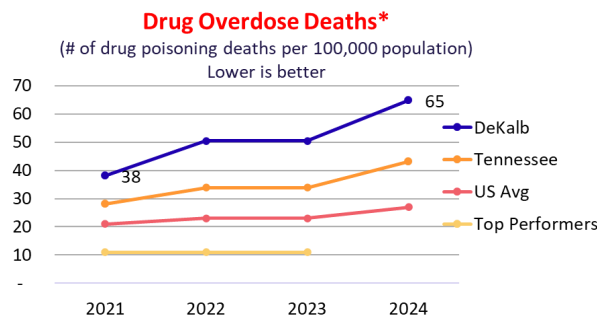
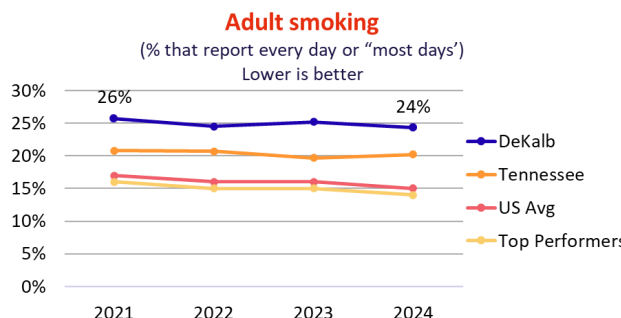
To view healthcare facilities and community resources available to respond to the community prioritized needs, please see Appendix E (Page 45).

DeKalb County Community Prioritized Needs

The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each community prioritized need.

Prioritized Need: Access to Care																																																			
Significance	Populations Most Impacted																																																		
<p>Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Inadequate health insurance coverage is one of the largest barriers to health care access. Physician shortages may mean that patients experience longer wait times and delayed care.</p> <p>Source: Healthy People 2030</p>	<ul style="list-style-type: none">● Uninsured population● Low-income population● Those with high deductibles● Those with chronic conditions																																																		
Community Input Highlights																																																			
<ul style="list-style-type: none">● The uninsured percentage is high and insurance is expensive. Getting insurance for everyone is a priority.● There is a need for access to healthcare including - specialty clinics, primary care physicians (currently nearing retirement), and a pediatrician.																																																			
Secondary Data Highlights																																																			
<p>Access to health care requires not only financial coverage, but also access to providers.</p> <p>Primary care physicians (population per physician)</p>  <table><caption>Primary care physicians (population per physician)</caption><thead><tr><th>Year</th><th>DeKalb</th><th>Tennessee</th><th>US Avg</th><th>Top Performers</th></tr></thead><tbody><tr><td>2021</td><td>2,238</td><td>~1,300</td><td>~1,300</td><td>~1,000</td></tr><tr><td>2022</td><td>~2,500</td><td>~1,300</td><td>~1,300</td><td>~1,000</td></tr><tr><td>2023</td><td>~2,500</td><td>~1,300</td><td>~1,300</td><td>~1,000</td></tr><tr><td>2024</td><td>2,560</td><td>~1,300</td><td>~1,300</td><td>~1,000</td></tr></tbody></table> <p>Source: County Health Rankings, Area Health Resources Files (AHRF) 2022-2023. US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Rockville, MD. The 2024 Annual Data Release used data from 2021 for this measure.</p>	Year	DeKalb	Tennessee	US Avg	Top Performers	2021	2,238	~1,300	~1,300	~1,000	2022	~2,500	~1,300	~1,300	~1,000	2023	~2,500	~1,300	~1,300	~1,000	2024	2,560	~1,300	~1,300	~1,000	<p>Lack of health insurance coverage is a significant barrier to accessing needed healthcare and to maintaining financial security.</p> <p>Uninsured (% of the population under age 65 without health insurance) Lower is better</p>  <table><caption>Uninsured (% of the population under age 65 without health insurance)</caption><thead><tr><th>Year</th><th>DeKalb</th><th>Tennessee</th><th>US Avg</th><th>Top Performers</th></tr></thead><tbody><tr><td>2021</td><td>15%</td><td>~12%</td><td>~10%</td><td>~6%</td></tr><tr><td>2022</td><td>~14%</td><td>~12%</td><td>~11%</td><td>~6%</td></tr><tr><td>2023</td><td>~14%</td><td>~12%</td><td>~10%</td><td>~6%</td></tr><tr><td>2024</td><td>16%</td><td>~12%</td><td>~10%</td><td>~6%</td></tr></tbody></table> <p>Source: County Health Rankings, US Census Bureau's Small Area Health Insurance Estimates (SAHIE). The 2024 Annual Data Release used data from 2021 for this measure.</p>	Year	DeKalb	Tennessee	US Avg	Top Performers	2021	15%	~12%	~10%	~6%	2022	~14%	~12%	~11%	~6%	2023	~14%	~12%	~10%	~6%	2024	16%	~12%	~10%	~6%
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Prioritized Need: Mental Health																																														
Significance	Populations Most Impacted																																													
<p>Mental and physical health are equally important components of overall health. For example, depression increases the risk for many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke.</p> <p>Source: Chronic Illness & Mental Health. Bethesda, MD: National Institutes of Health, National Institute of Mental Health. 2015.</p>	<ul style="list-style-type: none">According to the National Institute of Mental Health (NIMH), young adults aged 18–25 have the highest prevalence of mental illness, at 33.7%, compared to adults aged 26–49 (28.1%) and those aged 50 and older (15.0%).People who identify as being two or more races (24.9%) are most likely to report any mental illness within the past year than any other race/ethnic group, followed by American Indian/Alaska Natives (22.7%), White (19%), and Black (16.8%).Women are three times more likely than men to experience common mental health problems.Suicide is one of the leading causes of death in adolescents and adults ages 15 to 24. <p>Source: National Institute of Mental Health, 2024</p>																																													
Community Input Highlights																																														
<ul style="list-style-type: none">Mental health has declined. In light of COVID and politics, there’s more negativity, resignation that things aren’t going to get better, only worse.Mental health is always a challenge. There is a long waiting list to receive therapy at the Haven of Hope.They mentioned the lack of mental health resources in the community.																																														
Secondary Data Highlights																																														
<p>DeKalb County had on average 6.3 poor mental health days out of 30 days, higher than Tennessee and the U.S.</p> <p>Poor mental health days (avg # of days in past 30 days)</p>  <table><caption>Poor mental health days (avg # of days in past 30 days)</caption><thead><tr><th>Year</th><th>DeKalb</th><th>Tennessee</th><th>US Avg</th><th>Top Performers</th></tr></thead><tbody><tr><td>2021</td><td>5.6</td><td>~5.2</td><td>~4.2</td><td>~3.8</td></tr><tr><td>2022</td><td>~5.8</td><td>~5.1</td><td>~4.5</td><td>~4.0</td></tr><tr><td>2023</td><td>~5.5</td><td>~5.0</td><td>~4.4</td><td>~3.9</td></tr><tr><td>2024</td><td>6.3</td><td>~5.3</td><td>~4.8</td><td>~4.2</td></tr></tbody></table> <p>Source: County Health Rankings, BRFSS, 2018-2021. Average number of mentally unhealthy days reported in the past 30 days (age-adjusted). The 2024 Annual Data Release used data from 2021 for this measure.</p>	Year	DeKalb	Tennessee	US Avg	Top Performers	2021	5.6	~5.2	~4.2	~3.8	2022	~5.8	~5.1	~4.5	~4.0	2023	~5.5	~5.0	~4.4	~3.9	2024	6.3	~5.3	~4.8	~4.2	<p>20% of DeKalb County adults reported 14 or more days of poor mental health days per month, higher than Tennessee and the U.S.</p> <p>Frequent mental distress (% of adults reporting 14 or more days of poor mental health per month, age-adjusted)</p>  <table><caption>Frequent mental distress (% of adults reporting 14 or more days of poor mental health per month, age-adjusted)</caption><thead><tr><th>Year</th><th>DeKalb</th><th>Tennessee</th><th>US Avg</th></tr></thead><tbody><tr><td>2021</td><td>18%</td><td>~16%</td><td>~13%</td></tr><tr><td>2022</td><td>~19%</td><td>~16%</td><td>~14%</td></tr><tr><td>2023</td><td>~18%</td><td>~16%</td><td>~14%</td></tr><tr><td>2024</td><td>20%</td><td>~17%</td><td>~15%</td></tr></tbody></table> <p>Source: County Health Rankings, BRFSS, 2018-2021. Average number of mentally unhealthy days reported in the past 30 days (age-adjusted). The 2024 Annual Data Release used data from 2021 for this measure.</p>	Year	DeKalb	Tennessee	US Avg	2021	18%	~16%	~13%	2022	~19%	~16%	~14%	2023	~18%	~16%	~14%	2024	20%	~17%	~15%
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Prioritized Need: Substance Misuse																																																			
Significance	Populations Most Impacted																																																		
<p>People with addiction often have one or more associated health issues, which could include lung or heart disease, stroke, cancer, or mental health conditions. Imaging scans, chest X-rays, and blood tests can show the damaging effects of long-term drug use throughout the body.</p> <p>Source: National Institute on Drug Abuse, 2020</p>	<ul style="list-style-type: none">Those reporting two or more races were highest for past year illicit drug use.American Indian/Alaska Native (AIAN) had higher alcohol use disorder at 8.3% followed by White people (5.8%) then Hispanic population (5.2%), and Black population (4.8%).Substance use disorder was higher for AIAN (11.3%), White (7.8%), Black and Hispanic population at 7.1%Drug abuse and substance disorders are more likely to affect young males.Drug use is highest among persons between the ages of 18-25 at 39% compared to persons aged 26-29, at 34%.70% of users who try an illegal drug before age 13 develop a substance abuse disorder within the next 7 years compared to 27% of those who try an illegal drug after age 17. <p>Source: SAMHSA, 2021; National Center for Drug Abuse Statistics.</p>																																																		
Community Input Highlights																																																			
<ul style="list-style-type: none">Alcohol, vaping, and illegal drugs are issues. There have been fentanyl deaths.There are huge addiction issues in the county. The drug recovery court is having lots of success.We’ve lost a generation of parents because of drug use, which has had an impact on kids.																																																			
Secondary Data Highlights																																																			
<ul style="list-style-type: none">Drug overdose deaths are a leading contributor to premature death and are largely preventable. <div><p>Drug Overdose Deaths*</p><p>(# of drug poisoning deaths per 100,000 population) Lower is better</p><table><caption>Drug Overdose Deaths* Data</caption><thead><tr><th>Year</th><th>DeKalb</th><th>Tennessee</th><th>US Avg</th><th>Top Performers</th></tr></thead><tbody><tr><td>2021</td><td>38</td><td>~28</td><td>~22</td><td>~12</td></tr><tr><td>2022</td><td>~50</td><td>~32</td><td>~24</td><td>~12</td></tr><tr><td>2023</td><td>~50</td><td>~32</td><td>~24</td><td>~12</td></tr><tr><td>2024</td><td>65</td><td>~42</td><td>~28</td><td>~12</td></tr></tbody></table></div> <p>Source: County Health Rankings, National Center for Health Statistics - Mortality Files; Census Population Estimates Program. The 2024 Annual Data Release used data from 2019-2021 for this measure.</p>	Year	DeKalb	Tennessee	US Avg	Top Performers	2021	38	~28	~22	~12	2022	~50	~32	~24	~12	2023	~50	~32	~24	~12	2024	65	~42	~28	~12	<ul style="list-style-type: none">Each year, approximately 480,000 premature deaths can be attributed to smoking. <div><p>Adult smoking</p><p>(% that report every day or “most days”) Lower is better</p><table><caption>Adult smoking Data</caption><thead><tr><th>Year</th><th>DeKalb</th><th>Tennessee</th><th>US Avg</th><th>Top Performers</th></tr></thead><tbody><tr><td>2021</td><td>26%</td><td>~21%</td><td>~17%</td><td>~16%</td></tr><tr><td>2022</td><td>~24%</td><td>~21%</td><td>~16%</td><td>~15%</td></tr><tr><td>2023</td><td>~25%</td><td>~20%</td><td>~16%</td><td>~15%</td></tr><tr><td>2024</td><td>24%</td><td>~21%</td><td>~15%</td><td>~14%</td></tr></tbody></table></div> <p>Source: County Health Rankings, BRFSS. The Annual Data Release used data from 2018- 2021 for this measure.</p>	Year	DeKalb	Tennessee	US Avg	Top Performers	2021	26%	~21%	~17%	~16%	2022	~24%	~21%	~16%	~15%	2023	~25%	~20%	~16%	~15%	2024	24%	~21%	~15%	~14%
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Summary of Impact of the Previous CHNA Implementation Strategy

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

Ascension Saint Thomas DeKalb Hospital's previous 2021 CHNA Implementation Plan and Strategies (IS) responded to the following priority health needs: Access to Care, Mental Health and Substance Misuse. Highlights from the Ascension Saint Thomas DeKalb Hospital's previous implementation plan and strategies can be found on Appendix F (Page 46).

Written Comments on Previous CHNA and Implementation Strategy

Ascension Saint Thomas DeKalb Hospital's previous 2021 CHNA and Implementation Plan and Strategies (IS) were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>. We received one community comment related to women and cardiovascular disease. Our attempts to respond were met with an undeliverable message due to inaccurate email address.



Approval by Ascension Saint Thomas East Regional Hospitals Board of Directors

To ensure Ascension Saint Thomas DeKalb Hospital's efforts meet the needs of the community and have a lasting and meaningful impact, the 2024 Community Health Needs Assessment (CHNA) was presented to the Ascension Saint Thomas East Regional Hospitals Board of Directors for approval and adoption on March 24, 2025 and to the Ascension Saint Thomas Board of Directors on April 25, 2025. Although an authorized body of the hospital must adopt the CHNA and implementation plan and strategies reports to be compliant with the provisions in the Affordable Care Act, adoption of the reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.



Conclusion

Ascension Saint Thomas DeKalb Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs of DeKalb County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other Ascension Saint Thomas DeKalb Hospital community partners to guide the implementation plan and strategies and community health improvement efforts as required by the Affordable Care Act. The 2024 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

As a Catholic health ministry, Ascension Saint Thomas DeKalb 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 underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. Ascension Saint Thomas DeKalb 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 Ascension's public website (<https://healthcare.ascension.org/chna>) to submit any comments or questions.



Appendices

Table of Contents

Appendix A: Definitions and Terms

Appendix B: Community Demographic Data and Sources

Appendix C: Community Input Data and Sources

Appendix D: Secondary Data and Sources

Appendix E: Health Care Facilities and Community Resources

Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) “is recognized nationally as a leader in community benefit planning and reporting.”⁴ The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II*, which can be found at chausa.org.

⁴ Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.

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 Meeting

The prioritization process included an in-person or hybrid 30 minutes facilitated session hosted in collaboration with the Health Council. The goal of this meeting was to engage Health Council and local voices in a streamlined prioritization process and build out community recommendations for action around each priority need.

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.

Demographics

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

Health Council

In each county, there is a group of community members focused on improving the health of their county through a collaboration called a ‘Health Council.’ They are vital partners in the CHA process and focus on the CHA’s priority health needs.

Identified Need

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

Key Community Member 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 (including computer/video calls). 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 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.

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.

Prioritized Need/Community Prioritized Needs

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.

Vendors

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

Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community's demographics. The descriptions of the data's importance are largely drawn from the County Health Rankings & Roadmaps website.

Table 4: 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	DeKalb County	Tennessee	U.S.
Total	21,225	7,126,489	334,914,895
Male	50.3%	49.1%	49.6%
Female	49.7%	50.9%	50.4%

Source: [Census Bureau Quick Facts DeKalb County, 2023](#)

Table 5: Population by Race and Ethnicity

Why it is important: The racial and ethnic 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	DeKalb County	Tennessee	U.S.
Asian	1.2%	2.2%	6.6%
Non-Hispanic Black / African American	2.0%	16.7%	13.6%
Hispanic / Latino	8.7%	6.4%	19.1%
American Indian or Alaska Native	.6%	.5%	1.3%
Non-Hispanic White	86.7%	72.9%	58.9%

Source: [County Health Rankings, 2024](#)

Table 6: 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 and childcare needs, while an older population may have greater healthcare needs.

Age	DeKalb County	Tennessee	U.S.
Median age	42.1	39.2	39.0
Ages 0-17	21.6%	21.8%	21.7%
Ages 18-64	59.8%	60.9%	61.0%
Ages 65+	18.6%	17.3%	17.3%

Source: [U.S. Census Bureau, 2019-2023](#)

Table 7: 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 as well. 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	DeKalb County	Tennessee	U.S.
Median household income	\$46,907	\$64,035	\$75,149
Per capita income	\$27,684	\$36,040	\$41,261
People with incomes below the federal poverty guideline	15.6%	13.3%	11.5%
ALICE households	28%	30%	29%

Source: [U.S. Census Bureau, 2019-2023](#), [United for Alice, 2022](#)

Table 8: Education

Why it is 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 helps create opportunities for healthier choices.

Income	DeKalb County	Tennessee	U.S.
High school diploma or higher	81.1%	89.3%	89.1%
Bachelor's degree or higher	20.4%	29.7%	34.3%

Source: [U.S. Census Bureau, 2019-2023](#)

Table 9: 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.

Income	DeKalb County	Tennessee	U.S.
Uninsured	14.2%	11.1%	9.3%
Medicaid Participation, not Eligible	27.8%	22.4%	25.1%

Source: [U.S. Census Bureau, 2019-2023](#), [TennCare Enrollment, 2024](#)

Appendix C: Community Input Data and Sources

In April 2024 – October 2024, Ascension Saint Thomas DeKalb Hospital began a Community Health Needs Assessment for DeKalb 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 April 2024 - May 2024.
- Information gathering, using secondary public health sources, occurred between May 2024- August 2024.
- On August 15, 2024 –14 key community members participated in interviews at DeKalb County Health Department Board room. These interviews included members from the community and representation from the DeKalb County Health Department, including DeKalb County Health Department director.
- On October 29, 2024 –A community meeting with the DeKalb County Health Council was held with 32 participants in attendance. Participants were asked to review primary and secondary data, identify and prioritize community needs and discuss solutions utilizing the health equity framework.
 - The prioritization process included one in-person 30 minute facilitated session hosted in collaboration with the health council in each county. In summary the community meeting with the health council was a time for primary and secondary data to be presented back to community members to create engagement around community health related issues happening in Dekalb County.
 - DeKalb County Health Council members voted on the top three prioritized needs to address for their community based on secondary indicators and primary data from the key community member interviews. Ascension Saint Thomas DeKalb Hospital, in collaboration with the health department and DeKalb County health council, used Mentimeter, an online voting tool to rank their 1st, 2nd, and 3rd most significant health needs in DeKalb County. The results were computed using Menti online voting software to prioritize health needs in the county. DeKalb Council health council participants agreed that the data shared during the community meeting supported the voted on prioritized needs.

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 DeKalb County 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

14 key community members were interviewed. Those selected were chosen based on their knowledge of DeKalb County and its health needs. Ascension Saint Thomas DeKalb Hospital and DeKalb County Health Department recommended the interviewees who represented the broad interests of the community. The request to participate was done through email communication with community



members; which represents a very broad swathe of the community representing many different agencies and organizations.

Request 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.

Key Community Member Interviews

On August 15, 2024, Ascension Saint Thomas DeKalb Hospital conducted 14 one-on-one interviews with individuals representing at least 12 organizations and agencies in DeKalb County as those interviewed were active in several organizations. During this presentation of primary and secondary data, health council members were asked for feedback regarding the data. Time for feedback was allowed to hear from the health council members if they agree, disagree or have further questions about what was presented. Many health council members agreed that Mental Health, Substance Misuse, and Access to Care/Insurance were the main community prioritized needs. These comments were also supported via key community member interviews that highlighted these needs as well. We thank the following individuals for their willingness to volunteer their time and knowledge to this effort. The table below is a full listing of key community members interviewees.

Table 10: Key Community Member Interviewees

Organization	Represents
Haven of Hope, Mental Health	Mental Health
Haven of Hope, Substance Misuse	Substance Misuse
TN Department of Health	Public Health
DeKalb County Health Department	Public Health
DeKalb County Schools	Children & Youth
DeKalb Prevention Coalition	Substance Misuse
Sheriff's Office	All
Upper Cumberland Human Resource Agency	All
Smithville Cumberland Presbyterian Church	Local Church
Physician	All
Ascension Saint Thomas DeKalb Hospital Board Member	Healthcare
Senior Center	Seniors



Conducted in person and via telephone, the key stakeholder interviews loosely followed the following set of questions:

1. Can you share about your role(s) here in your community?
2. When I say “quality of life” what do you think about? How would you define “quality of life”?
3. Thinking about this shared definition, what are the top three things you believe you would improve QOL in your community?
4. What changes have you noticed in QOL for those who live in DeKalb County?
5. What do you think are your community’s strongest assets? For improving health?
6. What are the obstacles or challenges within your community? For improving health?
7. What would you say are the top three issues specific to health or health care that you are most concerned about in DeKalb County?
8. If you had a magic wand, what top initiatives would you implement in your community?

Community Meeting with DeKalb County Health Council

The DeKalb County Health Council held a meeting on October 29, 2024 with 32 members in attendance. Below are the organizations and agencies in DeKalb County in attendance to hear a summary of secondary and primary data as well as prioritize the most significant community health needs. We thank the following organizations for their willingness to volunteer their time and knowledge to this effort.

The table below is a full listing of community meeting with the DeKalb County health council attendees.

Table 11: Community Meeting with DeKalb County Health Council Attendees

Organization	Represents
Volunteer Behavioral Health Care Services	Mental Health
Tennessee Department of Health	All
Second Harvest Food Bank	Food Security
DeKalb County Schools	Children & Youth
Vanderbilt University Medical Center	Healthcare
Lifeline Power of Putnam	Substance Misuse Coalition
Ascension Saint Thomas DeKalb Hospital	Healthcare
Upper Cumberland Development District	All
LBJC Head Start	Children & Youth
Health Connect America	All
Senator Hagerty's Office	Government
DeKalb Drug Prevention Coalition	Substance Misuse
TN Healthcare Campaign	Advocacy, Low income

Appendix D: Secondary Data and Sources

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 population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources. A summary of the secondary data collected and analyzed through this assessment is outlined in the following tables.



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 annually and shares it with the public. The data below is from the 2024 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

How to Read These Charts	
Why they are important:	Explains why we monitor and track these measures in a community and how they relate to health. The descriptions for "why they are important" are largely drawn from the County Health Rankings & Roadmaps websites.
County vs. State:	Describes how the county's most recent health issue data compares to the state average.
United States (U.S.)	Describes how the county's most recent health issue data compares to the U.S.
Description:	<p>Explain what the indicator measures, how it is measured, and who is included.</p> <p>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.</p>

Table 12: 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 members within a community. NA= not available

Indicators	Trend	DeKalb	TN	U.S.	Description
Length of Life					
Premature death		14,182	11,043	8,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		71	74	78	How long the average person is expected to live
Infant mortality	N/A	N/A	6.9	6.0	Number of all infant deaths (within one year) per 1,000 live births
Physical Health					
Poor or fair health		22%	18%	14%	Percentage of adults reporting fair or poor health
Poor physical health Days		4.7	4.1	3.1	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress	N/A	15%	13%	10%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight	N/A	10%	9%	8%	Percentage of babies born too small (less than 2,500 grams)
Falls 65+ (by state)	N/A	N/A	31.2%	27.6%	Older adult falls reported by state
Fall fatalities 65+ (by state)	N/A	N/A	85.9	78.0	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		6.3	5.8	4.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress		20%	19%	15%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide		17	17	14	Number of deaths due to suicide per 100,000
Morbidity					
Diabetes prevalence	N/A	12%	12%	10%	Percentage of adults ages 20 and above with diagnosed diabetes
Cancer deaths (by state)	N/A	261.6	208.2	182.6	Average annual cancer death rate per 100,000
Communicable Disease					
HIV prevalence		195.9	318.1	382.0	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections	N/A	269	562	496	Number of newly diagnosed chlamydia cases per 100,000

Source: [County Health Rankings, 2024](#), [AHR fall rates, 2020](#), [CDC falls, 2020-2021](#); [State Cancer Profiles, 2017-2021](#)

Table 13: 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.

Indicator	Trend	DeKalb	TN	U.S.	Description
Economic Stability					
Median household income		\$46,907	\$64,035	\$75,149	The income where half of households in a county earn more and half of households earn less
Unemployment		4.1%	3.5%	3.5%	Percentage of population ages 16 and older unemployed but seeking work
Poverty	N/A	15.6%	13.3%	11.5%	Percentage of population living below the federal poverty line
Childhood poverty		22%	18%	16%	Percentage of people under age 18 in poverty
Educational Attainment					
High school completion	N/A	85.6%	89.3%	89.1%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college		51%	63%	68%	Percentage of adults ages 25-44 with some post-secondary education
Social/Community					
Children in single-parent homes	N/A	23%	28%	25%	Percentage of children who live in a household headed by a single parent
Social associations		7.3	11.0	9.7	Number of membership associations per 10,000 population
Disconnected youth	N/A	NA	7%	7%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Violent crime	N/A	NA	621.6	380.7	Number of reported violent crime offenses per 100,000 population
Access to Healthy Foods					
Food environment index	N/A	6.9	6.5	7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity	N/A	15%	12%	10%	Percentage of the population who lack adequate access to food
Limited access to healthy foods	N/A	7%	9%	6%	Percentage of the population who are low-income and do not live close to a grocery store

Source: [County Health Rankings, 2024](#), [FBI Crime Data Explorer](#); [Bureau of Labor Statistics, 2024](#)

Table 14: Physical Environment





Why they are 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. A poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.


Indicator	Trend	DeKalb	TN	U.S.	Description
Physical Environment					
Severe housing cost burden		13%	12%	14%	Percentage of households that spend 50 percent or more of their household income on housing
Severe housing problems	N/A	10%	13%	17%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities
Air pollution: particulate matter		7.2	7.6	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Home ownership	N/A	68.6%	67.1%	65.0%	Percentage of occupied housing units that are owned

Source: [County Health Rankings, 2024](#)

Table 15: 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.




Indicator	Trend	DeKalb	TN	U.S.	Description
Healthcare Access					
Uninsured	N/A	16%	12%	10%	Percentage of population under age 65 without health insurance
Uninsured adults	N/A	19.3%	14.6%	12.0%	Percentage of adults under age 65 without health insurance
Uninsured children		5.9%	4.6%	5.0%	Percentage of children under age 19 without health insurance
Primary care physicians		2,560	1,440	1,330	Ratio of the population to primary care physicians
Mental healthcare providers		1,909	530	320	Ratio of the population to mental healthcare providers
Hospital Utilization					
Preventable hospital stays		2,330	2,896	2,681	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees

Preventive Healthcare					
Flu vaccinations		48%	47%	46%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings	N/A	39%	42%	43%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening

Source: [County Health Rankings, 2024](#)

Table 16: 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.

Indicator	Trend	DeKalb	TN	U.S.	Description
Healthy Lifestyle					
Adult obesity	N/A	36%	36%	34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical inactivity	N/A	33%	27%	23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities		55%	67%	84%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep		35%	34%	33%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths	N/A	19.2	17	12	Number of motor vehicle crash deaths per 100,000 population
Teen births		32	24	17	Number of births per 1,000 female population ages 15-19
Substance Misuse					
Adult smoking	N/A	24%	20%	15%	Percentage of adults who are current smokers
Excessive drinking	N/A	14%	17%	18%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths	N/A	21%	24%	26%	Alcohol-impaired driving deaths
Overdose deaths: any opioids by state	N/A	N/A*	43.1	24.4	Rate of opioid-related deaths by state per 100,000 persons
Sexual Health					
Sexually transmitted infections	N/A	269	562.4	495.5	Number of newly diagnosed chlamydia cases per 100,000 population

Sources: [County Health Rankings, 2024](#); [TN Dept of Health Drug Overdose dashboard, 2018-2022](#) *The small sample size was unstable due to fewer than ten counts in 2022, [CDC, 2022](#)

Table 17: Disparities

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improve health for everyone in the community.

Indicator	Population	Measure
Health Disparities		
Premature death: Years of potential life lost before age 75 per 100,000 population (age-adjusted)	Overall Tennessee	10,731.3
	Non-Hispanic White	10,014.6
	Non-Hispanic Black	15,316.7
	Non-Hispanic American Indian/Alaska Native	5,053.4
	Non-Hispanic Asian/HI native/Pacific Islander	3,934.3
	Hispanic all races	7,447.5
Low birthweight: Percentage of live births with low birthweight (< 2,500 grams)	Overall Tennessee	9%
	Asian	9.1%
	Non-Hispanic Black / African American	14.9%
	Hispanic / Latino	7.5%
	American Indian or Alaska Native	7.5%
	Non-Hispanic White	7.5%

Source: [CDC Wonder, 2020](#) , [March of Dimes 2020-2022](#)

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Saint Thomas DeKalb Hospital has cataloged resources available in DeKalb County that respond to 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 are not intended to be exhaustive.

Access to Care Resources

Organization	Phone	Website
Ascension Saint Thomas DeKalb Hospital	615-215-5000	Ascension Saint Thomas DeKalb Hospital
Family Medical Center - Smithville	615-597-4395	Family Medical Center - Smithville
Center Hill Medical, PLLC	615-597-4049	Center Hill Medical, PLLC
Family Medical Center - Alexandria	615-529-2116	Family Medical Center - Alexandria
Good Health Family Clinic	615-597-4432	Good Health Family Clinic
Fast Pace Urgent Care	615-318-1220	Fast Pace Urgent Care
DeKalb County Health Department	615-597-7599	DeKalb County Health Department

Mental Health Resources

Organization	Phone	Website
Statewide Crisis Line	855-CRISIS-1 (855-274-7471)	Statewide Crisis Line
Haven of Hope of DeKalb County	615-597-4673	Haven of Hope of DeKalb County
Authentic Being Counseling Services	931-252-6684	Authentic Being Counseling Services

Substance Use Disorder Resources

Organization	Phone	Website
Tennessee REDLINE	800-680-0633	Tennessee REDLINE
Haven of Hope of DeKalb County	615-597-4673	Haven of Hope of DeKalb County
AA and NA meetings	800-559-2252	Alcoholics Anonymous , Narcotics Anonymous
Sober Living Services	615-318-1337	
Adult Recovery Court	615-215-8690	Adult Recovery Court
Evolve Addiction Treatment of Smithville	615-318-1872	Evolve Addiction Treatment of Smithville

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

Ascension Saint Thomas DeKalb Hospital's previous 2021 CHNA implementation strategy responded to the following priority health needs: Access to Care, Mental Health, and Substance Misuse.

The tables below describe the actions taken during the 2022-2024 CHNA implementation strategy cycle to respond to each priority need.

Note: At the time of the report publication (June 2025), the third year of the cycle will not be complete. The hospital will accommodate for that variable; results from the last year of this cycle will be reported and attached to the 2023 IRS Form 990/Schedule H.

Access to Care

ACTION(S) TAKEN	RESULTS
Increase Access To Care Through Mobile Health.	<p>FY23 Due to staffing changes this strategy is on hold.</p> <p>FY24 Due to staffing and budget limitations this strategy remains on hold.</p> <p>FY25 YTD Continue to explore having the mammography mobile unit within the community.</p>
Identify And Address Barriers To Care Within The Community With Special Attentions To Persons Who Are Underserved And/Or Marginalized.	<p>FY23 Social Determinants of Health screener used to identify needs. There were 45,409 patients screened system wide using the social determinants of health screener. Social isolation is the most identified issue.</p> <p>FY24 Social determinants of health screener used to identify needs. SDOH screenings data collection is on-going and nearly 60,000 individuals were screened across the Ascension Tennessee market Ascension Saint Thomas was awarded two Community Health Worker (CHW) grants to focus on creating an infrastructure for CHWs throughout the Ascension Saint Thomas ministry.</p> <p>FY25 YTD SDOH screenings data collection is on-going and over 69,000 individuals were screened across the Ascension Tennessee market.</p>

Enhance Coordination And Navigation Of Resources	<p>FY23 Outpatient clinics utilizing neighborhood resources to connect individuals with resources.</p> <p>FY24 Working to build meaningful partnerships with local nonprofit agencies and bolster our knowledge of the neighborhood resources platform as well as engaging with the local health council and drug prevention coalition</p> <p>FY25 YTD Continue to build AST CHW infrastructure for awarded Community Health Worker Grants. Continued increase of Neighborhood Resources platform site utilization and increased resource based searches on the platform. \$4,000 community investment to DeKalb County Back Pack</p>
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Mental Health

ACTION(S) TAKEN	RESULTS
Integrate Mental Health Services, Support And/Or Education Into Outpatient Settings And/Or Emergency Department.	<p>FY23 More than 10,000 individuals screened for anxiety system wide, of which 53% had a positive screen. Additionally, nearly 300,000 individuals were screened for depression across Ascension's Tennessee market. \$30,000 community investment to Haven of Hope</p> <p>FY24 More than 85,000 individuals screened for depression in our emergency departments and primary care clinics \$30,000 community investment to Haven of Hope</p> <p>FY25 YTD Over 93,000 patients screened for depression at Ascension Saint Thomas system wide \$21,000 community investment to Haven of Hope AST EMS grant awarded for first responder mental health. This grant will support a mental health resiliency training program and community paramedic program to support the needs of psychiatric patients.</p>

Substance Misuse

ACTION(S) TAKEN	RESULTS
Increase Opportunities To Engage In Substance Use Disorder Prevention, Identification And Treatment.	<p>FY23 32,976 patients were screened system wide for alcohol use and 8,437 patients were screened system wide for opioid risk.</p> <p>FY24 26,630 individuals screened for alcohol misuse and more than 15,000 individuals screened with the opioid risk tool.</p> <p>FY25 YTD Over 65,000 individuals have been screened for alcohol misuse and over 10,000 individuals have been screened for opioid risk.</p>