

# Ascension Saint Thomas Highlands Hospital

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



**Ascension**



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

Hospital legal name: Saint Thomas Highlands Hospital, LLC (Ascension Saint Thomas Highlands Hospital)

Hospital Address: 401 Sewell Drive, Sparta, TN 38583

Hospital website: [Ascension Saint Thomas Highlands Hospital](https://www.ascensionstth.org)

Hospital phone: 931-738-9211

Hospital EIN/Tax ID: 47-4063046

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 White County. Ascension Saint Thomas Highlands 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 White County.



# 2024 Community Health Needs Assessment Ascension Saint Thomas Highlands 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 White County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

### Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a Community Health Needs Assessment (CHNA) and adopt an Implementation 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 Highlands Hospital appreciates the collaborative work of StrategyHealth, White County Health Department, White 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 Highlands Hospital has defined its community served as White County for the 2024 CHNA. White County was selected as Ascension Saint Thomas Highlands Hospital's community served because it is the 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 September 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/primary data sources included from 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.

- Planning meetings with community partners took place between April 2024 - May 2024.
- Information gathering of secondary data occurred between May 2024- August 2024.
- On August 13, 2024 –8 key community members participated in interviews at White County Health Department Board room. These interviews included members from the community and representation from the White County Health Department, including White County Health Department director.
- On September 24, 2024 –A Community Meeting with the White County Health Council was held with 26 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 Highlands Hospital analyzed secondary data of over 95 indicators and gathered community input through interviews and community meetings to identify the needs of White County. In collaboration with community partners, Ascension Saint Thomas Highlands Hospital used a phased prioritization approach to determine the prioritized needs. The needs that the community prioritized are listed in the chart below.

### White County Community Health Needs

<u>Prioritized Needs: 2022 CHNA</u>	<u>Secondary Data</u>	<u>Primary Data</u>	<u>Community Prioritized Needs: 2024 CHNA</u>
<ul style="list-style-type: none"> <li>• Mental Health – depression, suicide</li> <li>• Substance misuse – includes alcohol and tobacco</li> <li>• Poverty/low-income housing</li> <li>• Access to affordable care and insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Adult smoking</li> <li>• Adult obesity</li> <li>• Physical inactivity</li> <li>• Uninsured</li> <li>• Population to primary care physician</li> <li>• Lower high school completion</li> <li>• Lower percentage of adults with “some college”</li> </ul>	<ul style="list-style-type: none"> <li>• Access to healthcare – primary &amp; specialty care, affordable insurance, transportation</li> <li>• Mental health</li> <li>• Substance misuse</li> <li>• Health education</li> <li>• Obesity – nutrition &amp; activity</li> <li>• Communication/Coordination of resources</li> </ul>	<ul style="list-style-type: none"> <li>• Access to care – insurance, primary &amp; specialty care</li> <li>• Mental health</li> <li>• Substance misuse</li> </ul>

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 Highlands Hospital leaders and community partners to analyze which community health needs Ascension Tennessee and Ascension Saint Thomas Highlands Hospital will prioritize. Later in 2025, an Implementation Plan and Strategies (IS) with detailed strategies will be developed and brought before the Board for approval.

Ascension Saint Thomas Highlands Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs of White 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 nonprofit 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 Highlands Hospital

Ascension Saint Thomas Highlands Hospital strives to make a difference in the lives of our community by providing quality, compassionate care. Proudly serving White County and the surrounding communities since 1929, the Joint Commission accredited facility is part of the Saint Thomas Stroke Network. This 60-bed facility offers a full range of medical services, including 24-hour emergency care, behavioral health, and rehabilitation services.

Ascension Saint Thomas Highlands Hospital operates one hospital campus, and employs more than 130 associates. The doctors, nurses, and staff are committed to providing the expert, personalized care that the residents of Sparta deserve. The specialty areas include cardiology, orthopedics, senior health care, breast health, stroke care, radiology, surgery, physical therapy, and rehabilitation.

For more information about Ascension Saint Thomas Highlands Hospital, visit [Ascension Saint Thomas Highlands 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.”<sup>1</sup> The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Saint Thomas Highlands 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.<sup>2</sup> 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.<sup>3</sup>

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 Saint Thomas Highlands Hospital 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.

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

<sup>2</sup> 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>

<sup>3</sup> 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 Highlands Hospital Administration Office.

## Timeline

In April 2024 - September 2024, Ascension Saint Thomas Highlands Hospital began a Community Health Needs Assessment for White County and sought input from persons who represent the broad interests of the community using several methods:

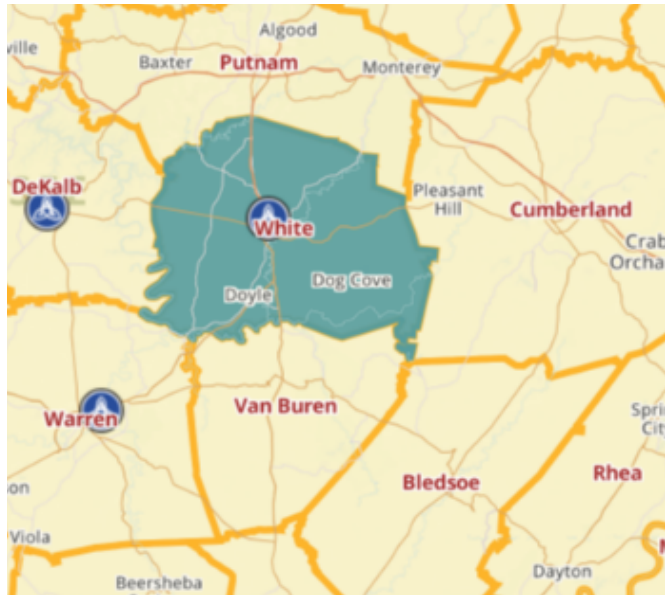
- Planning meetings with community partners took place between April 2024 - May 2024.
- Information gathering of secondary data occurred between May 2024- August 2024.
- On August 13, 2024 –8 key community members participated in interviews at White County Health Department Board room. These interviews included members from the community and representation from the White County Health Department, including White County Health Department director.
- On September 24, 2024 –A Community Meeting with the White County Health Council was held with 26 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 Highlands I has defined its community served as White County for the 2024 CHNA. White County was selected as Ascension Saint Thomas Highlands Hospital 's community served because it is the primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.



Source: SiteMap

White County is 78.7% rural with 72.6 population per square mile in 2020.

69% of employees are employed in the top five industries:

- Manufacturing – 23.1%
- Educational services, and health care and social assistance – 18.7%
- Arts, entertainment, recreation, and accommodation and food services – 10.5%
- Retail trade – 10.1%
- Transportation & Warehousing – 6.9%

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

## Demographic Data

Located in the Upper Cumberland region of Tennessee, White County has a population of 28,692 and is 79% rural with 376.7 square miles and 72.6 population per square mile. Below are demographic data highlights for White County:

- 20.7% of the community members of White County are 65 or older, compared to 17.3% in Tennessee
- 96.8% of community members are non-Hispanic; 3.2% are Hispanic or Latino
- 92.4% of community members are non-Hispanic White; 0.7% are Asian; 0.5% are American Indian or Alaska Native, and 1.8% are non-Hispanic Black or African American
- The total population increase from 2020 to 2023 was 4.9%.
- The median household income is below the state median income (\$48,220 for White County \$64,035 for Tennessee)

- The percent of all ages of people in poverty was higher than the state (16.4% for White County 13.3% for Tennessee)
- The uninsured rate for White County is higher than the state (13.8% for White County 11.9% for Tennessee)

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

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

**Table 1: Description of Community**

Demographic Highlights			
Population			
Indicator	White	Tennessee	Description
% living in rural communities	79%	33.8%	2020 Census percent rural population within the state
% below 18 years of age	21.4%	21.8%	N/A
% 65 years of age and over	20.7%	17.3%	N/A
% Asian	0.7%	2.1%	N/A
% American Indian or Alaska Native	0.5%	0.5%	N/A
% Hispanic	3.2%	6.4%	N/A
% non-Hispanic Black	1.8%	16.4%	N/A
% non-Hispanic White	92.4%	72.9%	N/A
Social and Community Context			
English proficiency	0.1%	1.6%	Proportion of community members who speak English "less than very well"
Median household income	\$48,220	\$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	13.8%	11.9%	Percentage of population under age 65 without health insurance
% of educational attainment	81.8%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent
% of unemployment	3.5%	3.5%	Percentage of population ages 16 and older unemployed but seeking work

Source: [County Health Rankings](#); [US Census Bureau 2020, 2022, 2023](#); [American Community Survey 2018-2022](#); [Bureau of Labor Statistics, 2023](#)

## Process and Methods Used

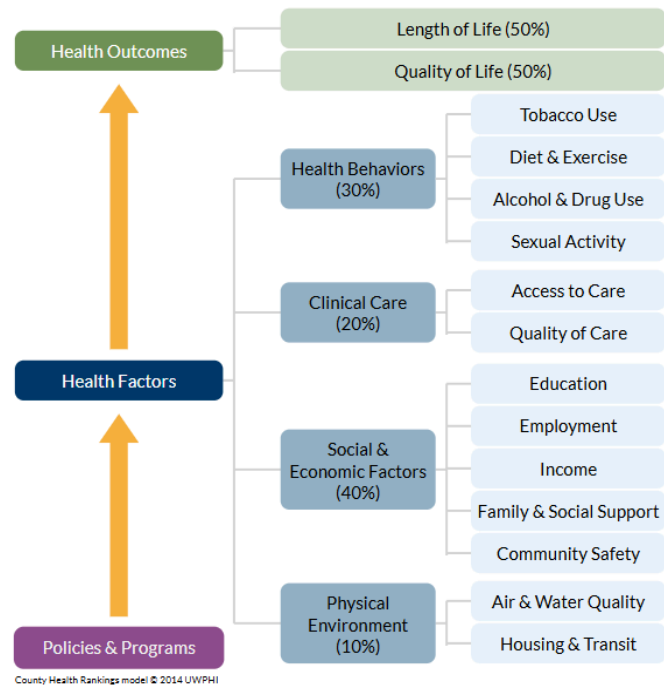
Ascension Saint Thomas Highlands Hospital is committed to using national best practices in conducting the Community Health Needs Assessment (CHNA). Health needs and assets for White County were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs. Ascension Saint Highlands Hospital's approach includes the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement supplemented with additional data.

### Collaborators and/or Consultants

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

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

Ascension Saint Thomas Highlands 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 White County Health Department as well as Ascension Saint Thomas Highlands Hospital during the CHNA process. The White 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 Highlands Hospital is committed to using national best practices in conducting the CHNA. In collaboration with various community partners, Ascension Saint Thomas Highlands 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 stakeholder interviews and community health council meetings. These methods provided additional perspectives on selecting and responding to top health issues facing White County. A summary of the process and results is outlined below.

### Key Community Member Interviews

A series of 8 one-on-one interviews were conducted by Ascension Saint Thomas Highlands Hospital representatives and StrategyHealth to gather feedback from key community members on the health needs and assets of White County. These meetings included members from the community and representation from the White County Health Department, including White County Health Department director. 8 representatives from 11 different organizations and agencies participated in the interviews, held August 13, 2024. The table below summarizes key points, common themes, and meaningful quotes.





**Table 2: Key Community Member Interviews**

Key Stakeholder Interviews	
Key Summary Points	
<ul style="list-style-type: none"> <li>• Access to additional healthcare, primary care, cancer care, neurology; access to affordable insurance; access to transportation; less obesity and increased physical activity; health education, more daycare, mental health and substance use resources are the top things that would improve quality of life in White County.</li> <li>• The community's strongest assets are: Highlands Hospital, Health Department, good providers, social service organizations and faith community, job opportunities, and education.</li> <li>• The obstacles or challenges in the community are: lack of adequate infrastructure (water, sewer, electrical, water treatment, waste management), access to care (pediatrician, affordable insurance), and socioeconomics.</li> <li>• The top health issues of concern are: access to care (primary care accepting new patients, neurology, dermatology, dental care, cancer care, transportation), mental health treatment availability, education/health literacy, unhoused population, obesity, STIs and drug use.</li> <li>• The top initiatives the interviewees would implement are: increase access to care (Ascension urgent care, affordable insurance, clinic for county employees, increase screenings, proactive health interventions, accessible, affordable medications), more affordable housing, increase availability of food, more mental health and substance misuse services, health education, and communication and coordination of resources.</li> </ul>	
Sectors/ Organizations Represented by Participants	Common Themes
<ul style="list-style-type: none"> <li>• Government</li> <li>• Education - Schools, Library</li> <li>• Rural Health Clinic</li> <li>• Unhoused population</li> <li>• Seniors</li> <li>• Drug prevention coalition</li> <li>• Social service organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Desire for additional primary care in the community</li> <li>• Lack of mental health services and resources</li> <li>• Substance use resources</li> <li>• Health education is essential for improving health</li> <li>• Increased coordination of resources to help those in need</li> <li>• Decrease food insecurity, increase affordable housing</li> </ul>
Meaningful Quotes	
<ul style="list-style-type: none"> <li>• "No one in the community should go hungry. There are so many resources."</li> <li>• "Homelessness is new here. There are 100 kids in schools this year that are homeless."</li> <li>• "There's a need for more primary care. It's hard to recruit physicians to a rural community."</li> <li>• "Stop putting bandaids on problems and deal with the trauma people have."</li> </ul>	

## 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 stakeholders. On September 24, 2024 Ascension Saint Thomas Highlands Hospital presented the CHNA secondary data and results of the key community member interviews to the White 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 White County. The themes and discussion were around the topics of mental health, substance misuse, communication and coordination or community resources, and access to affordable healthcare and insurance. White County Health Council members agreed that data presented 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, 2024](#) indicates the following as areas to explore for improvement in White County:

- Higher adult smoking at 25% than to the State of Tennessee 20%
- Adult obesity at 36% is the same as the State of Tennessee 36%
- Higher physical inactivity at 32% than State of Tennessee 27%
- Lower access to exercise opportunities at 34% than State of Tennessee 67%
- Higher uninsured at 14% than State of Tennessee 12%
- Higher population to primary care physician 2,770:1 than State of Tennessee 1,440:1
- Lower high school completion at 82% State of Tennessee at 89%
- Lower percentage of those adults with "some college" at 50% than State of Tennessee at 63%

To view the secondary data and sources in their entirety, see Appendix D (Page 38).



### Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within White County. This constraint limits the ability to 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.

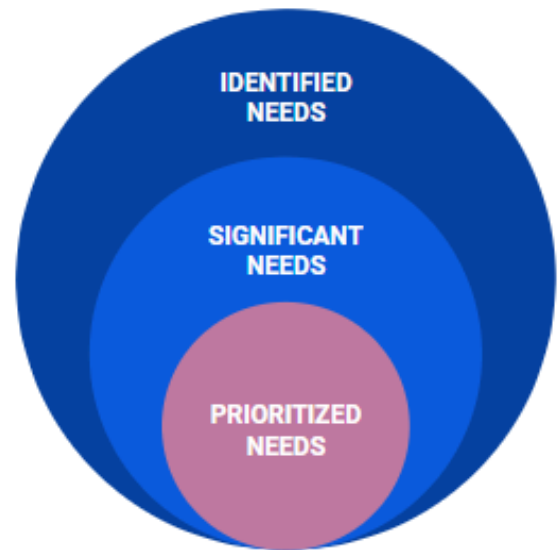
Despite the data limitations, Ascension Saint Thomas Highlands Hospital is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple qualitative and quantitative methods and engaged the hospital and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

## Community Needs

Ascension Saint Thomas Highlands Hospital, with contracted assistance from StrategyHealth, analyzed secondary data of 95 indicators and gathered community input through community interviews and a community meeting to identify the needs in White County.

In collaboration with community partners, Ascension Saint Thomas Highlands Hospital used a phased prioritization approach to identify the needs.

Following the completion of the Community Health Needs Assessment (CHNA), Ascension Saint Thomas Highlands 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 and 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 White 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 Highlands Hospital synthesized and analyzed the data to determine which of the identified needs were most significant. Ascension Saint Thomas Highlands 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 Highlands 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 White 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**

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

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

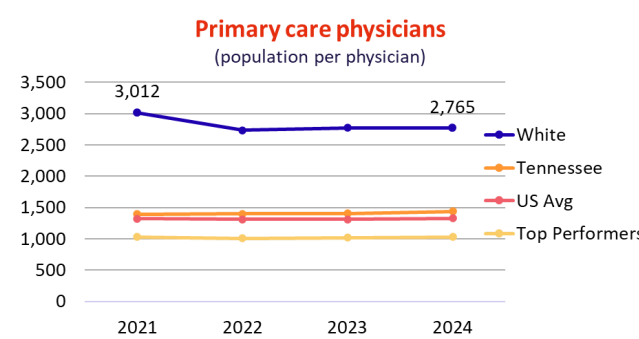
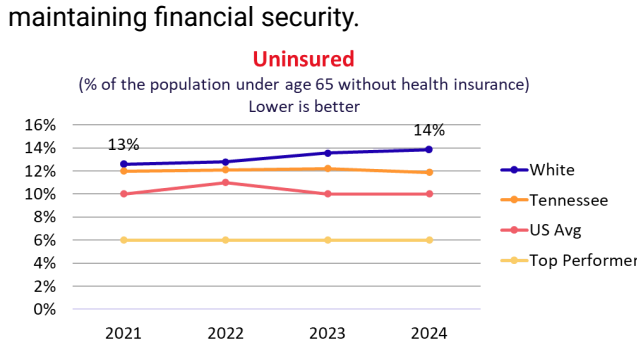
- Access to Care/Insurance
- Mental Health
- Substance Misuse

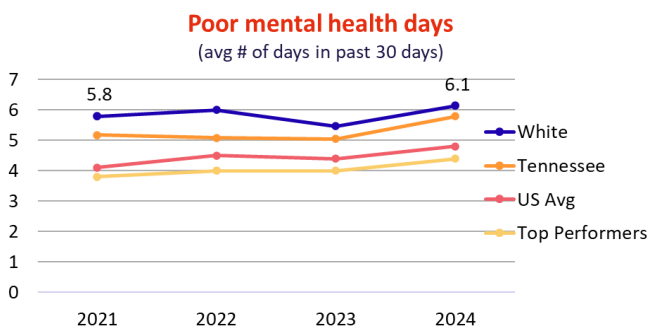
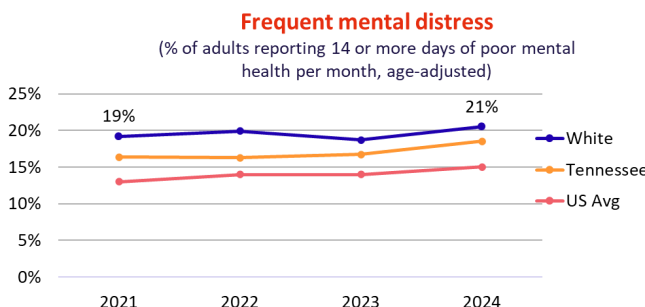
Ascension Saint Thomas Highlands Hospital understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. The next steps will be to work with Ascension Saint Thomas Highlands Hospital leaders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

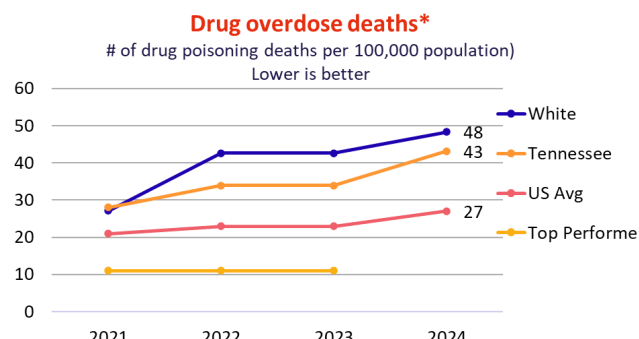
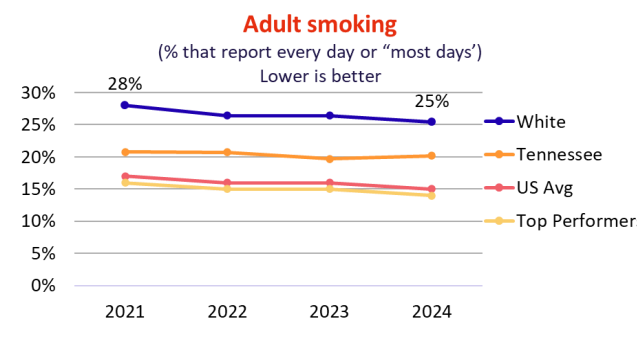
To view healthcare facilities and community resources available to respond to the community prioritized needs, please see Appendix E (Page 44).

## White 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: <a href="#">Healthy People 2030</a></p>	<ul style="list-style-type: none"><li>● Uninsured population</li><li>● Low-income population</li><li>● Those with high deductibles</li><li>● Those with chronic conditions</li></ul>																																																		
Community Input Highlights																																																			
<ul style="list-style-type: none"><li>● Finding referrals for those with TennCare and uninsured are difficult.</li><li>● There is a need for access to healthcare including - specialty clinics (particularly for TennCare, uninsured, and those with high deductibles), OB/Gyn, pediatrician, surgeons, and access to insurance.</li><li>● Kids have difficulty receiving the care they need - glasses, pediatricians, specialists, dental care</li></ul>																																																			
Secondary Data Highlights																																																			
<p>Access to health care requires not only financial coverage, but also access to providers.</p> <p><b>Primary care physicians</b> (population per physician)</p>  <table><caption>Primary care physicians (population per physician)</caption><thead><tr><th>Year</th><th>White</th><th>Tennessee</th><th>US Avg</th><th>Top Performers</th></tr></thead><tbody><tr><td>2021</td><td>3,012</td><td>~1,300</td><td>~1,400</td><td>~1,000</td></tr><tr><td>2022</td><td>~2,800</td><td>~1,300</td><td>~1,400</td><td>~1,000</td></tr><tr><td>2023</td><td>~2,800</td><td>~1,300</td><td>~1,400</td><td>~1,000</td></tr><tr><td>2024</td><td>2,765</td><td>~1,300</td><td>~1,400</td><td>~1,000</td></tr></tbody></table> <p>Source: <a href="#">County Health Rankings</a>, 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	White	Tennessee	US Avg	Top Performers	2021	3,012	~1,300	~1,400	~1,000	2022	~2,800	~1,300	~1,400	~1,000	2023	~2,800	~1,300	~1,400	~1,000	2024	2,765	~1,300	~1,400	~1,000	<p>Lack of health insurance coverage is a significant barrier to accessing needed health care and to maintaining financial security.</p> <p><b>Uninsured</b> (% 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>White</th><th>Tennessee</th><th>US Avg</th><th>Top Performers</th></tr></thead><tbody><tr><td>2021</td><td>13%</td><td>~12%</td><td>~10%</td><td>~6%</td></tr><tr><td>2022</td><td>~13%</td><td>~12%</td><td>~10%</td><td>~6%</td></tr><tr><td>2023</td><td>~13%</td><td>~12%</td><td>~10%</td><td>~6%</td></tr><tr><td>2024</td><td>14%</td><td>~12%</td><td>~10%</td><td>~6%</td></tr></tbody></table> <p>Source: <a href="#">County Health Rankings, 2021</a>, US Census Bureau's Small Area Health Insurance Estimates (SAHIE). The 2024 Annual Data Release used data from 2021 for this measure.</p>	Year	White	Tennessee	US Avg	Top Performers	2021	13%	~12%	~10%	~6%	2022	~13%	~12%	~10%	~6%	2023	~13%	~12%	~10%	~6%	2024	14%	~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: <a href="#">Chronic Illness &amp; Mental Health. Bethesda, MD: National Institutes of Health, National Institute of Mental Health, 2015</a></p>	<ul style="list-style-type: none"><li>● According to the National Institute of Mental Health (NIMH), <b>young adults</b> 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%).</li><li>● People who identify as being of two <b>or more races</b> (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%).</li><li>● <b>Women</b> are three times more likely than men to experience common mental health problems.</li><li>● Suicide is one of the leading causes of death in adolescents and adults ages <b>15 to 24</b>.</li></ul> <p>Source: <a href="#">National Institute of Mental Health, 2024</a></p>																																													
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<ul style="list-style-type: none"><li>● The community members interviewed noted the link between mental health and substance use.</li><li>● Anxiety and depression are most common in the schools.</li><li>● They mentioned the lack of mental health resources in the community.</li></ul>																																														
Secondary Data Highlights																																														
<p>White County had on average 6.2 poor mental health days out of 30 days, higher than Tennessee and the U.S.</p> <p><b>Poor mental health days</b> (avg # of days in past 30 days)</p>  <table><caption>Poor mental health days (avg # of days in past 30 days)</caption><tr><th>Year</th><th>White</th><th>Tennessee</th><th>US Avg</th><th>Top Performers</th></tr><tr><td>2021</td><td>5.8</td><td>5.0</td><td>4.0</td><td>3.8</td></tr><tr><td>2022</td><td>6.0</td><td>5.0</td><td>4.5</td><td>4.0</td></tr><tr><td>2023</td><td>5.5</td><td>5.0</td><td>4.5</td><td>4.0</td></tr><tr><td>2024</td><td>6.1</td><td>5.5</td><td>4.8</td><td>4.5</td></tr></table> <p>Source: <a href="#">County Health Rankings</a>, 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	White	Tennessee	US Avg	Top Performers	2021	5.8	5.0	4.0	3.8	2022	6.0	5.0	4.5	4.0	2023	5.5	5.0	4.5	4.0	2024	6.1	5.5	4.8	4.5	<p>20% of White County adults reported 14 or more days of poor mental health days per month, higher than Tennessee and the U.S.</p> <p><b>Frequent mental distress</b> (% 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><tr><th>Year</th><th>White</th><th>Tennessee</th><th>US Avg</th></tr><tr><td>2021</td><td>19%</td><td>16%</td><td>13%</td></tr><tr><td>2022</td><td>20%</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>21%</td><td>18%</td><td>15%</td></tr></table> <p>Source: <a href="#">County Health Rankings</a>, 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	White	Tennessee	US Avg	2021	19%	16%	13%	2022	20%	16%	14%	2023	18%	16%	14%	2024	21%	18%	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: <a href="#">National Institute on Drug Abuse, 2020</a></p>	<ul style="list-style-type: none"><li>Those reporting <b>two or more races</b> were highest for past year illicit drug use.</li><li><b>American Indian/Alaska Native (AIAN)</b> had higher alcohol use disorder at 8.3% followed by <b>White</b> people (5.8%) then <b>Hispanic</b> population (5.2%), and <b>Black</b> population (4.8%).</li><li>Substance use disorder was higher for <b>AIAN</b> (11.3%), White (7.8%), Black and Hispanic population at 7.1%</li><li>Drug abuse and substance disorders are more likely to affect <b>young males</b>.</li><li>Drug use is highest among persons between the ages of <b>18-25</b> at 39% compared to persons aged 26-29, at 34%.</li><li>70% of users who try an illegal drug <b>before age 13</b> develop a substance abuse disorder within the next 7 years compared to 27% of those who try an illegal drug after age 17.</li></ul> <p>Source: <a href="#">SAMHSA, 2021</a>; <a href="#">National Center for Drug Abuse Statistics</a>,</p>																																																		
Community Input Highlights																																																			
<ul style="list-style-type: none"><li>“Substance use, opioids affect all socioeconomic levels. Drugs are the center of so many problems.”</li><li>“End drug use by dealing with the root cause of the trauma, same for homelessness. Stop putting bandaids on problems, deal with the trauma then deal with the results.”</li></ul>																																																			
Secondary Data Highlights																																																			
<p>Drug overdose deaths are a leading contributor to premature death and are largely preventable.</p> <p><b>Drug overdose deaths*</b> # of drug poisoning deaths per 100,000 population) Lower is better</p>  <table><tr><th>Year</th><th>White</th><th>Tennessee</th><th>US Avg</th><th>Top Performers</th></tr><tr><td>2021</td><td>28</td><td>28</td><td>21</td><td>11</td></tr><tr><td>2022</td><td>42</td><td>34</td><td>23</td><td>11</td></tr><tr><td>2023</td><td>42</td><td>34</td><td>23</td><td>11</td></tr><tr><td>2024</td><td>48</td><td>43</td><td>27</td><td>11</td></tr></table> <p>Source: <a href="#">County Health Rankings, 2019-2021</a>, 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	White	Tennessee	US Avg	Top Performers	2021	28	28	21	11	2022	42	34	23	11	2023	42	34	23	11	2024	48	43	27	11	<p>Each year, approximately 480,000 premature deaths can be attributed to smoking.</p> <p><b>Adult smoking</b> (% that report every day or “most days”) Lower is better</p>  <table><tr><th>Year</th><th>White</th><th>Tennessee</th><th>US Avg</th><th>Top Performers</th></tr><tr><td>2021</td><td>28%</td><td>17%</td><td>16%</td><td>15%</td></tr><tr><td>2022</td><td>26%</td><td>17%</td><td>16%</td><td>15%</td></tr><tr><td>2023</td><td>26%</td><td>17%</td><td>16%</td><td>15%</td></tr><tr><td>2024</td><td>25%</td><td>17%</td><td>16%</td><td>15%</td></tr></table> <p>Source: <a href="#">County Health Rankings, BRFSS, 2018-2021</a>, The Annual Data Release used data from 2018- 2021 for this measure.</p>	Year	White	Tennessee	US Avg	Top Performers	2021	28%	17%	16%	15%	2022	26%	17%	16%	15%	2023	26%	17%	16%	15%	2024	25%	17%	16%	15%
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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 Highlands Hospital 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 Ascension Saint Thomas Highlands 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 Highlands 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 Highlands 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 Highlands Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs of White County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other Ascension Saint Thomas Highlands 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 Highlands Hospital is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals but the communities it serves. With special attention to those who are underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. Ascension Saint Thomas Highlands Hospital is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit 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.”<sup>4</sup> 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](https://chausa.org).

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

### **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 session, called a community 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. Mentimeter, an online voting tool to rank their 1st, 2nd, and 3rd most significant health needs in the County.

### **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. Could also be referred to as Stakeholder Interviews.

### **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 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

### **Vendors**

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

## 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	White County	Tennessee	U.S.
Total	28,692	7,126,489	334,914,895
Male	49.5%	49.1%	49.6%
Female	50.5%	50.9%	50.4%

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

**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	White County	Tennessee	U.S.
Asian	0.7%	2.2%	6.6%
Non-Hispanic Black / African American	1.8%	16.7%	13.6%
Hispanic / Latino	3.2%	6.4%	19.1%
American Indian or Alaska Native	0.5%	0.5%	1.3%
Non-Hispanic White	92.4%	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	White County	Tennessee	U.S.
Median age	43.0	39.2	39.0
Ages 0-17	21.4%	21.8%	21.7%
Ages 18-64	57.9%	60.9%	61.0%
Ages 65+	20.7%	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	White County	Tennessee	U.S.
Median household income	\$48,222	\$64,035	\$75,149
Per capita income	\$26,213	\$36,040	\$41,261
People with incomes below the federal poverty guideline	16.4%	13.3%	11.5%
ALICE households	34%	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	White County	Tennessee	U.S.
High school diploma or higher	81.8%	89.3%	89.1%
Bachelor's degree or higher	13.5%	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	White County	Tennessee	U.S.
Uninsured	13.8%	11.1%	9.3%
Medicaid Participation, not Eligible	28.2%	22.4%	25.1%

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

## Appendix C: Community Input Data and Sources

In April 2024 – September 2024, Ascension Saint Thomas Highlands Hospital began a Community Health Needs Assessment for White County and sought input from persons who represent the broad interests of the community using several methods:

- Planning meetings with community partners took place between April 2024 - May 2024.
- Information gathering of secondary data occurred between May 2024- August 2024.
- On August 13, 2024 –8 key community members participated in interviews at White County Health Department Board room. These interviews included members from the community and representation from the White County Health Department, including White County Health Department director.
- On September 24, 2024 –A Community Meeting with the White County Health Council was held with 26 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 White County.
  - White 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 stakeholder interviews. The results were computed using Menti online voting software to prioritize health needs in the county. Ascension Saint Thomas Highlands Hospital, in collaboration with the health department and White County Health Council, used Mentimeter, an online voting tool to rank their 1st, 2nd, and 3rd most significant health needs in White County. The results were computed using Menti online voting software to prioritize health needs in the county. White County Health Council participants agreed that the data shared supported the voted community's 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 local health department participated in the interviews.

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

8 key community members were interviewed. Those selected were chosen based on their knowledge of White County and its health needs. Ascension Saint Thomas Highlands Hospital and White 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

Ascension Saint Thomas Highlands Hospital conducted 8 one-on-one interviews with individuals representing at least 9 organizations and agencies in White 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 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 member interviewees.

**Table 10: Key Community Member Interviewees**

Organization	Represents
Rotary, Hospital board member, business person	All
Ascension Rural Health Clinic	Healthcare
Upper Cumberland Human Resource Agency	All
Seeds of Hope, Drug Prevention Coalition	Substance Misuse
White County Library	All
Sparta YMCA, City government	Health, Wellness
Sparta Senior Center	Seniors
White County Schools	Youth
White County Health Department	Public Health

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 White 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 White County?
8. If you had a magic wand, what top initiatives would you implement in your community?

## Community Meeting with White County Health Council

The White County Health Council held a meeting on September 24, 2024 with 26 members in attendance. Below are the organizations and agencies in White 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 meetings with the White County health council attendees.

**Table 11: Community Meeting with White County Health Council Attendees**

Organization	Represents
Volunteer Behavioral Health Care Services	Mental Health
Tennessee Department of Health	Public Health
White County Health Department	Public Health
Senator Hagerty’s Office	Government
Vanderbilt University Medical Center	Healthcare
Volunteer Behavioral Health Care System	Mental Health
Sparta YMCA	Health, Wellness
Drug Prevention Coalition	Substance Misuse
Meharry Medical Center	Healthcare
Prevention Coalition for Success	Substance Misuse



White County Schools	Children & Youth
Tennessee Healthcare Campaign	Advocacy
Homeless Advocacy Rural Tennessee (HART)	Housing Services
Tennessee Office of Strategic Initiatives	Public Health, Tennessee Department of Health
Ascension Saint Thomas Highlands Hospital	Healthcare

## 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	
<b>Why they are important:</b>	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 <a href="#">County Health Rankings &amp; Roadmaps</a> websites.
<b>County vs. State:</b>	Describes how the county's most recent health issue data compares to the state average.
<b>United States (U.S.)</b>	Describes how the county's most recent health issue data compares to the U.S.
<b>Description:</b>	<p>Explain what the indicator measures, how it is measured, and who is included.</p> <p><b>NA: Not available or not applicable.</b> 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	White	TN	U.S.	Description
<b>Length of Life</b>					
Premature death		11,277	11,043	8,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		73	74	78	How long the average person is expected to live
Infant mortality	NA	NA	6.9	6.0	Number of all infant deaths (within one year) per 1,000 live births
<b>Physical Health</b>					
Poor or fair health		21%	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		15%	13%	10%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight	NA	9%	9%	8%	Percentage of babies born too small (less than 2,500 grams)
Falls 65+ (by state)	NA	NA	31.2%	27.6%	Older adult falls reported by state
Fall fatalities 65+ (by state)	NA	NA	85.9	78.0	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population
<b>Mental Health</b>					
Poor mental health days		6.1	5.8	4.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress		21%	19%	15%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide	NA	20.4	17	14	Number of deaths due to suicide per 100,000
<b>Morbidity</b>					
Diabetes prevalence	NA	12%	12%	10%	Percentage of adults ages 20 and above with diagnosed diabetes
Cancer deaths (by state)	NA	272.1	263.6	182.6	Average annual cancer death rate per 100,000 2020-2022
<b>Communicable Disease</b>					
HIV prevalence		123.7	318.1	382.0	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections		282	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	White	TN	U.S.	Description
<b>Economic Stability</b>					
Median household income		\$58,220	\$64,035	\$75,149	The income where half of households in a county earn more and half of households earn less
Unemployment		3.5%	3.5%	3.5%	Percentage of population ages 16 and older unemployed but seeking work
Poverty		16.4%	13.3%	11.5%	Percentage of population living below the federal poverty line
Childhood poverty	NA	22%	18%	16%	Percentage of people under age 18 in poverty
<b>Educational Attainment</b>					
High school completion	NA	81.8%	89.3%	89.1%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college	NA	50%	63%	68%	Percentage of adults ages 25-44 with some post-secondary education
<b>Social/Community</b>					
Children in single-parent homes	NA	22%	28%	25%	Percentage of children who live in a household headed by a single parent
Social associations		7.6	11.0	9.7	Number of membership associations per 10,000 population
Disconnected youth		20%	7%	7%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Violent crime	NA	NA	621.6	380.7	Number of reported violent crime offenses per 100,000 population
<b>Access to Healthy Foods</b>					
Food environment index	NA	6.5	6.5	7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity	NA	13%	12%	10%	Percentage of the population who lack adequate access to food
Limited access to healthy foods	NA	16%	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	White	TN	U.S.	Description
<b>Physical Environment</b>					
Severe housing cost burden	NA	11%	12%	14%	Percentage of households that spend 50 percent or more of their household income on housing
Severe housing problems	NA	9%	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		7.0	7.6	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Home ownership	NA	76%	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	White	TN	U.S.	Description
<b>Healthcare Access</b>					
Uninsured	NA	14%	12%	10%	Percentage of population under age 65 without health insurance
Uninsured adults	NA	17%	14.6%	12.0%	Percentage of adults under age 65 without health insurance
Uninsured children	NA	5.0%	4.6%	5.0%	Percentage of children under age 19 without health insurance
Primary care physicians	NA	2,765	1,440	1,330	Ratio of the population to primary care physicians
Mental healthcare providers		2,339	530	320	Ratio of the population to mental healthcare providers
<b>Hospital Utilization</b>					
Preventable hospital stays		2,386	2,896	2,681	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees

Preventive Healthcare					
Flu vaccinations		41%	47%	46%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings	NA	45%	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	White	TN	U.S.	Description
Healthy Lifestyle					
Adult obesity	NA	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		32%	27%	23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities		34%	67%	84%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep		36%	34%	33%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths		20.6	17	12	Number of motor vehicle crash deaths per 100,000 population
Teen births		31	24	17	Number of births per 1,000 female population ages 15-19
Substance Misuse					
Adult smoking		25%	20%	15%	Percentage of adults who are current smokers
Excessive drinking	NA	14%	17%	18%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths		19%	24%	26%	Alcohol-impaired driving deaths
Overdose deaths: any opioids by state	NA	51.0	45.0	24.4	Rate of opioid-related deaths by state per 100,000 persons
Sexual Health					
Sexually transmitted infections		282	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](#)

**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
<b>Health Disparities</b>		
Premature death: Years of potential life lost before age 75 per 100,000 population (age-adjusted)	<b>Overall Tennessee</b>	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)	<b>Overall Tennessee</b>	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 Highlands has cataloged resources available in White 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 Highlands Hospital	931-738-9211	<a href="#">Ascension Saint Thomas Highlands Hospital</a>
Knowles Primary Care	931-837-6963	<a href="#">Knowles Primary Care</a>
Saint Thomas Sparta Primary Care	931-738-4595	<a href="#">Saint Thomas Sparta Primary Care</a>
Cornerstone Family Medicine	931-739-3000	<a href="#">Cornerstone Family Medicine</a>
Cumberland Family Care - Sparta	931-738-3383	<a href="#">Cumberland Family Care - Sparta</a>
Sparta Medical Clinic	931-836-6461	<a href="#">Sparta Medical Clinic</a>
UCHRA Public Transportation	1-833-UC TRIPS	<a href="#">UCHRA Public Transportation</a>
White County Health Department	931-836-2201	<a href="#">White County Health Department</a>
FastPace Urgent Care	931-739-4000	<a href="#">FastPace Urgent Care</a>

### Mental Health Resources

Organization	Phone	Website
Statewide Crisis Line	855-CRISIS-1 (855-274-7471)	<a href="#">Statewide Crisis Line</a>
Ascension Saint Thomas Highlands Hospital	931-738-9211	<a href="#">Ascension Saint Thomas Highlands Hospital</a>
Health Connect America - Sparta	931-783-9906	<a href="#">Health Connect America - Sparta</a>
East Sparta Church of God	931-836-3389	<a href="#">East Sparta Church of God</a>
White County Schools Family Resource Center	931.260-9552	<a href="#">White County Schools Family Resource Center</a>



### Substance Use Disorder Resources

Organization	Phone	Website
Tennessee REDLINE	800-680-0633	<a href="#">Tennessee REDLINE</a>
White County Schools Family Resource Center	931.260-9552	<a href="#">White County Schools Family Resource Center</a>
AA and NA meetings	800-559-2252	<a href="#">Alcoholics Anonymous</a> , <a href="#">Narcotics Anonymous</a>
Health Connect America - Sparta	931-783-9906	<a href="#">Health Connect America - Sparta</a>
Family Treatment Court	931-239-2715	<a href="#">Family Treatment Court</a>

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

Ascension Saint Thomas Highlands Hospital previous 2021 CHNA implementation plan and strategies 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 plan and strategies 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><b>FY23</b> Due to staffing changes this strategy is on hold.</p> <p><b>FY24</b> Due to staffing and budget limitations this strategy remains on hold.</p> <p><b>FY25 YTD</b> The mobile mammography bus provided 8 mammograms to uninsured women in White County.</p>
Identify and address barriers to care within the community, with special attentions to persons who are underserved and/or marginalized	<p><b>FY23</b> 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><b>FY24</b> 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><b>FY25 YTD</b> 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><b>FY23</b> Hospitals and outpatient clinics utilizing neighborhood resources to connect individuals with resources. Community Health Worker grant written and approved via the State of Tennessee for funding a community health navigator position to facilitate resource coordination across the Ascension Saint Thomas Hospitals and outpatient clinics.</p> <p><b>FY24</b> \$7,500 community investment for mobile food pantry for White co. via Second Harvest food bank.</p> <p><b>FY25YTD</b> 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.</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><b>FY23</b> 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.</p> <p><b>FY24</b> More than 85,000 individuals screened for depression in our emergency departments and primary care clinics. AST network mental health workgroup continues to explore data around depression screenings that happen in Ascension Saint Thomas Medical Partners and what next steps look like for patients.</p> <p><b>FY25YTD</b> Over 93,000 patients screened for depression at Ascension Saint Thomas system wide AST network mental health workgroup continues to address next steps and resources for patients around depressing screenings. \$1,800 community investment to Haven of Hope</p>

## Substance Misuse

ACTION(S) TAKEN	RESULTS
Increase Opportunities To Engage In Substance Use Disorder Prevention, Identification And Treatment.	<p><b>FY23</b> Just as Ascension Saint Thomas Highlands screens for depression and anxiety in primary care and emergency department settings, individuals may also be screened for alcohol use and opioid risk. 32,976 patients were screened system wide for alcohol use and 8,437 patients were screened system wide for opioid risk. Ongoing efforts to continue workgroups that highlight substance misuse efforts at Ascension</p>

	<p>Saint Thomas Highlands.</p> <p><b>FY24</b></p> <p>Free naloxone nasal spray now through a state grant or county program at our facilities (and our ascension rx pharmacies)– has been rolled out and 11 Ascension Rx dispenses.</p> <p>26,630 individuals screened for alcohol misuse and more than 15,000 individuals screened with the opioid risk tool. We continue to engage with hospital leaders and clinicians to learn about the referral process related to the information gathered by these screeners.</p> <p><b>FY25 YTD</b></p> <p>Ascension Saint Thomas across the system over 65,000 individuals have been screened for alcohol misuse and over 10,000 individuals have been screened for opioid risk.</p> <p>In alignment with the substance misuse workgroup, continue to explore and discuss peer recovery as an intervention for substance misuse.</p>
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