Ascension Saint Thomas Rehabilitation Hospital

2024 Community Health Needs Assessment
Davidson and Williamson Counties, Tennessee

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The goal of this report is to offer a meaningful understanding of the most significant health needs across Davidson County and Williamson County, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Hospital Legal Name: Saint Thomas Rehabilitation Hospital, LLC (Ascension Saint Thomas Rehabilitation Hospital)
Hospital Address: 310 21st Ave N, Nashville, TN 37203
Hospital Website: Ascension Saint Thomas Rehabilitation Hospital
Hospital Phone: (629) 253-5300
Hospital EIN: 81-4303298

The 2024 Community Health Needs Assessment report was approved by Ascension Saint Thomas Rehabilitation Hospital Board of Directors on March 19, 2025 and by the Ascension Saint Thomas Board of Directors on April 25, 2025 (2024 tax year). This report 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 at our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (https://healthcare.ascension.org/chna) to submit your comments.

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Table of Contents

Ascension

Ascension

Ascension

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 Davidson County Ascension Saint Thomas Rehabilitation 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 Davidson County and Williamson Counties.

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2024 Community Health Needs Assessment Ascension Saint Thomas Rehabilitation Hospital

Executive Summary

The goal of the 2024 Community Health Needs Assessment (CHNA) report is to offer a meaningful understanding of the most significant health needs. 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

The 2024 Community Health Needs Assessment (CHNA) represents a true collaborative effort in order to gain a meaningful understanding of the most pressing health needs across Davidson and Williamson Counties. Ascension Saint Thomas Rehabilitation Hospital (Ascension Saint Thomas Hospital West, Ascension Saint Thomas Hospital Midtown, Ascension Saint Thomas Hospital for Specialty Surgery, Ascension Saint Thomas Behavioral Health Hospital, and Select Speciality Nashville —Hospital) are exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us—especially Vanderbilt University Medical Center Community Health team, Nashville Health & Wellbeing Leadership Council, Metro Nashville Public Health Department (MPHD), Metro Social Services (MSS), Imagine Nashville, Tennessee Department of Health, Williamson County Health Department, Williamson County Health Council, The Sycamore Institute, community members and many others that were pivotal in the development and completion of this CHNA. A complete description of community partner contributions is included in the full CHNA report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

Community Served

Ascension Saint Thomas Rehabilitation Hospital has defined its community served as Davidson and Williamson Counties for the 2024 CHNA. Davidson and Williamson were selected as AST community served because it is our primary service area, the rapid growth, and the majority of patients live and/or work in these counties. Additionally community health data is readily available at the county level.

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Data Analysis Methodology for Davidson and Williamson Counties

The 2022 CHNA was conducted from January 2021 to March 2022, and utilized a derivation of the Mobilizing for Action through Planning and Partnership (MAPP) process, which incorporated data from both primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services.

Davidson County

- From February 1- February 29, 2024, 7 local reports were read and analyzed as part of an environmental scan of community reports for Davidson County.
- Between February 20, 2024 and February 27, 2024 Davidson County's Nashville Health & Leadership and Wellbeing Council Self-Assessment was conducted with 19 participants.
- In February 2024 a Policy Scan was completed by the Sycamore Institute to better identify, analyze, and summarize current policies to understand the landscape, identify gaps, and inform future policy work.
- During the CHNA planning process between February 2024 and September 2024, Imagine Nashville's city-led assessments and solutions were included into our data collection methodology.
- On April 29, 2024, 8 Metro Nashville Public Health Department staff members participated in an in person Health Department listening session at Metro Nashville Public Health Department.
- Davidson County information gathering, using secondary public health sources, occurred between May 2024 - August 2024.
- On September 17, 2024 — A community meeting with the Davidson County Nashville Health & Well-being Leadership Council was held with 44 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.
- Health Council recommendations discussed during the community meeting with the Health Council were presented back to Health Council members on October 15, 2024.
- Davidson County Nashville Health & Well-being Leadership Council had further review of voting results, prioritizing health needs in the county, and discussing solutions utilizing the health equity framework happened on November 19, 2024 and December 17, 2024.

Williamson County

- February 1- February 29, 2024, 3 local reports were read and analyzed as part of an environmental scan of community reports for Williamson County.
- In February 2024 a Policy Scan was completed by the Sycamore Institute to better identify, analyze, and summarize current policies to understand the landscape, identify gaps, and inform future policy work.
- On April 17, 2024 — 6 Williamson County Health Department staff members along with the Health Department Director participated in an in person Health Department listening session at the Williamson County Health Department. May 14, 2024, Williamson County Health Council self-assessment was conducted.

- Williamson County information gathering, using secondary public health sources, occurred between May 2024- August 2024.
- On May 14, 2024 — 32 participants attended the Williamson County Health Council self-assessment which gathered community feedback about the prior CHNA needs, how they have changed, any barriers faced in solution building, and recommendations for future or continued action.
- On August 14, 2024 — A community meeting with the Williamson County Health Council was held with 29 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
- Health Council recommendations discussed during the August 2024 community meeting with the Health Council were presented back to Health Council members on November 1, 2024.

Community Needs

Ascension Saint Thomas Rehabilitation Hospital analyzed 86 secondary data indicators for Davidson County, 66 secondary data indicators for Williamson County and gathered community input through Health Department listening sessions, Health Council listening sessions, Policy Scan, and environmental scan of community reports. In collaboration with community partners, Ascension Saint Thomas Rehabilitation Hospital used a phased approach to determine the prioritized needs. The community prioritized needs are listed in the charts below.

Davidson County Community Needs

Davidson County Community Health Needs

Prioritized Needs: 2022 CHNA	Primary Data	Secondary Data	Community Prioritized Needs: 2024 CHNA
• Access to care	• Mental health	• Smoking	• Food Access/Food Insecurity
• Substance misuse	• Substance misuse	• Food insecurity	• Economic opportunity and job skill development
• Mental health	• Access to care	• Uninsured	• Awareness & Navigation of Community Resources
	• Food Security and Food environment	• Higher pop to primary care physician ratio	• Housing
	• Infrastructure/ Built environment– sewers, roads, water, schools, community center, walkable community, affordable housing, transportation	• Low social associations	• *Health Equity is a cross functional lens
	• Economic development	• Injury deaths	
	• Community Resources	• Housing and transportation	

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

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Williamson County Community Needs

Williamson County Community Health Needs

Prioritized Needs: 2022 CHNA	Primary Data	Secondary Data	Community Prioritized Needs: 2024 CHNA
• Access to care	• Mental health/suicides	• Substance Misuse	• Mental health
• Substance misuse	• Substance misuse	• Chronic Disease	• Substance misuse
• Mental health	• Access to care	• Access to care for underserved and marginalized individuals.	• Chronic Disease and Built environment
	• Healthy eating/active living and resulting chronic conditions		• Attainable Housing
	• Food insecurity	• Mental health & behavioral health (youth and young adults)	
	• Infrastructure – affordable housing		
	• Strong community resources/assets	• Higher cost of living	
	• Youth/young adult Behavioral and Mental health		

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 Rehabilitation Hospital Board of Directors for approval and adoption on April 25, 2025. The next steps will be to work with Ascension Saint Thomas Rehabilitation Hospital leaders and community partners to analyze which community health needs Ascension Tenneseee and Ascension Saint Thomas Rehabilitation Hospital will prioritize. Later in 2025, an Implementation Plan and Strategies (IS) will be developed and brought before the Board for approval.

Ascension Saint Thomas Rehabilitation Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Davidson and Williamson Counties. 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 individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. With a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. In FY 2024, Ascension provided $2.1 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 131,000 associates, 37,000 affiliated providers and 136 hospitals, serving communities in 18 states and the District of Columbia.

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 and Ascension Saint Thomas Rehabilitation Hospital's Joint Venture

Ascension Saint Thomas Rehabilitation Health Hospital and Ascension Saint Thomas have come together to leverage their respective talents and skills to offer additional access to medically complex, critically ill patients who require extended recovery. With our organizations working together, patients will have the best possible outcomes, receiving the care they need in the most appropriate setting, by a multidisciplinary care team.

To learn more about Ascension Saint Thomas Rehabilitation Hospital, continue below.

Ascension Saint Thomas Rehabilitation Hospital

Ascension Saint Thomas Rehabilitation Hospital is a state-of-the-art, 40-bed inpatient acute rehabilitation hospital dedicated to the treatment and recovery of individuals who have experienced the debilitating effects of a severe injury or illness. Ascension Saint Thomas Rehabilitation Hospital is a freestanding rehabilitation hospital which is a joint venture between Lifepoint and Ascension Saint Thomas. The facility is located in Nashville, TN. Ascension Saint Thomas Rehabilitation Hospital partners with physicians, employees, and specialists to provide support services that are needed for patient care.

Our rehabilitation programs provide ongoing care and specialized treatment to patients throughout their recovery journey. We offer customized, individualized rehabilitation tailored to the specific needs of those recovering from a stroke, brain injury, neurological conditions, trauma, spinal cord injury, amputation, and orthopedic injury. Ascension Saint Thomas Rehabilitation Hospital strives to maximize the health, function, and quality of life of those we serve through comprehensive physical medicine and rehabilitation programs.

For more information about Ascension Saint Thomas Rehabilitation Hospital, visit Ascension Saint Thomas Rehabilitation 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 Community Health Needs Assessment (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 Rehabilitation 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 Saint Thomas Rehabilitation 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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[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 Rehabilitation Hospital Administration Office.

Timeline Davidson County

From February 2024 - December 2024, Ascension Saint Thomas Rehabilitation Hospital began a CHNA for Davidson and Williamson Counties and sought input from persons and collected data sources who represent the broad interests of the community using several methods embedding a health equity lens throughout in the CHNA process:

- From February 1- February 29, 2024, 7 local reports were read and analyzed as part of an environmental scan of community reports for Davidson County.
- Between February 20, 2024 and February 27, 2024 Davidson County's Nashville Health & Leadership and Wellbeing Council Self-Assessment was conducted with 19 participants.
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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 Rehabilitation Hospital has defined its community served as Davidson and Williamson Counties for the 2024 CHNA. Davidson and Williamson were selected as AST community served because it is our primary service area, the rapid growth, and the majority of patients live and/or work in these counties. Additionally community health data is readily available at the county level.
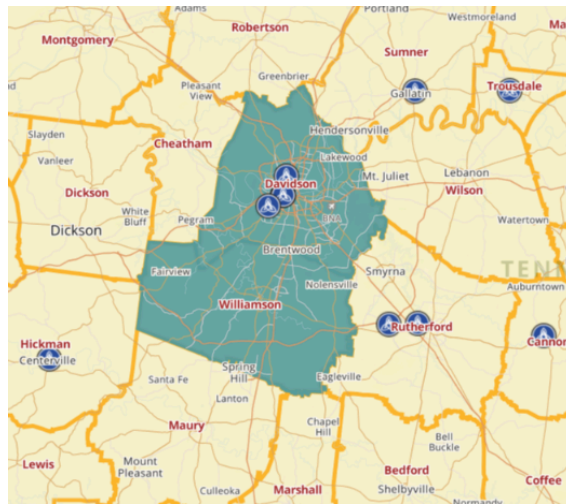
Source: Site Map

Demographic Data for Davidson County

Located in Tennessee, Davidson County has a population of 712,334 and is the second largest county in the state ([World Population Review, 2024)](). Below are demographic data highlights for Davidson County:

- 13% of the community members of Davidson are 65 or older, compared to 17.3% in Tennessee
- 85.2 % of community members are non-Hispanic; 13.7 % are Hispanic or Latino (any race)
- 56.4 % of community members are non-Hispanic white; 3.9 % are Asian; 0.5 % are American Indian or Alaska Native, and 26.9 % are non-Hispanic Black or African American
- The total population decrease from 2020 to 2023 was -0.5 %
- The median household income is above the state median income $71,863 for Davidson County and $64,035 for the state of Tennessee
- The percent of all ages of people in poverty was the same as the state of Tennessee (14% for Davidson County; 14% for Tennessee)

- The uninsured rate for Davidson is higher than the state (14% for Davidson County; 12% for Tennessee)

Source: *County Health Rankings Davidson County, 2024*

Demographic Data for Williamson County

Located in Tennessee, Williamson County has a population of 268,182 and is the sixth-largest county in the state (World Population Review, 2024). Below are demographic data highlights for Williamson County:

- 15.4% of the community members of Williamson are 65 or older, compared to 17.3% in Tennessee
- 93.1% of community members are non-Hispanic; 5.3% are Hispanic or Latino (any race)
- 83.2% of community members are non-Hispanic white; 5.5% are Asian; 0.3% are American Indian or Alaska Native, and 4% are non-Hispanic Black or African American
- The total population increase from 2020 to 2023 was 5.97%
- The median household income is above the state median income $125,943 for Williamson County and $64,035 for the state of Tennessee
- The percent of all ages of people in poverty was lower than the state of Tennessee (4.2% for Williamson County; 14% for Tennessee)
- The uninsured rate for Williamson is lower than the state (6% for Williamson County; 12% for Tennessee)

Source: *County Health Rankings Williamson County, 2024*

Listed below in Table 1 is a snapshot of some demographic highlights for Davidson and Williamson Counties. To view community demographic data in their entirety, see Appendix B (Page 50).

Table 1: Description of Community

Demographic Highlights				
Population				
Indicator	**Davidson County**	**Williamson County**	**TN**	**Description**
% living in rural communities	2.94%	19.1%	34.2%	N/A
% below 18 years of age	20.4%	25.4%	22.0%	N/A
% 65 years of age and over	13.4%	15.4%	17.3%	N/A
% Asian	3.9%	5.5%	2.1%	N/A
% American Indian or Alaska Native	0.5%	0.3%	0.1%	N/A

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% Hispanic	10.9%	5.3%	7.5%	N/A
% non-Hispanic Black	26.9%	4%	X%	N/A
% non-Hispanic White	56.4%	83.2%	16.5%	N/A
Social and Community Context				
English proficiency	4.92%	1%	1.17%	Proportion of community members who speak English "less than well"
Median household income	$71,863	$125,943	$64,035	Income level at which half of households in a county earn more and half of households earn less
% of children in poverty	22.1%	4%	17.6%	Percentage of people under age 18 in poverty
% of uninsured	14%	10%	12%	Percentage of population under age 65 without health insurance
% of educational attainment	81.2%	96%	90.6%	Percentage of adults ages 25 and over with a high school diploma or equivalent
% of unemployment	2.8%	2.4%	3.4%	Percentage of population ages 16 and older unemployed but seeking work

Source: [US Census Bureau, 2019-2023](#)| [US Census Bureau Urban and Rural (Table H2), 2023](#) | [County Health Rankings Davidson County, 2024](#) | [County Health Rankings Williamson, 2024](#) | [County Conduent Healthy Community Institute - VUMC Community Health Dashboard](#) (These indicators used data from 2018-2024 for these measures)

Process and Methods Used

Ascension Saint Thomas Rehabilitation Hospital is committed to using national best practices in conducting the Community Healthy Needs Assessment (CHNA). Health needs and assets for Davidson and Williamson Counties were determined using a combination of data collection and analysis for both primary and secondary data, as well as community input on the identified and significant needs. Ascension Saint Thomas Rehabilitation Hospital's approach included 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.

County Health Rankings model © 2014 UWPHI
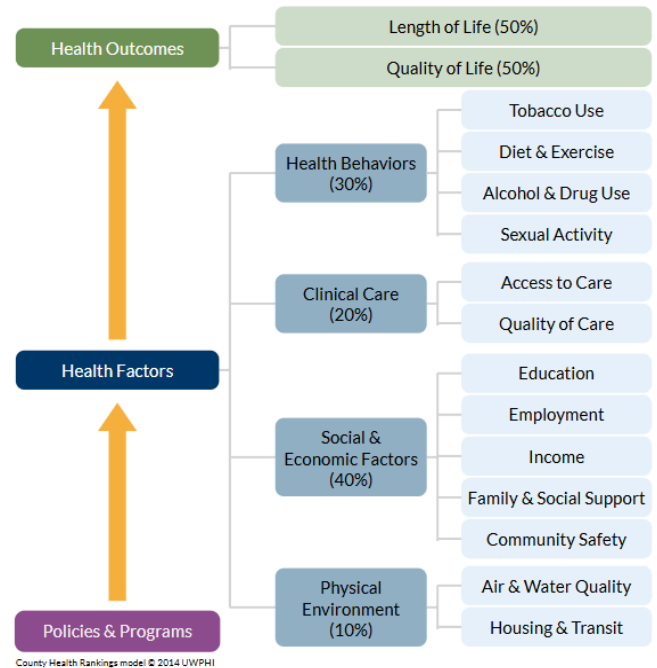
Collaborators

This CHNA will utilize Ascension Saint Thomas Rehabilitation Hospital as a representative name for the following hospitals: Ascension Saint Thomas Hospital West, Ascension Saint Thomas Hospital Midtown, Ascension Saint Thomas Hospital for Specialty Surgery, Ascension Saint Thomas Behavioral Health Hospital, and Select Specialty Hospital Nashville. For the purpose of this report Ascension Saint Thomas Rehabilitation Hospital will represent all of these hospitals listed going forward.

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

- Nashville Health & Wellbeing Leadership Council (NHWLC)
- Metro Nashville Public Health Department (MNPHD)
- Metro Social Services (MSS)
- Imagine Nashville
- Williamson County Health Department
- Williamson County Health Council
- Tennessee Department of Health (TDH)
- Vanderbilt University Medical Center Community Health team
- Sycamore Institute

Ascension Saint Thomas Rehabilitation Hospital worked closely with Vanderbilt University Medical Center Community Health team to design and conduct the CHNA.Vanderbilt University Medical Center Community Health team has partnered with Ascension Saint Thomas Rehabilitation Hospital and on the previous four CHNAs in Davidson and Williamson Counties and enjoy a close relationship on many

of the activities that took place to connect on community engagement, gather community input, analyze data, prioritize needs, and respond to community health councils.

In Davidson County, the Nashville Health & Well-being Leadership Council (NHWLC), co-led by and Metro Public Health Department Nashville/Davidson County (MPHD) and Metro Social Services (MSS), provided advisory support on many CHNA decisions, including the design of the assessment methods and prioritization process. In Williamson County, the Williamson County Health Council, Williamson County Health Department provided advisory support on many CHNA decisions, including the design of the assessment methods and prioritization process.

The Sycamore Institute reviewed state and local policies related to prioritized health needs and identified options that may help improve everyone's opportunity to be as healthy as possible. These policy options were compiled and shared in a summary policy scan for use in this CHNA process.

Imagine Nashville provided the expertise of their comprehensive citywide, community-led initiative guided by the belief that we must share our dreams and ideas to shape our future. They worked to reach across geographic, socioeconomic, racial and ethnic lines, and age differences to ensure everyone has a chance to share their wildest dreams, their most practical concerns, and, most of all, their ideas for how we should go forward.

Data Collection Methodology

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

Summary of Community Input

Community input, also referred to as "primary data," is an integral part of a community health needs assessment (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.
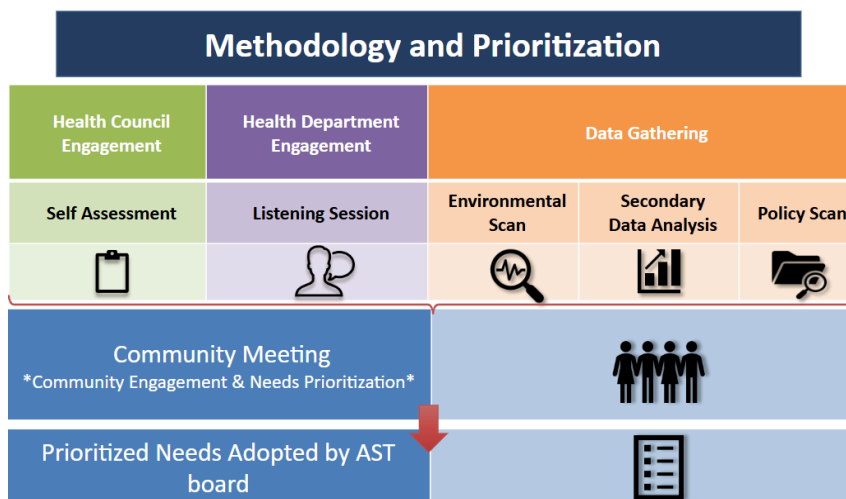
Multiple methods were used to gather community input, including environmental scan of community reports, a policy scan, a health council self-assessment and a Health Department listening session. These methods provided additional perspectives on selecting and responding to top health issues facing Davidson and Williamson Counties. A summary of the process and results is outlined below.

Environmental Scan of Community Reports

Ascension Saint Thomas Rehabilitation Hospital conducted an environmental scan of community reports to examine existing reports that identify strengths, assets, and areas of improvement regarding health and healthcare in the community. The environmental scan of community reports honors community organizations' existing work and reduces burden on community members by analyzing and amplifying previous research and data. Criteria for inclusion in the review included: reports published in or after 2021, aligned with community health needs, and that reports included local/county specific data from or about communities in Davidson and Williamson, Counties. Any reports meeting the criteria for multiple counties were included in each county's environmental scan of community reports.

The report publication dates ranged from 2021-2024. Reports used for the environmental scan of community reports were analyzed on a rolling basis during the assessment period. Reports were collected from February 1, 2024 to February 29, 2024 and analyzed in April 2024. Reports that came in after the timeline for the collection were read and cataloged. For each report included in the scan, the focus geography and populations were identified, and the health topics were coded independently by two CHNA team members for themes.The scanned reports submitted by partners for insights into Davidson and Williamson Counties health needs.

Davidson and Williamson Counties Specific Report totals and Environmental Scan of Community Reports Leads and Organizational Focus

7 local reports were read and analyzed as part of an environmental scan of community reports for Davidson County. 3 local reports were read and analyzed as part of an environmental scan of community reports for Williamson County.

Table 2: Davidson and Williamson Counties Environmental Scan of Community Report Leads and Organizational Focus

Organizational Lead	Organizational Focus	County Represented
Nashville Health & Avalere Health (2021)	Health and Well-being Solutions	Davidson
Metro Nashville Office of Homeless Services (2024)	Increase Secure and Accessible Housing Options	Davidson
Second Harvest Food Bank of Middle TN (2023)	Food Access	Davidson, Williamson
Tennessee Commission on Children and Youth (2023)	Youth	Davidson, Williamson
Tennessee Department of Health^ (2021 and 2023)	Public Health	Davidson, Williamson

The Transit Alliance of Middle Tennessee (2023)	Advocacy & Transportation	Davidson
^Multiple reports included by this author		

Environmental Scan of Community Reports Summaries

The Environmental Scan of Community Reports honors community organizations' existing work by reviewing reports they've published highlighting social and health-related needs. The scanned reports submitted by partners for insights into Davidson County's health needs.

Davidson County Environmental Scan of Community Reports Summaries

For Davidson County 7 reports met the criteria to be included in our analysis, summarized below.

- Health Equity
  - The Child Opportunity Index is a measure of neighborhood resources and conditions that help children develop in a healthy way. In the Nashville-Davidson-Murfreesboro-Franklin, TN metro area, fewer children that identify as Black/African American (5%), Hispanic/Latino (8%), or American Indian or Alaska Native (13%) have a 'Very High' Child Opportunity Index score compared to children that identify as white (26%) or Asian/Pacific Islander (35%) (State of the Child in Tennessee, 2023).
- Food Security and Food Environment
  - Overall, the food insecurity rate in Davidson County (10.4%) is lower than the state rate (11.5%). Davidson County's food insecurity rate is less than the average across all counties. Tennessee counties' food insecurity rates range from 0% to 26.3% (Source: Meal Gap Report – Second Harvest Food Bank of Middle Tennessee, 2019-2021).
    - *As noted in the report by Second Harvest, "there was a lack of data available for several detailed races and ethnicities. For individuals who identify as Asian, Native American, Pacific Islander, or multiple races, local data was unavailable, therefore preventing local estimates from being produced" (Meal Gap Report – Second Harvest Food Bank of Middle TN, 2019-2021).*
- Adverse Childhood Events and trauma and burnout
  - Among Metro Nashville Students, 56% reported a parent or adult in their home has sworn at, insulted or put them down. One in eight [students] said [these behaviors] happen always or most of the time. (State of the Child in Tennessee, 2023).
  - The COVID-19 pandemic has left increased numbers of burnout and trauma have increased among medical staff. Mental health and substance use cases have also skyrocketed (Nashville Health COVID Report, 2021).

- Built Environment
  - In Tennessee Metro Nashville School District is within the top school district with the greatest need for infrastructure improvements to be in compliance with state and federal laws. The district needs $3.28 billion for renovation funding (State of the Child Tennessee, 2023).
  - Davidson County school districts have 43.4% of schools rated as fair or poor for infrastructure conditions (State of the Child Tennessee, 2023).

Williamson County Environmental Scan of Community Reports Summaries

For Williamson County 3 reports met the criteria to be included in our analysis, summarized below.
- Built Environment
  - There is currently a $1.4 million need for renovation funding (State of the Child Tennessee, 2023).
- Health Equity
  - The Child Opportunity Index 2.0 is a measure of neighborhood resources and conditions that help children develop in a healthy way. There is a great difference in childhood opportunity in the Nashville-Davidson-Murfreesboro-Franklin, TN region by race. Fewer Black (5%), Hispanic (8%), and American Indian/Alaskan Native (13%) children have a 'Very High' opportunity score compared to White (26%) and Asian/Pacific Islander (35%) children (State of the Child in Tennessee, 2023).
  - Williamson has a child food insecure rate of 0%, however, 5.5% of the overall population is food insecure. Persons who are Black (12%) or Hispanic (11%) have double the food insecurity rate compared to the overall population (Second Harvest Food Bank, 2023).
- Access to Care
  - Williamson County has one of the top 30 highest patient to TennCare provider ratios (2693:1) in Tennessee indicating higher population for each available provider or a lack of providers within the specialty (TN Safety Net Annual Report, 2024).

Health Council Self-Assessment and Health Department Listening Session

Davidson County Self-Assessment

Between February 20, 2024 and February 27, 2024 The Nashville Health & Wellbeing Leadership Council of Davidson County (Health Council) members participated in an in person 45-minute facilitated discussion, called a Health Council Self-Assessment. Each active workgroup was asked about their priority health needs, changes related to the need, barriers that are experienced when working to address the need, and recommendations for improvement. Conversations were facilitated by Ascension Saint Thomas Rehabilitation Hospital and Vanderbilt University Medical Center Community Health team and Accession Saint Thomas team members. Each self-assessment conversation was recorded and transcribed. Assessment transcriptions were reviewed and coded independently for themes by two CHNA team members. Discussion notes were summarized by county to provide an

overview of the themes and can be found in the county specific sections of the report. The goal of this self-assessment was to engage health councils and receive robust feedback on programming of this work. The table below summarizes key points, common themes, and meaningful quotes.

Table 3: Nashville Health & Wellbeing Leadership Council of Davidson Co. Self- Assessment

Nashville Health & Wellbeing Leadership Council of Davidson Co. Self- Assessment	
Participant Summary	
- Participant Information: Nineteen (19) individuals participated in the self-assessment meeting and completed a participant survey. The following demographics are based on the survey participants. - All participants (100%) lived and/or worked in Davidson County. - Most participants (90%) attended the self-assessment meeting as part of their professional role, while the rest attended as community members (10%). - Most participants attended the health council meeting as a part of their professional role (17, 90%), and 1 was working but attending as a community member only. - Organizations represented included local government agencies, nonprofits, local associations, and the state of Tennessee.	
Key Summary Points	
- Some collaborative structures make it hard to build accountability for solutions and their impact. - Trustworthiness and cultural humility are two of the most valuable characteristics an organization or program can have, especially when focusing on health equity. - Resource barriers make it difficult to build solutions.	
Common Themes	**Meaningful Quotes**
Accountability	"It's hard to see who is really responsible for the activity. It's not exactly any of our full-time day job to be here, at least it wasn't when we started." "I just think this is very complex and the system that we are currently supporting individuals doing this work."
Trustworthiness	"The coalition discussed [...] building trust within communities and highlighted the need for healthcare workers to be representative of the communities they serve and to be able to communicate in the languages of those communities."
Barriers to Resources	"Funding is always a barrier. Having a small amount of available funding doesn't address the large system that needs to be changed." "The group identified barriers such as lack of training, capacity, awareness, funding, organizational pushback, and lack of executive championing."
Recommendations for improving the needs	
- Support collaboration and access to resources for organizations and movements of all sizes. - Engendering trust between organizations and marginalized communities most impacted by the priority health needs.	

Metro Nashville Public Health Department Listening Session

Metro Nashville Public Health Department listening session was conducted on April 29, 2024 in person at Metro Nashville Public Health Department, in Nashville, Tennessee. The Health Department listening session was a collaborative effort with Ascension Saint Thomas Rehabilitation Hospital, Vanderbilt University Medical Center Community Health team team members, Davidson and Williamson Counties Health Department Director and patient facing staff members. The hour-long interview, included five open-ended questions.focused on county assets, barriers, and how the prioritized needs have changed

since 2022/2023 including recommendations for addressing the prioritized needs.The Listening session transcription was reviewed by a Ascension Saint Thomas and Vanderbilt University Medical Center Community Health team members to identify common themes.

The table below summarizes information from the Metro Nashville Public Health Department listening session.

Table 4: Metro Nashville Public Health Department Listening Session

Metro Nashville Public Health Department Listening Session	
Participant Summary	
8 Metro Nashville Public Health Department staff participated in person. Participant roles included Bureau administrators and executive leaders. - Participants' years of experience within the Metro Nashville Public Health Department ranged from 1 year to 32 years.	
Key Summary Points	
- Collaboration is encouraged and growing in Davidson County and there is a rich landscape of community resources available. However, the impact is significantly limited by siloed efforts and work that relies only "on the compassion and charity of others." - Inequities in economic development have led to a high cost of living that has outpaced the wages of many community members, and widespread gentrification across the city. - Legislative decisions are making it harder for people to be healthy by reducing funding and access/affordability of care.	
Common Themes	**Meaningful Quotes**
Community Resources	"There's awareness but we're so siloed that that awareness does not translate to the person that needs to access resources. I think that's driven by competition for resources."
Economic Development	"Our health data is going to look really good because all of the people that we're talking about are going to be moved out of town." "When you look at a one-bedroom apartment, it is about $30,000 a year. If you say 30% is on the high end of what you should spend on housing, that means that you've got to make $90,000. Metro is wanting to raise our living wage to $20 an hour, that's just over $40,000."
Legislative Decisions	"It's overly business friendly, it's not benefiting people, it's not trickling down to alleviate food insecurity, to build affordable housing." "Lack of Medicaid expansion-- other states and those citizens are getting what they need."
County Assets	**Recommendations for improving the needs**
- A strong community with a collaborative and resilient culture - An increase in public health funding opportunities - Lots of community resources	- Advocacy and advocacy education - Increasing salary and benefits equity - Increasing co-location of resources and housing

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Health Council Self-Assessment and Health Department Listening Session

Williamson County Health Council Self-Assessment

On May 14, 2024 Williamson County Healthy Council members participated in an in person 45-minute facilitated discussion, called a Health Council Self-Assessment. Each health council workgroup is dedicated to improving a specific need, and were convened separately for focused conversations. Each workgroup was asked about their priority health needs, changes related to the need, barriers that are experienced when working to address the need, and recommendations for improvement. Conversations were facilitated by Ascension Saint Thomas Rehabilitation Hospital and Vanderbilt University Medical Center Community Health team and Accession Saint Thomas team members. Each self-assessment was recorded and transcribed. Assessment transcriptions were reviewed and coded independently for themes by two CHNA team members. Discussion notes were summarized by county to provide an overview of the themes and can be found in the county specific sections of the report. The goal of this self-assessment was to engage health councils and receive robust feedback on programming of this work.

The table below summarizes key points, common themes, and meaningful quotes.

Table 5: Williamson County Health Council Self- Assessment

Williamson County Health Council Self- Assessment	
Participant Summary	
- Participant Information: 32 people completed a survey for the self-assessment. The demographics below are based on those that completed the participant survey. - Most participants (91%) lived and/or worked in Williamson County. - Most attended the health council meeting as a part of their professional role (91%), the remainder were working but attending as community members only. - Organizations represented included local schools, law enforcement, behavioral health support agencies, and local coalitions.	
Key Summary Points	
- Youth and in some cases parents' perception of substance use is dangerously relaxed. - There are high barriers to healthcare for marginalized communities. - Healthcare staffing needs are great in Williamson County. - High cost of living adds pressure to everyday life.	
Common Themes	**Meaningful Quotes**
Substance Use	"With prom season when I was talking to parents, a lot of parents were of the mentality of well if they're drinking as long as they are home or it's not gonna be dangerous as long as they're not driving or as long as they're not out there. But there's still alcohol poisoning, there's still drownings and fires and falls"
Healthcare Workforce	There's a shortage of staffing, there's a shortage of social workers, there's a shortage of school psychologists, there's a shortage of school counselors, there's a shortage of Stars counselors. So even when we're offering the position, there often isn't someone to fill the position [because of] salary"

Access to Healthcare	"This language barrier prevents them from fully understanding (comprehension) and not fully aware to get to that next level for connection."
Cost of Living	"The number of families that I've worked with where the parents are in the middle of a divorce, but they're still living together [due to housing costs] and there's so much turmoil going on in that home where the kids are"
Recommendations for improving the needs	
● Increase funding opportunities for innovative solutions. ● Couple policy changes with education to shift the culture around the priority health needs.	

Williamson County Health Department Listening Session

Health Department listening session was conducted on April 17, 2024 in person at Williamson County Public Health Department, in Franklin, Tennessee. The Health Department Listening session was a collaborative effort with Ascension Saint Thomas Rehabilitation Hospital, Vanderbilt University Medical Center Community Health team team members, Davidson and Williamson Counties Health Department Director and patient facing staff members. The hour-long interview, included five open-ended questions.focused on county assets, barriers, and how the prioritized needs have changed since 2022/2023 including recommendations for addressing the prioritized needs.The Listening session transcription was reviewed by a Ascension Saint Thomas and Vanderbilt University Medical Center Community Health team member to identify common themes.

The table below summarizes information from the Williamson County Health Department listening session.

Table 6: Williamson County Health Department Listening Session

Williamson County Health Department Listening Session	
Participant Summary	
● 6 Williamson County Health Department staff participated. Positions included patient care team members, supervisors and administrators. Five participants completed surveys, and the remainder of this information is based on those five. ● Years of experience of participants range from over 7 years to 30 years with the average years of experience of participants being 15.6 years.	
Key Summary Points	
● Recent Legislation has reduced ways people without citizenship can access care. ● Youth populations are struggling with behavioral health especially in response to social pressures. ● Cost of living including housing and childcare costs in Williamson are not attainable even for many employed people.	
Common Themes	**Meaningful Quotes**
Access to Care	"The SAVE act and the impact of family planning especially on our undocumented patients" "We can't just take a green card anymore or driver's license and social for anybody who's undocumented or has illegal entry into the country. So, we're not seeing them anymore for birth control or other services."
Behavioral Health	"The amount of kids that are expected to have such high performance in school and then turn around and be playing a school sport, and a travel sport, or on two travel

	teams, and pushing those kids into competitive sports and they're just struggling. Too much pressure" "And [the Medical Director] broke the data out for 0–18-year-olds and one-third of those 950 people who were diagnosed with suicide ideation or had an attempted suicide were under the age of 18"
Cost of Living	"I think median home prices are so high. I mean unless you are a two-income family, and even with two incomes it's [hard]. I read a study yesterday that you have to have an income of at least $106,000 a year to afford a home in Williamson County."
Recommendations for improving the needs	

- Revisit legislation that decreases access to health care
- Address racism, especially within schools
- Address isolation by reducing barriers to building community

To view community input data in its entirety, see Appendix C (Page 54).

Policy Scan

Many factors impact a community's health, including the policies that guide how it works. Therefore, tackling the CHNA priority health needs may require changes to public policy. A policy scan is a systematic review of existing policies related to a specific topic or area. It involves identifying, analyzing, and summarizing current policies to understand the landscape, identify gaps, and inform future policy work.

Ascension Saint Thomas Rehabilitation Hospital collaborated with Sycamore Institute, Vanderbilt University Medical Center Community Health team to complete a policy scan focused on state and local policy levers that support or hinder progress on access to care, substance use disorder, mental health alongside other needs. An equity lens was applied to highlight how policies are impacting historically marginalized and minoritized populations.

This Policy Scan addressed policy levers related to access to care and mental/behavioral health as need areas. Within the need area of access to care this report focus areas were on the following:
- Health insurance coverage
- Alternate care settings
- Care and coordination and navigation
- Transportation
- Strengthen primary care safety net

Within the need area of mental and behavioral health this report focus areas were on the following:
- School-based behavioral health
- Pediatric mental health supports
- Behavioral Health workforce
- Opioid settlement funds
- TennCare coverage
- Mental health and substance use parity

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The policy solutions presented in Appendix E (Page 66) are based on approaches from other communities and do not represent the views of any particular person or organization.

Imagine Nashville

We wish to highlight the work of Imagine Nashville. Imagine Nashville is a citywide, community-led initiative guided by the belief that we must share our dreams and ideas to shape our future. Imagine Nashville worked to reach across geographic, socioeconomic, racial and ethnic lines, and age differences to ensure everyone has a chance to share their wildest dreams, their most practical concerns, and, most of all, their ideas for how we should go forward. Appendix F (Page 76) has the executive summary of the report. To view the full report please view this link Imagine Nashville Full Report.

Summary of Secondary Data for Davidson and Williamson Counties

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: Davidson County

A summary of the secondary data collected and analyzed for Davidson county is outlined below. Information was gathered using County Health Rankings indicators for Davidson County:

- Slightly lower infant mortality rate of 6.9 than the State of Tennessee at 7.1
- Higher Median household income $71,863 compared to the State of Tennessee $64,035
- Higher uninsured at 14% compared to the State of Tennessee 12%
- Higher food environmental index of 7.8 compared to the State of Tennessee at 6.5
- Higher preventable hospital stays at 3,539 per 100,000 population compared to the State of Tennessee of 2,841 per 100,000 population
- Higher overdose deaths at 74 per 100,000 population compared to the State of Tennessee at 56 per 100,000 population

Secondary Data Highlights: Williamson County

A summary of the secondary data collected and analyzed for Williamson county is outlined below. Information was gathered using County Health Rankings indicator for Williamson County:

- Higher life expectancy rate 81.3 than the State of Tennessee 74.1
- Higher access to exercise opportunities 81.3% than the State of Tennessee 67.4%
- Lower uninsured at 6% compared to the State of Tennessee 12%
- Higher food environmental index 9.2 compared to the State of Tennessee 6.5
- Lower preventable hospital stays at 1,852 per 100,000 population compared to the State of Tennessee of 2,841 per 100,000 population
- Lower overdose deaths at 16.9 per 100,000 population compared to the State of Tennessee 34.8 per 100,000 population

A summary of the secondary data collected and analyzed through this assessment is outlined below. To view the secondary data and sources in their entirety, see Appendix G (Page 81).

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 Davidson and Williamson counties. Listed below are a few of the limitations encountered when completing the assessment.

For this assessment, the following limitations were identified:

- **Secondary data:** The assessment considered many factors affecting health, including the social drivers of health: however, not all health and health-related measures available through secondary data were reviewed due to the broad focus of the assessment. In some cases, comparable benchmarking was unavailable, and there were differences in measurement/ variable definitions between data sources. Additionally, even with the use of the most recent public data available, there are delays in reporting.

- **Participation barriers and representation:** The prioritization process was facilitated at county specific community meetings. These were conducted in partnership with the health councils in each county. While open to the public, all meetings were primarily publicized to health council list servs and took place during working hours. These factors may have been a barrier to attendance and some who had conflicts with work schedules. Additionally, the perspectives of those who are not regularly engaged with the health councils may have been missed.

- **Lack of linguistic diversity:** All of the community engagement and prioritization activities were facilitated in English. Additionally, all materials and invitations were distributed in English. This could have limited the perspective and special interests of linguistically diverse persons who prefer a language other than English to participate.

Despite the data limitations, Ascension Saint Thomas Rehabilitation 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.

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Davidson and Williamson Counties Community Needs

Ascension Saint Thomas Rehabilitation Hospital, in collaboration from Vanderbilt University Medical Center Community Health team, Metro Nashville Public Health Department and Williamson County Health Department analyzed 86 secondary data indicators for Davidson County and 66 secondary data indicators for Williamson County, along with community input through environmental scan of community reports, policy scan, health department listening session and health council self-assessment to identify the needs in Davidson and Williamson County.

Following the completion of the Community Health Need Assessment (CHNA), Ascension Saint Thomas Rehabilitation Hospital will select all or a subset of the **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 to the above portrays the relationship between the needs categories.
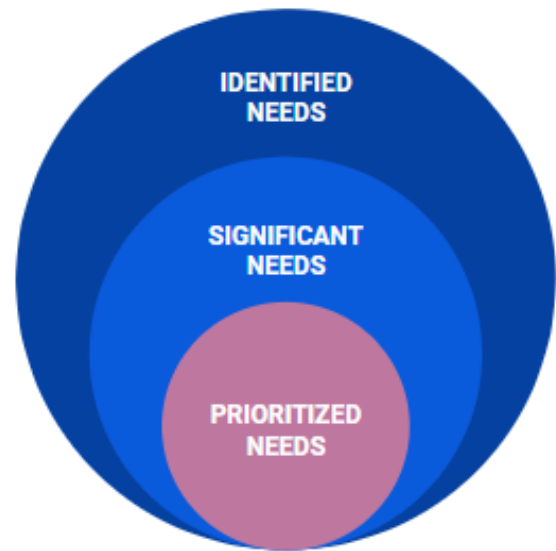
Identified Needs

The first phase was to determine the broader set of identified needs. Ascension Saint Thomas Rehabilitation Hospital has defined "identified needs" as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Davidson and Williamson Counties. 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 stakeholders to address. In collaboration with various community partners, Ascension Saint Thomas Rehabilitation Hospital synthesized and analyzed the data to determine which of the identified needs were most significant. Ascension Saint Thomas Rehabilitation Hospital has defined **significant needs** as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods.

Davidson County 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 Rehabilitation 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 Davidson 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. Due to the saturation of data within Davidson County, and to promote collaboration between various data agencies, additional data was presented in-person from Imagine Nashville and Metro Social Services.

Attendees were asked to review data focused on prior needs and vote to keep, amend, or sunset each one. 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 7: Criteria for Identifying Prioritized Needs

Criteria for Identifying Prioritized Needs	
Relevance	Relevance of the issue to the community members.
Impact	Impact of the issues on communities impacted by inequities; centering those most proximate to the inequities.
Feasibility	Availability and feasibility of solutions and strategy to address the issue.

Attendee recommendations were presented to the Nashville Health and Wellbeing Leadership Council at their October 15, 2024 and November 19, 2024 meetings, and they further prioritized the needs using the additional MAPP 2.0 criteria (NACCHO, 2023). The table listed below is criteria used to further identify the prioritized needs.

Table 8: Criteria for Furthering Narrowing Prioritized Need

Criteria for Furthering Narrowing Prioritized Need	
Policy Impact	Will community stakeholders support work on this issue?
Cost-Benefit	Are there policies or practices that affect inequities that could be addressed?
Influence	Can community stakeholders address the issue?
Opportunity	Are there others doing work in the community that can be leveraged?
Resources	Can the community access the resources (money, time, people, expertise) needed to address this issue?

The needs listed below were approved by the Nashville Health and Wellbeing Leadership Council member vote at their December 17, 2024 meeting. The prioritized needs adopted by the Nashville Health and Wellbeing Leadership Council area as follows:

- Awareness and navigation of community resources
- Economic opportunity and job skill development
- Food Access/ Food Insecurity
- Housing

Additionally, equity was adopted as a cross-cutting need that is both integrated into the work of the above prioritized needs, and with select independent actions. Based on insight gained from primary and secondary data analysis and input received from prioritization meetings, the summary tables below outline more about each need.
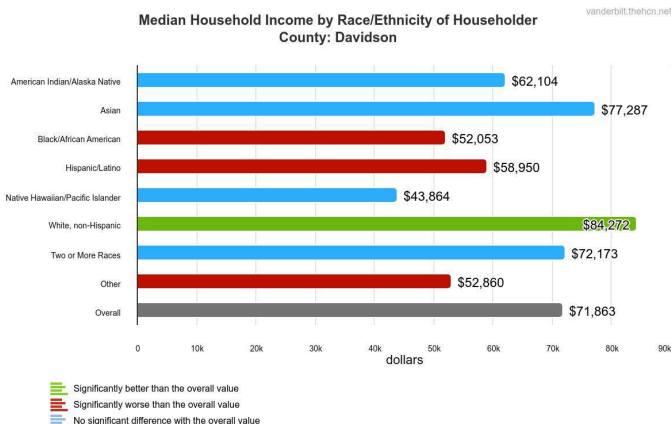
To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix H (Page 107).

Ascension Saint Thomas Rehabilitation 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 Rehabilitation Hospital leaders and community partners to analyze which community health needs Ascension Tennessee and Ascension Saint Thomas Rehabilitation 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.

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Davidson County Community Priorized Needs

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

Prioritized Need: Awareness/ Navigation of Community Resources	
Significance	**Populations Most Impacted**
Care coordination can impact overall physical, social and mental health status. The ease to which an individual can obtain the services needed speaks to bridging the gaps between patients, providers, and other aspects of thee community health ecosystem	• Those with limited English proficiency • Those without a vehicle or reliable public transportation • Uninsured/underinsured • Those who need assistance with health literacy • Those who lack access to telehealth and internet capabilities
Community Input and Secondary Data Highlights	
• During the Davidson County Health Department listening session, a supporting quote for economic opportunity and job skill development was "I think we now have CHW embedded into many of our health systems in Davidson County which is a positive." • A global theme from the Davidson County Health Department Listening session was Collaboration is encouraged and growing in Davidson County and there is a rich landscape of community resources available. However, the impact is significantly limited by silo-ed efforts and work that relies only "on the compassion and charity of others". Ultimately, the work that is being done is not reaching those who need it most.	
Community Recommendations	
Community Recommendations for Awareness/ Navigation of Community Resources will be found on Appendix D (Page 60).	

Prioritized Need: Economic Opportunity and Job Skill Development	
Significance	**Populations Most Impacted**
Various social and economic factors can affect how well and how long we live. These factors also impact our ability to make healthier choices, access affordable medical care, access to affordable and attainable housing, manager stress and other factors.	• Individuals that belong to marginalized communities • Individuals with limited English proficiency • Those without access/limited access to childcare • Individuals with limited education attainment • Individuals who cannot live near to where they work

Community Input and Secondary Data Highlight
• During the Davidson County self-assessment, a supporting quote for economic opportunity and job skill development was "Then you have people, while they're dealing with housing and transportation issues, are being pushed out of the county due to economic opportunity."

<div align="center">Median Household Income- Davidson County by Race/Ethnicity - Davidson County</div>

Source: American Community Survey 5-Year, 2018-2022

Community Recommendations
Community Recommendations for Economic Opportunity and Job Skill Development will be found on Appendix D (Page 60)

Prioritized Need: Food Access/ Food Insecurity	
Significance	**Populations Most Impacted**
Food Access and food insecurity can be influenced by a person's accessibility and affordability to food stores. People with low-income and historically marginalized neighborhoods may face barriers in accessing healthy and affordable food options, these lack of options can affect healthy eating habits and food security Source: (Economic Research Service, 2022).	- Individuals located in a food desert - Those with limited access and transportation to a grocery store - Low-income individuals - Individuals living in marginalized communities
Community Input and Secondary Data Highlights	
- Food access was supported by the following quote from the self-assessment "We need more awareness of cultural sensitivity. We need more community gardens that are actively trying to find their way to making their gardens more culturally sensitive." - During the Health Department listening session, a member interviewed said "We see grocery stores popping up here and there, like Publix"... but there's still great food insecurity because "Is it affordable for the majority"?"	
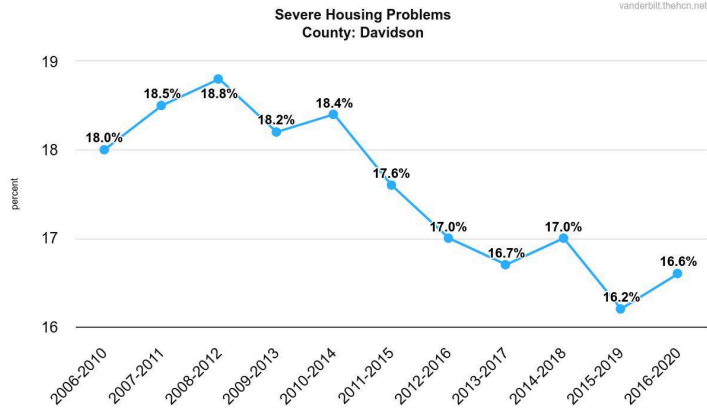
Food Insecurity Rate - Davidson County
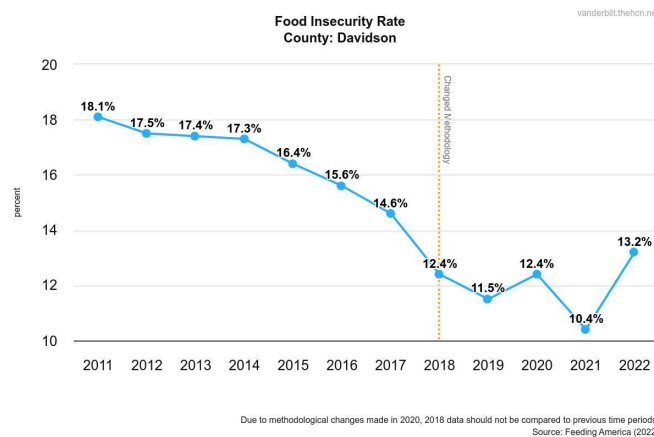
Source: Feeding America, 2022

Community Recommendations
Community Recommendations for Food Access/ Food Insecurity will be found on Appendix D (Page 60).

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Prioritized Need: Housing	
Significance	**Populations Most Impacted**
Housing and shelter is an essential for accessing employment, healthcare, healthy food, and other community resources. There are many contributing components to affordable housing that impact health, including affordability, stability, quality and safety, and surrounding neighborhood/communities. *Source: (Healthy People, 2023)*	● Young adults ● Senior citizens/elderly persons ● Individuals who are unhoused and homeless ● Those facing difficulty to attain homeownership

Community Input and Secondary Data Highlight
A global theme for housing during the self-assessment was Inequities in economic development have led to high cost of living that has outpaced the wages of many community members and widespread gentrification across the city.

Severe Housing Problems- Davidson County

Severe Housing Problems
County: Davidson

vanderbilt.thehcn.net

18.0% 18.5% 18.8% 18.2% 18.4% 17.6% 17.0% 16.7% 17.0% 16.2% 16.6%

Source: County Health Rankings (2016-2020)

Source: County Health Rankings, 2016-2022

Community Recommendations
Community Recommendations for Housing will be found on Appendix D (Page 60).

Williamson County Community Prioritized Needs

The prioritization process included one in-person or hybrid 90-minute facilitated session hosted in collaboration with the health council in each county. 29 participants were present for this meeting. 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.

The prioritization process in Williamson 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.Attendees were asked to review previous needs to keep, amend, or sunset each one. 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 criteria used are outlined in Table below. Any county specific amendments to this process are explained in the county specific sections of the report.

The table listed below is the criteria used to identify the prioritized needs.

Table 9: Criteria for Identifying Prioritized Needs

Criteria for Identifying Prioritized Needs	
Relevance	Relevance of the issue to the community members
Impact	Impact of the issues on communities impacted by inequities; centering those most proximate to the inequities.
Feasibility	Availability and feasibility of solutions and strategy to address the issue.
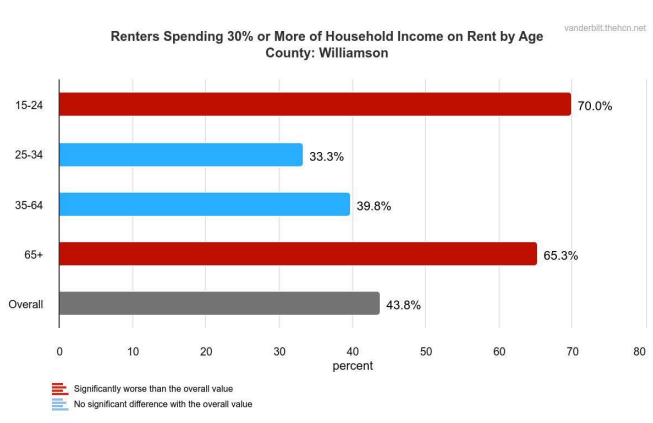
Based on the synthesis and analysis of the data, the significant needs for the Williamson County 2025 CHNA are as follows:

- Attainable Housing
- Health Promotion (Chronic Disease Prevention) through Built Environment
- Mental Health
- Substance Use (opioids, tobacco, and prescription medication)

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix H (Page 112).

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Williamson 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: Attainable Housing	
Significance	**Populations Most Impacted**
Safe and affordable housing impacts health, including but not limited to affordability, stability, quality and safety, and surrounding neighborhood. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford health insurance, health care and medication, healthy foods, utility bills, or reliable transportation to work or school. This can lead to increased stress levels and emotional strain for households. Addressing the quality of housing as a public health issue may help prevent and reduce negative health outcomes. Source: Healthy People 2030	- High rates of cost burden for renters and homeowners - Young adults - Senior citizens
Community Input and Secondary Data Highlights	
- During the Williamson County health department listening session the group discussed how some housing complexes seem resistant to having additional low-income housing reserved. Additionally, in some places, you (the renter) must ask about affording housing availability at each complex, individually. - During the Williamson County self-assessment, a community recommendation was around funding. The supporting quote highlights how grant funding can assist with strains around attainable housing. "Then we collectively go in for a grant to do these critical repairs in particular homes where people might need low income qualifications or things like that with this big group of money."	

Renters Spending 30% or More of Household Income on Rent by Age - Williamson County

Source: American Community Survey 5-Year, 2018-2022

Community Recommendations
Community Recommendations for Attainable Housing will be found on Appendix D (Page 60).

Prioritized Need: Health Promotion (Chronic Disease Prevention) through Built Environment	
Significance	**Populations Most Impacted**
Promotion of wellness can happen in the way of built environments. Built environments encompass our living, working and playing spaces which impact our health. Research shows that well-designed built environments can reduce obesity, heart disease and diabetes rates while improving physical, mental and social well-being. Access to appropriate healthcare is one of the factors that affect health outcomes. According to Healthy People 2030, "High-quality health care helps prevent diseases and improve quality of life." Source: Tennessee Health Department, 2024; Healthy People 2030)	- Uninsured/underinsured - Senior Citizens - Low-income families - Individuals living in rural vs. urban communities
Community Input and Secondary Data Highlights	
- During the Williamson County Health Department listening session, a member mentioned "I don't think Williamson is really a desert for specialty care, or for providers. I think we're fortunate to have a Federally Qualified Health Center in our community as well." - A supporting quote for built environment from the Williamson County self-assessment environment "I think we have a really strong Parks and Rec department that promotes activities and provides really great facilities"	

Adults with Insurance- Williamson County
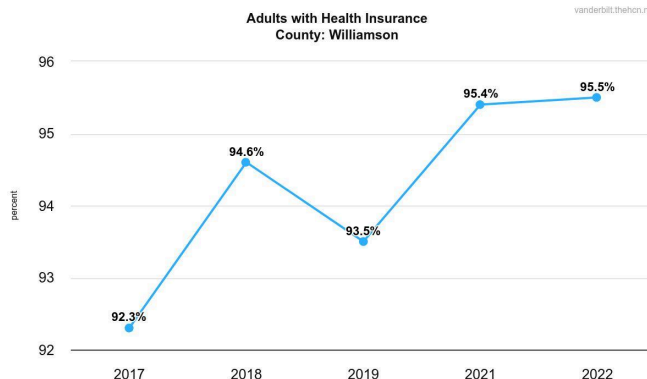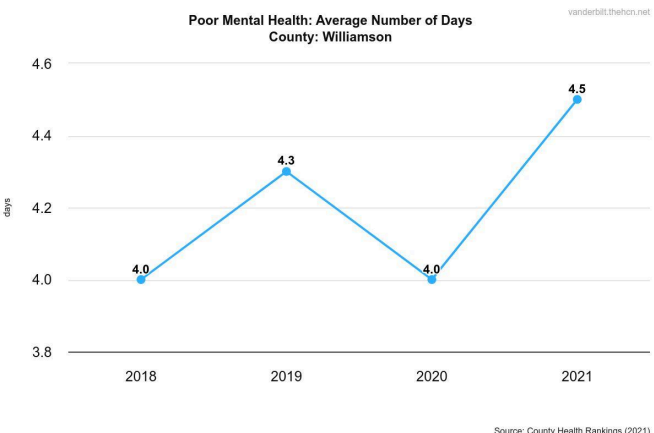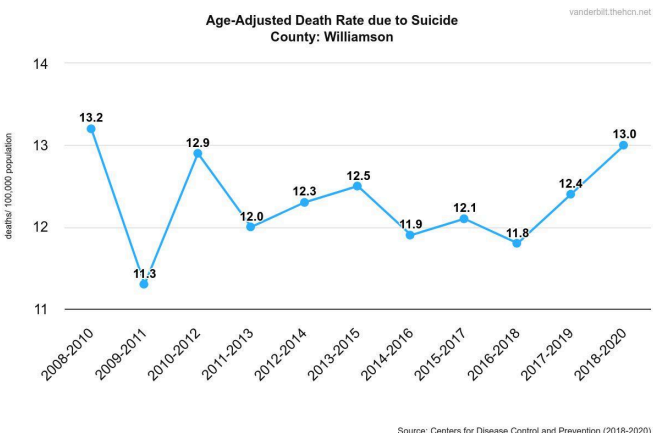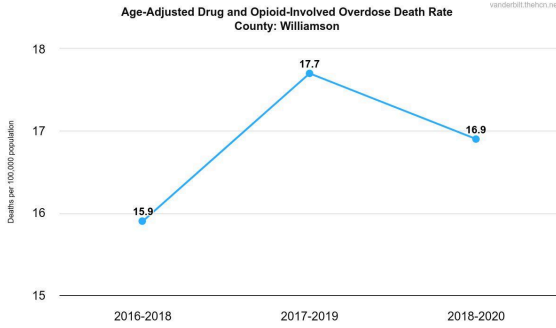
Source: American Community Survey 1-Year, 2022

Community Recommendations
Community Recommendations for Chronic Disease Prevention and Built Environment will be found on Appendix D (Page 60).

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Prioritized Need: Mental Health	
Significance	**Populations Most Impacted**
A mental illness is a condition that affects a person's thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others. Mental illness can also affect a person's ability to participate in health-promoting behaviors. Source: [NAMI](#)	- Youth/Young adults - Elderly/seniors - People of color and populations that experience increased cultural stigma - Those who may be predisposed to mental illness due to a variety of risk factors - Veterans
Community Input and Secondary Data Highlights	
- During the Health Department listening session the following quote supported Mental Health with a focus on youth suicide. "And [the Medical Director] broke the data out for 0–18-year-olds and one-third of those 950 people who were diagnosed with suicide ideation or had an attempted suicide were under the age of 18." - During the Health Department listening session members interviewed said "Volunteer Behavioral Health in the same building [as the health department] and having more readily available access to that helps" - During the Health Council self-assessment a theme mentioned was the pandemics impact on isolation and peoples fear being around other people.	
Poor Mental Health: Average Number of Days - Williamson County	**Age-Adjusted Death Rate due to Suicide - Williamson County**
Poor Mental Health: Average Number of Days County: Williamson *vanderbilt.thehcn.net* 4.6 4.5 4.4 — 4.3 4.2 4.0 — 4.0 4.0 3.8 2018 2019 2020 2021 Source: County Health Rankings (2021)	Age-Adjusted Death Rate due to Suicide County: Williamson *vanderbilt.thehcn.net* 14 13.2 12.9 13 12.5 12.4 13.0 12.3 12.1 12 12.0 11.9 11.8 11.3 11 2008-2010 ... 2018-2020 Source: Centers for Disease Control and Prevention (2018-2020)
Source: [County Health Rankings, 2021](#)	*Source: [Centers for Disease Control and Prevention, 2018-2022](#)*
Community Recommendations	
Community Recommendations for Mental Health will be found on Appendix D (Page 60).	

Prioritized Need: Substance Use	
Significance	**Populations Most Impacted**
Drug overdose deaths are a leading contributor to premature death and are preventable. Williamson County has a below average rate of opioid deaths. People with addiction often have one or more associated health issues, which could include lung or heart disease, stroke, cancer, or mental health conditions. Williamson County has a Prevention Coalition, with the purpose to implement effective strategies that prevent substance use among youth in Williamson County by building strong partnerships to help support a healthy, drug-free community. Source: CDC, 2024; National Institute of Drug Abuse, 2011	- Men, women - Young Adults - Youth - Those experiencing symptoms of mental illness
Community Input and Secondary Data Highlights	
- During the health council self-assessment a global theme was youth and in some cases parent's perception of substance use is dangerously relaxed. "I think they think nothing will happen. Sometimes I think parents think, well you know we all experimented when we were that age, it's a part of childhood. I think we're shifting that needle a little bit. I think awareness isn't the same thing it used to be." - During the Williamson County Health Department listening session, the following was said about substance use "... it's gotten worse only because of fentanyl and the different forms of fentanyl being in the pills and weed being laced. The horse tranquilizers now."	

Age-Adjusted Drug and Opioid-Involved Overdose Death Rate - Williamson County
 Age-Adjusted Drug and Opioid-Involved Overdose Death Rate County: Williamson vanderbilt.thehcn.net 18 — 17.7 (2017-2019) 17 — 16.9 (2018-2020) 16 — 15.9 (2016-2018) 15 Deaths per 100,000 population Source: Centers for Disease Control and Prevention (2018-2020) *Source: Age-Adjusted Drug and Opioid-Involved Overdose Death Rate, 2018-2022*

Community Recommendations
Community Recommendations for Substance Use will be found on Appendix D (Page 60).

Summary of Impact of the Previous CHNA Implementation Plan and Strategies

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 Rehabilitation Hospital previous 2021 CHNA Implementation Plan and Strategies (IS) and responded to the following priority health needs: Access to Care, Mental Health and Substance Misuse. Highlights from the Ascension Saint Thomas Rehabilitation Hospital's previous implementation plan and strategies Appendix I (Page 114).

Written Comments on Previous CHNA and Implementation Plan and Strategies

Ascension Saint Thomas Rehabilitation Hospital's previous 2021 CHNA and 2021 CHNA 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 Rehabilitation Hospital Board of Trustees

To ensure Ascension Saint Thomas Rehabilitation 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 Rehabilitation Hospital Board of Directors for approval and adoption on March 6, 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.

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Conclusion

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

As a Catholic health ministry, Ascension Saint Thomas Rehabilitation Hospital is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension Saint Thomas Rehabilitation Hospital is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (https://healthcare.ascension.org/chna) to submit your comments.

Appendices

Table of Contents

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Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) "is recognized nationally as a leader in community benefit planning and reporting."[3] 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.

[3] Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition*

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 or community meeting included one in-person or hybrid 90-minutes facilitated session hosted in collaboration with the health council in each county. The goal of this session was to engage health council and local voices in a streamlined prioritization process and build out community recommendations for action around each priority need.

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.

Health Department Listening Session

The Health Department Listening session consisted of the Health Department Director along with key staff from the Davidson and Williamson Counties Health Department. The Health Department listening session was an interview with five (5) open-ended questions gauged to learn about community assets, barriers, and how the prioritized needs have changed since 2022/2023 including recommendations for addressing the prioritized needs.

Identified Need

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

List Serv

A List Serv is an electronic mailing list to communicate with a large group of people over email.

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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 community that the hospital will address through the CHNA implementation strategy.

Self-Assessment

Self-Assessment was given to Nashville Healthy & Well-being Leadership Council and Williamson County Health Council members and is a five (5) question questionnaire that addressed priority health needs, changes related to the needs, and recommendations for improvement.

Significant Need

Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods.

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Appendix B: Community Demographic Data and Sources

The tables below provide a description of Davidson County and Williamson County demographics. The description of the importance of the data is largely drawn from the County Health Rankings and Roadmaps website.

Table 10: 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	Davidson County	Williamson County	Tennessee	U.S.
Total	712,334	260,815	7,126,489	334,914,895
Male	48.3%	49.5%	49.0%	49.6%
Female	51.7%	50.5%	51.0%	50.5%

Source: U.S. Census Bureau, 2019-2023

Table 11: Population by Social and Community Context (Davidson County only)

Social and Community Context				
Indicator	Davidson County	Tennessee	U.S.	Description
English proficiency[8]	4.92%	1.71%	4.21%	Percentage of the population who report a limited English-speaking ability. (2022)
Percentage of children in poverty[8]	22.1%	17.6%	16.3%	Percentage of people under age 18 in poverty (2022)

Source: *U.S Census[8] (These indicators used data from 2022 for these measures)*

Table 12: Population by Race and Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or ethnicity	Davidson County	Williamson County	Tennessee	U.S.
Asian	3.8%	5.5%	2.1%	6.4%
Non-Hispanic Black / African American	26.1%	4%	16.4%	13.7%
Hispanic / Latino	13.7%	5.3%	7.5%	19.5%
American Indian or Alaska Native	0.6%	0.3%	0.6%	1.3%
Non-Hispanic White	54.6%	83.2%	72.0%	58.4%

Source: U.S. Census Bureau, 2019-2023

Table 13: 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	Davidson County	Williamson County	Tennessee	U.S.
Median age	34.8	40.8	39.1	39.2
Ages 0-17	20.4%	25.4%	21.8%	21.7%
Ages 18-64	66.3%	59.3	60.9%	61.0%
Ages 65+	13.3%	15.4	17.3%	17.3%

Source: US Census Bureau Median Age by Sex (Table K200103), 2023| US Census Bureau, 2019-2023

Indicators	Davidson County	Williamson County	TN	U.S	Description
Percentage below 18 years of age[8]	19.9%	25.4%	21.8%	21.7%	The percentage of the population that is under 18 years old (2022)
Percentage 65 years of age and over[8]	13.4%	15.4%	17.3%	17.3%	The percentage of the population that is over age 65 (2022)

Source: US Census Bureau, 2019-2023

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Table 14: 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	Davidson County	Williamson County	Tennessee	U.S.
Median household income	$71,863	$125,943	$64,035	$75,149
Per capita income	$45,951	$61,451	$36,040	$41,261
People with incomes below the federal poverty guideline	14%	4.1	14%	11.1%
ALICE households^	34%	25%	30%	29%

Source: [US Census Bureau, 2019-2023](#) | [United for ALICE, National, Tennessee, 2022](#)

Table 15: Education

Why is it important: There is a strong relationship between health, lifespan, and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment), and social support helps create opportunities for healthier choices.

Income	Davidson County	Williamson County	Tennessee	U.S.
High school diploma or higher	90.3%	96.0%	89.3%	89.1%
Bachelor's degree or higher	46.0%	62.0%	29.7%	34.4%

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

Table 16: 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	Davidson County	Williamson County	Tennessee	U.S.
Uninsured	14%	6%	12%	10%
Medicaid Participation, not Eligible	18%	17.2%	16%	17%

Source: U.S. Census Bureau, 2023 | US Census Bureau Allocation of Medicaid/Means-Tested Public Coverage (Table B992707), 2023| County Health Rankings, Davidson County | County Health Rankings, Williamson County

Table 17: Top Languages Spoken in Davidson County

Language	2017	2018	2019	2021	2022
English Only	532,752	528,610	531,651	554,492	554,492
Spanish or Spanish Creole	56,161	57,878	59,836	56,068	56,068
French (including Patois, Creole, and Cajun)	1,425	2,614	3,767	3,548	3,548
German or other West Germanic	1,341	1,711	871	1,231	1,231
Slavic languages (including Russian and Polish)	2,159	3,044	2,814	1,201	1,201
Other Indo-European	12,491	17,550	12,528	9,871	9,871
Korean	1,377	3,040	1,787	1,616	1,616
Chinese (including Mandarin and Cantonese)	4,733	2,517	2,657	3,674	3,674
Vietnamese	2,722	3,350	2,227	2,682	2,682
Tagalog (including Filipino)	934	266	840	1,173	1,173
Native Hawaiian or other Pacific Islander	5,145	7,114	7,951	4,122	4,122
Arabic	15,127	9,317	10,644	14,649	14,649
Other and unspecified	8,138	9,988	10,512	8,937	8,937
Davidson County Total Population	644,505	646,999	648,085	663,264	663,264

Source: Census Bureau Data[8]

Appendix C: Community Input Data and Source

The 2024 Community Health Needs Assessment (CHNA) was conducted from February 2024 to December 2024, and utilized a modified Mobilizing for Action through Planning and Partnership (MAPP) process, which incorporated data from both primary and secondary sources. Community input sources included information provided by groups/individuals, e.g., community members, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and populations who are more marginalized and to unmet health needs or gaps in services.

Timeline Davidson County

From February 2024 - December 2024, Ascension Saint Thomas Rehabilitation Hospital began a CHNAfor Davidson and Williamson Counties and sought input from persons and collected data sources who represent the broad interests of the community using several methods embedding a health equity lens throughout in the CHNA process:

- From February 1- February 29, 2024, 7 local reports were read and analyzed as part of an environmental scan of community reports for Davidson County.
- Between February 20, 2024 and February 27, 2024 Davidson County's Nashville Health & Leadership and Wellbeing Council Self-Assessment was conducted with 19 participants.
- In February 2024 a Policy Scan was completed by the Sycamore Institute to better identify, analyze, and summarize current policies to understand the landscape, identify gaps, and inform future policy work.
- During the CHNA planning process between February 2024 and September 2024, Imagine Nashville's city-led assessments and solutions were included into our data collection methodology.
- On April 29, 2024, 8 Metro Nashville Public Health Department staff members participated in an in person Health Department listening session at Metro Nashville Public Health Department.
- Davidson County information gathering, using secondary public health sources, occurred between May 2024 - August 2024.
- On September 17, 2024 — A community meeting with the Davidson County Nashville Health & Well-being Leadership Council was held with 44 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 or hybrid 2-hour facilitated session hosted in collaboration with the health council in each county. 44 participants were present for this meeting. The goal of this session, called a community meeting, is to engage health council and local voices in a streamlined prioritization process and build out community recommendations for action around each priority need. Due to the saturation of data within Davidson County, and to promote collaboration between various data agencies, additional data was presented from Imagine Nashville and Metro Social Services.

- County specific results from Metro Nashville Public Health Department listening session, environmental scan of community reports, Nashville Health & Wellbeing Leadership Council self-assessment, and the secondary data analysis ahead of the community meeting with Nashville Health & Wellbeing Leadership Council members and community leader participants. Inequities identified within these results were highlighted to center those most impacted by the health needs in each community.

- Attendees were asked to review previous needs to keep, amend or sunset each one. Participants made decisions about the needs using data provided, their lived and professional experience and criteria outlined in MAPP 2.0 Handbook to make these decisions, (NACCHO, 2023).

- Health Council recommendations discussed during the community meeting with the Health Council were presented back to Health Council members on October 15, 2024.
- Davidson County Nashville Health & Well-being Leadership Council had further review of voting results, prioritizing health needs in the county, and discussing solutions utilizing the health equity framework happened between November 19, 2024 and December 17, 2024.

Timeline Williamson County

From February 2024 - November 2024, Ascension Saint Thomas Rehabilitation Hospital began a CHNAfor Davidson and Williamson Counties and sought input from persons who represent the broad interests of the community using several methods:

- February 1- February 29, 2024, 3 local reports were read and analyzed as part of an environmental scan of community reports for Williamson County.
- In February 2024 a Policy Scan was completed by the Sycamore Institute to better identify, analyze, and summarize current policies to understand the landscape, identify gaps, and inform future policy work.
- In February 2024 partnered with Imagine Nashville leaders and teams on community-led initiatives for shaping a better future for Nashville.
- On April 17, 2024 — 6 Williamson County Health Department staff members along with the Health Department Director participated in an in person Health Department listening session at the Williamson County Health Department. May 14, 2024, Williamson County Health Council self- assessment was conducted.
- Williamson County information gathering, using secondary public health sources, occurred between May 2024- August 2024.
- On May 14, 2024 — 32 participants attended the Williamson County Health Council self-assessment which gathered community feedback about the prior CHNA needs, how they have changed, any barriers faced in solution building, and recommendations for future or continued action.
- On August 14, 2024 — A community meeting with the Williamson County Health Council was held with 29 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.

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- ○ The prioritization process included one in-person or hybrid 2-hour facilitated session hosted in collaboration with the health council in each county. 29 participants were present for this meeting. The goal of this session, called a community meeting, is to engage health council and local voices in a streamlined prioritization process and build out community recommendations for action around each priority need.

- ○ County specific results from Williamson County Health Department listening session, environmental scan of community reports, Williamson County Health Council self-assessment, and the secondary data analysis ahead of the community meeting with Williamson County Health Council members and community leader participants. Inequities identified within these results were highlighted to center those most impacted by the health needs in each community.

- ○ Attendees were asked to review previous needs to keep, amend or sunset each one. Participants made decisions about the needs using data provided, their lived and professional experience and criteria outlined in MAPP 2.0 Handbook to make these decisions, ([NACCHO, 2023](#)).

- Health Council recommendations discussed during the August 2024 community meeting with the Health Council were presented back to Health Council members on November 1, 2024.

Input of those with special knowledge or expertise in public health

The CHNA process in Davidson County is coordinated by the Nashville Healthy & Well-being Leadership Council, which has staffing support from the Metro Nashville Public Health Department, Ascension Saint Thomas Rehabilitation Hospital and Vanderbilt UniversityMedical Center Community Health team. VUMC and Ascension Saint Thomas regularly met with and gained advice from the MPHD, and also interviewed the Director of Health for MPHD as a part of the community input data (primary data) methodology. Additionally, the Nashville Healthy & Well-being Leadership Council contains members who serve in community-facing clinics, including federally qualified health centers and clinics that serve low-income communities. These individuals were instrumental in providing guidance, assistance and knowledge to the community health improvement process

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

27 community members were interviewed across 14 organizations in Davidson County. 38 community members were interviewed across 17 organizations in Williamson County.

Those selected were chosen based on their knowledge of Davidson and/or Williamson County and its health needs. The hospital and Metro Nashville Public Health Department and Williamson County Health Department recommended the interviewees who represented the broad interests of the community.

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.

Davidson and Williamson County Health Department Listening Session

The following questions were discussed with 8 Metro Public Health Department staff participating in person at the Metro Nashville Public Health Department on April 29, 2024.

The following questions were discussed with 6 Williamson County Health Department staff participating in person at the Metro Nashville Public Health Department on April 17, 2024.

1. Can you share about your role(s) here at the Health Department?
2. What do you think are your county's strongest assets?
3. Based on your experience, what about the needs have changed since they were prioritized in 2022/3?
4. What do you think are the obstacles or challenges to addressing these needs in your county?
5. What would you recommend to address and improve these prioritized needs? (e.g. resources, policies or supports)

Davidson and Williamson Counties Health Council Self-Assessment

In Davidson County 19 individuals participated in the Davidson County self-assessment meeting and completed a participant survey. Between February 20, 2024 and February 27, 2024 Davidson County's Healthy Nashville Leadership and Wellbeing Council Health Council Self-Assessment was conducted.

In Williamson County 32 people completed a survey for the Williamson County Health Council self-assessment in person meeting on May 14, 2024.

Listed below are the questions asked.

1. Is this still a prioritized need?
2. Has this priority improved, gotten worse or remained the same?
3. What do you think has significantly impacted this priority need?
4. What are the barriers to progress with this priority need?
5. What would you recommend to address and improve this prioritized need? (e.g. resources, policies or supports)

Table 18: Davidson County Nashville Health & Well-being Leadership Council Interviewee List

Organization	Represents
The Nashville Food Project	Food Access
Metro Public Health Department	Public Health
Second Harvest	Food Access
Tennessee Department of Health	All, Public Health
Nurture the Next	Non-profit, Child Welfare
Ascension Saint Thomas	Healthcare, Non-profit
Metropolitan Parks and Recreation	Government
Association of Infant Mental Health	Non-profit, Child Welfare, Mental Health
United Way of Greater Nashville	Non-profit
Martha O'Bryan - Tennessee Alliance of Economic Mobility	Non-profit
Love Before All LLC	Non-profit
Equality Health	Healthcare
Community Resource Center	Non-profit
Tennessee Justice Center	Advocacy, Non-profit

Table 19: Williamson County Health Council Self-Assessment Interviewee List

Organization	Represents
Williamson County Health Department	Public Health
Williamson Co. Health Department Fairview Clinic	Public Health
Lifeline Peer Project	Peer Support
Erikas Safe Place	Youth
Brentwood Police Department	Law Enforcement
Mental Health America of the MidSouth	Mental Health
Williamson County Juvenile Services	Judicial System
Volunteer Behavioral Health	Mental Health
Williamson County Sheriff's Office	Law Enforcement
Mothers Against Drunk Driving	Alcohol Prevention
Williamson County School	Education
Mercy Community Healthcare	Healthcare
Williamson Prevention Coalition	Substance Prevention
Franklin Special School District	Education
Tennessee Child Support Employment and Parenting Program (TCSEPP)	Child wellfare
Williamson County Homeless Alliance	Unhoused/Unshelted
TN Voices	Non-profit, Mental Health

Appendix D: Community Meeting: Recommendations and Prioritized Needs Summary

Davidson County

Community Meeting: Recommendations and Prioritized Needs Summary

Meeting Completed: 9/17/2024

The Nashville Health and Well-being Leadership Council, Metro Public Health Department, and Metro Social Services partnered with Ascension Saint Thomas and Vanderbilt University Medical Center Community Health team to bring together a diverse group of community members focused on improving the county's health.

During the meeting, participants reviewed health data, identified key areas for focus, and provided valuable input on priority health needs and recommendations for advancing equitable improvement of the needs. The results of the meeting are detailed below.

Table 20: Davidson County Recommendations and Community Prioritized Needs Summary

Need	Housing/Transportation
Voting Decision	Amend this need
Voting updates (if applicable)	Group voted to separate this into individual housing and transportation needs. Keeping the original definition of each.
Community Recommendation	Increase outreach and engagement focused on building trust in the community and financial need that involves formal and informal community leaders and diversified communication methods.
Action Step(s)	• Engaging stakeholders, increase access to funding and building policies
Measures for Success	Not Completed during meeting
Need	**Food Access/Food Insecurity**
Voting Decision	Yes, keep this need
Voting updates (if applicable)	
Community Recommendation	For 2026-2028, focus strategic actions on pilot programs and coordination of services to meet the needs of zip codes with the highest identified need.
Action Step(s)	• Ensure access to fresh food • Advocate for funding to address issues • Connect more of those in need to food sources through transit
Measures for Success	Not Completed during meeting
Need	**Whole person focused health**
Voting Decision	Yes, keep this need
Voting updates (if applicable)	
Community Recommendation	By December 2028, through the alignment of community-level services, key physical and mental health indicators representing the

	well-being of Davidson County's population are showing improvement.
Action Step(s)	Not Completed during meeting
Measures for Success	Not Completed during meeting
Need	**Awareness and Navigation of Community Resources**
Voting Decision	Yes, keep this need
Voting updates (if applicable)	
Community Recommendation	By December 2027, increase access to local resources through innovative integration and alignment to improve population health and well-being equitably for all Nashville/Davidson County
Action Step(s)	By June 2026 conduct an environmental scan that involves organizations and collectives and network mapping that will produce asset and network analyzing report that identifies the interconnectedness of community resources
Measures for Success	Not Completed during meeting
Need	**Economic Opportunity and Job Skill Development**
Voting Decision	Amend this need
Voting updates (if applicable)	The group believed this was a priority, but the following considerations were missing from the definition - Consider using sufficient income instead of living wage - Adding a focus for long-term Davidson County residents
Community Recommendation	- Incentivize larger organizations to pay higher wages and provide skill training/career development to enable upward mobility - Assist improving and developing small businesses and non-profits to support employees financially and receive training
Action Step(s)	- By December 2024, approve and form a workgroup for this need - Hold first workgroup meeting no later than January 2025
Measures for Success	Not Completed during meeting
Need	**Equity**
Voting Decision	Yes, keep this need
Voting updates (if applicable)	This need has served as a lens through which all other needs and solutions are approached. The vote reflects keeping it as such.
Community Recommendation	Not Completed during meeting
Action Step(s)	Not Completed during meeting
Measures for Success	Not Completed during meeting
Prepared by Ascension Saint Thomas and Vanderbilt University Medical Center Community Health team for the 2025 Community Health Needs Assessment (October 2024)	

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Williamson County

Community Meeting: Recommendations and Prioritized Needs Summary
Meeting Completed: 08/14/2024

The Williamson County Health Council and Health Department partnered with Ascension Saint Thomas and Vanderbilt University Medical Center Community Health team to bring together a diverse group of community members focused on improving the county's health.

During the meeting, participants reviewed health data, identified key areas for focus, and provided valuable input on priority health needs and recommendations for advancing equitable improvement of the needs. The results of the meeting are detailed below.

Table 21: Williamson County Recommendations and Community Prioritized Needs Summary

Need	Substance Use
Defined as a reduction in the use of tobacco (encompassing the full range of tobacco products), alcohol, illicit drugs, and other substances.	
Voting Decision	Yes, reprioritize the need.
Community Recommendation	By 2027, implement quarterly overdose prevention training programs in at least three treatment facilities across Williamson County.
Action Step(s)	- Conduct comprehensive student surveys through: - Williamson County Schools - Franklin Special District Schools - Goal: 500 middle and high school students - Timeline: 2025-2028
Support Systems Network:	- FindHelp.com - Franklin Housing Authority - Mercy Community Healthcare - Coordinated School Health Program
Identified Barriers	- Limited availability of bilingual healthcare professionals - Service comprehension challenges for non-native English speakers
Measures for Success	- Emergency room visit frequency - First responder call volume - Juvenile court record statistics - Survey response rates - Community Engagement Indicators: - Increased participation from BIPOC communities - Enhanced diversity representation on health councils
Need	Mental Health
Defined as reducing stigma and improving access to mental health care.	
Voting Decision	Yes, reprioritize the need.
Community Recommendation	Improve community mental health through reduced stigma and enhanced access to mental healthcare services.

Action Step(s)	- Data Collection and Analysis - Distribute Tennessee Strong survey - Assess gaps and needs based on survey responses - Implement focused changes based on findings - Leverage student groups for additional insights - Resource Development - Review and adapt existing mental health toolkits - Create comprehensive training programs for diverse communities - Establish resource-sharing networks among service providers - Professional Development - Address shortage of licensed counselors in Tennessee - Develop training programs for diverse community groups
Identified Barriers	- Operational Challenges - Time and financial constraints - Siloed community committees and groups - Limited inter-organizational collaboration - Resource Allocation - Competing grant funding opportunities - Insufficient resource sharing - Community Factors - Persistent mental health stigma - Widespread misinformation
Measures for Success	- Clinical Outcomes - Reduction in suicide risk rates - Decreased reported poor mental health days - Lower rates of reported isolation - Reduced inpatient facility admissions - System Improvements: - Maintained and current resource directory - Enhanced inter-agency communication - Improved resource accessibility
Need	**Health Promotion (chronic conditions) /Built Environment**
It is defined as promoting health and safety in community settings, especially among marginalized and minoritized groups.	
Voting Decision	Yes, reprioritize the need.
Community Recommendation	Develop and launch an integrated community wellness initiative by December 2025, combining mental health education, nutritional support, and multilingual resource access through strategic partnerships with local organizations.

Action Step(s)	- Partnership Development (December 2024) - Establish collaboration with One Generation Away - Formalize partnership with Grace Works - Coordinate with WIC dietitians - Resource Development (April 2025) - Develop healthy food recipes with WIC dietitians - Create multilingual educational materials - Design culturally appropriate cooking classes - Community Forum (October 2025) - Host mental health forum at Columbia State - Present youth mental health statistics - Promote "You Are Not Alone "website/ initiative - Integrate Tennessee Care resources - Implement diaper distribution program - Multilingual Resource Distribution (December 2025) - Translate educational materials - Print multilingual resources - Establish distribution networks
Support Systems Network:	- Health Department - WIC Program - One Generation Away - Grace Works
Measures for Success	- Number of food boxes distributed - Quantity of educational materials requested - Distribution statistics by language - Community feedback collection - Program effectiveness surveys - Partner satisfaction evaluation
Need	**Attainable Housing**
It is defined as improving access to safe, attainable housing in Williamson County.	
Voting Decision	Yes, reprioritize the need.
Community Recommendation	Enhance housing accessibility and support services for vulnerable populations through coordinated community action by May 2025.

Action Step(s)	**Immediate Actions (Through December 2024)** - Establish partnerships with transitional housing providers - Identify fundraising opportunities beyond the Hard Bargain Foundation - Launch collaborative efforts with Latino advocacy groups - Initiate support service coordination with Franklin Housing Authority **Resource Development** - Expand Section 8 voucher accessibility - Create multilingual housing resource materials - Develop support service awareness programs - Establish grant writing assistance program for Habitat for Humanity - Leverage existing support service organizations for program implementation **Community Outreach Initiatives** - Coordinate with Franklin Housing Authority for church-based announcements - Organize Health Equity fair housing meetings - Partner with organizations for resource distribution events - Implement a multi-agency communication strategy **Potential Service Expansion Areas** - Diaper distribution program - Medical appointment incentive system - Transportation assistance program - Childcare support services - Pursue available grant funding opportunities - Explore and utilize tax credit programs for housing development
Support Systems Network:	- Local churches - Latino advocacy groups - Transitional housing providers - Franklin Housing Authority - Better Options - Health Department - Amerigroup - Habitat for Humanity
Measures for Success	- Number of housing placements - Support service utilization rates - Resource distribution statistics - Resident feedback - Service accessibility improvement - Partner organization collaboration effectiveness
Prepared by Ascension Saint Thomas and Vanderbilt University Medical Center Community Health team for the 2025 Community Health Needs Assessment (October 2024)	

Appendix E: Policy Scan

Many factors impact the health of a community, including the policies that guide how that community works. Therefore, tackling the CHA priority health needs may require changes to public policy. A Policy Scan is a systematic review of existing policies related to a specific topic or area. It involves identifying, analyzing and summarizing current policies to understand the landscape, identify gaps, and inform future policy work.

Sycamore Institute reviewed state and local policies and identified options that may help improve everyone's opportunity to be as healthy as possible. These options are based on approaches from other states, and do not represent any one organization's views.

Please review the Policy Scan for more detail on the policy solutions available related to the needs.

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Policy Options for Improving Health in Middle Tennessee

May 2024

This brief outlines a range of policy options for improving health and reducing health disparities in Middle Tennessee, with a particular focus on steps that could address challenges in Davidson, Rutherford, and Williamson Counties. We focused on access to care and mental and behavioral health because they are two needs (among others) that Vanderbilt University Medical Center (VUMC) and Ascension Saint Thomas have consistently highlighted in their Community Health Needs Assessments (CHNA) since 2013.

Tackling these and other issues emerging from the CHNA process may require changes to public policy. The options we identify reflect approaches from other states, recent funding opportunities, and evidence-based practices and policies at the state and local level. The options presented do not represent the views of VUMC or Ascension Saint Thomas; they are simply potential levers for improving health outcomes related to access to care and mental and behavioral health.

Improving Access to Care

Better access to health care services is one of the most effective ways to improve population health. (1) Options policymakers might consider include expanding access to health insurance coverage, expanding alternative and primary care settings, and increasing capacity to navigate the health care system.

Health Insurance Coverage — Increase the number of people with health insurance through incremental or full expansion of Medicaid/TennCare eligibility. Expanding Medicaid eligibility can reduce financial barriers to care and improve access to health care services, especially among lower income individuals. (2)

- Removing TennCare's 5-year waiting period for lawfully present immigrants could improve the stark disparities in **Davidson and Rutherford Counties'** uninsured rates (**Figures 1** and **2**). To date, more than half of all states have removed the 5-year waiting period for lawfully present immigrants to obtain Medicaid benefits. Most of these states have expanded eligibility specifically for pregnant women and children who meet the criteria. (3)

Figure 1. Hispanic and Multiracial Individuals Had the Highest Uninsured Rates in Davidson County in 2022

Percent of Individuals Who Were Uninsured in Davidson County (2022)

Davidson County 11.5%

White	Black/African-American	Asian	Other Race	2+ Races	Hispanic/Latino
7%	11%	11%	27%	31%	35%
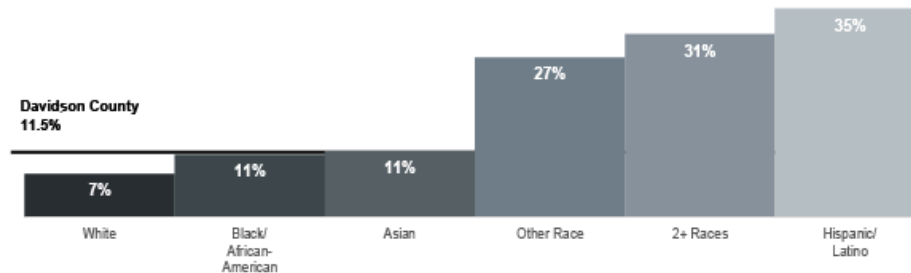
Source: 2022 American Community Survey 1-Year Estimates (4)

Figure 2. Hispanic and Multiracial Individuals Had the Highest Uninsured Rates in Rutherford County in 2022

Percent of Individuals Who Were Uninsured in Rutherford County (2022)

Rutherford County 9.8%

White	Black/African-American	Asian	Other Race	2+ Races	Hispanic/Latino
6%	6%	15%	25%	33%	35%
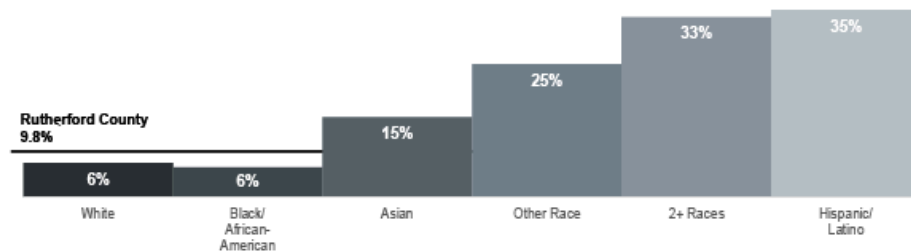
Source: 2022 American Community Survey 1-Year Estimates (4)

- Expand Medicaid eligibility to some or all adults living within 138% of the federal poverty level, who don't currently qualify for TennCare or ACA subsidies for private insurance. (5) States that expanded Medicaid under the ACA have generally observed the following effects: (6) (7)

  - Improved population health outcomes, including lower overall mortality rates,
  - Improved health care coverage among people with cancer, disabilities, and other chronic diseases,
  - Better access to health services for pregnant women and infants,
  - Improved access to care for those with substance use disorder,
  - Reduced disparities in health insurance coverage by race and ethnicity,
  - Only modest if any increases in state spending, and
  - Increased overall hospital revenue, though the literature shows this varies by type of hospital.

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Alternative Care Settings — Increase access to alternative health care settings that remove physical barriers to getting needed care, such as geographic isolation and transportation. For example, Tennessee could expand its support for community-based health centers and safety net clinics to promote access and well-being among the uninsured and underinsured. (5)

- Local leaders in **Davidson, Rutherford, and Williamson Counties** could support local education leaders and potential health care partners in creating school-based health centers (SBHCs) that serve students, staff and community members. SBHCs have the potential to provide care to students, staff, and community members by removing physical barriers to health care that often lead to health disparities, such as the need for transportation or after-hours care. (8). Across these three counties, the only existing school-based health center is in the Franklin Special School District in Williamson County. (9)

Care Coordination and Navigation — Increase capacity for residents to navigate our complex health care and social services systems.

- Organizations serving **Davidson, Rutherford, and Williamson Counties** could seek federal grants through the Centers for Medicare and Medicaid Services to increase the number of navigators that can help residents select and enroll in health insurance plans. (10) Community health workers can also help connect residents to health and social services with culturally responsive care that improves health equity. (11)

Transportation — Increase access to transportation, which serves as a barrier for many low-income patients to reach needed health care. For example, many local governments support Mid-Cumberland Public Transit, which provides low-cost, door-to-door transportation to residents in the northern Middle Tennessee area—with a prioritization on rides to medical appointments. (12)

Strengthen Primary Care Safety Net — Tennessee's primary care safety net is made up of federally qualified health centers, community and faith-based clinics, and local health departments. Funding for these providers comes from a variety of sources, including the Tennessee Department of Health, federal grants, and charitable donations. (13) The department's 2023 annual report on the primary care safety net cited several opportunities to invest in and expand services that support providers across Tennessee who serve the uninsured population. The opportunities hold the potential of both expanding access to care and improving the quality of care delivered by the state's safety net providers: (14)

- Expand Project Access Network to serve all 95 counties and refer more people to specialty care (currently in 86 counties).
- Invest funds in community and faith-based clinics that provide culturally responsive care and serve as a safety net provider.
- Support safety net providers in transitioning from paper records to electronic health records (EHR), which can improve patient care and eventually increase clinical efficiency. (15)
- Connect safety net providers with financial resources to procure paid versions of EHR systems.

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3

Improving Mental and Behavioral Health

Supporting mental and behavioral health needs has been a growing priority since outcomes like substance use and depression worsened during the pandemic. To address these challenges, policymakers could look to expand coverage of mental and behavioral health care, strengthen access to those services, and grow the provider workforce.

School-Based Behavioral Health — Increase access to mental health support and services in schools. Schools serve as critical touch points for reaching children and their families. Schools across the state use a variety of approaches to connect their students to behavioral health services—including school-based health centers, formal agreements with community-based partners, and school-based behavioral health liaisons. Many of these approaches represent new initiatives and expansions spearheaded by state policymakers. (9) As these initiatives are rolled out and expanded, state and local governments should closely monitor effectiveness, find ways to learn from one another, and identify remaining gaps.

Pediatric Mental Health Supports — Increase access to pediatric mental health care. For example, the state's Department of Health received a $300,000 federal grant in 2022 for the Tennessee Child and Adolescent Psychiatry Education and Support (TCAPES) program, which helps pediatricians better meet their patients' mental health needs. (17) Through training and consultation with pediatricians, the program helps providers screen and manage pediatric mental and behavioral health conditions and connect and make referrals to mental health specialists. (18)

- State and local leaders could increase outreach to providers in **Davidson, Rutherford, and Williamson Counties** to encourage enrollment in the free TCAPES program.

Behavioral Health Workforce — Increase recruitment and retention of behavioral health workers. For instance, the state could continue annual provider reimbursement increases within TennCare and the behavioral health safety net. While asking the governor for an additional rate adjustment for inflation the state's Department of Mental Health and Substance Abuse Services recently shared that higher provider reimbursements have helped improve retention of behavioral health personnel. (19) (20) Efforts to reduce mental and behavioral health disparities could also emphasize diversifying the workforce. Potential initiatives might prioritize workforce diversity in statewide planning, build relationships with underrepresented communities, and provide financial assistance and incentives that remove barriers to entry to the workforce. (21)

Opioid Settlement Funds — Promote transparency in decision-making and reporting for the use of opioid settlement funds. The opioid crisis led to thousands of national lawsuits against manufacturers, distributors, retailers, and affiliated parties in the last three years, resulting in settlement disbursements to state trust funds, cities, and counties. Tennessee requires public reporting on the use of the opioid abatement funds, but the same requirements do not apply to the settlements administered directly to individual counties and cities. Increasing transparency in how funds are spent could help ensure expenditures are aligned with current resident needs.

- As of July 2023, **Davidson and Rutherford Counties** were among the top recipients of opioid settlement funds—which include allocations from the state's abatement fund and direct

settlement payments from plaintiffs to the localities (**Figures 3** and **4**). (22) (23) Additional disbursements are expected in the years to come. As local governments allocate these funds to address the fallout of the opioid epidemic, they should maintain transparency and look to national best practices and innovative approaches. For example, they could explore collaborative approaches to pool money across jurisdictions to better meet regional needs, prevention efforts that target the drivers of substance use disorders more broadly, and targeted approaches that hold the promise of reducing disparities. (24) (25)

Figure 3. Counties Across the State Have Received as Much as $3.6 Million in State Opioid Abatement Funds

County Allocations from the State Opioid Abatement Fund (2023)

Highest 5 Counties:		Lowest 5 Counties	
1. Shelby	$3,579,148	91. Lake	$35,533
2. Davidson	$3,425,336	92. Hancock	$34,836
3. Knox	$2,513,123	93. Moore	$29,878
4. Rutherford	$1,513,354	94. Van Buren	$28,073
5. Hamilton	$1,503,939	95. Pickett	$24,376

Source: Tennessee State Government Opioid Abatement Council (22)
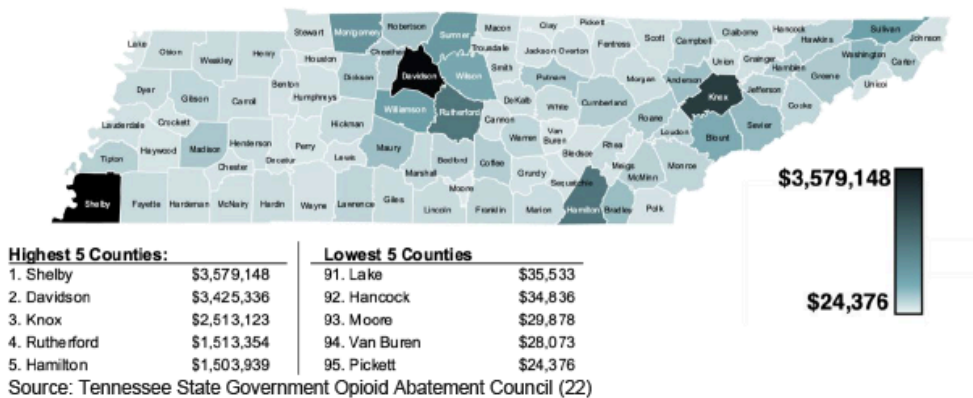
Figure 4. Counties Across the State Have Received as Much as $2.4 Million in Direct Opioid Settlement Funds

Direct Opioid Settlement Disbursements to Cities and Counties by County through June 16, 2023

Highest 5 Counties:		Lowest 5 Counties	
1. Knox	$2,434,977	91. Crockett	$23,840
2. Davidson	$2,039,466	92. Perry	$19,480
3. Shelby	$1,966,995	93. Lake	$15,248
4. Hamilton	$1,068,140	94. Moore	$13,150
5. Rutherford	$791,944	95. Van Buren	$10,881
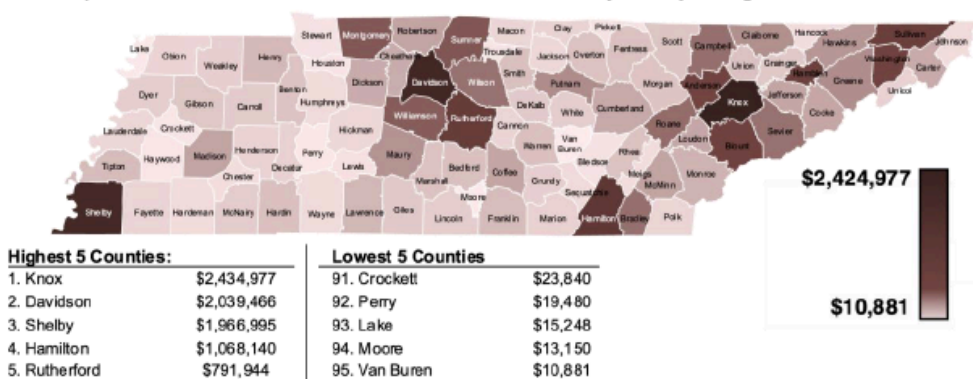
Note: The settlement funds to subdivisions in this map come from the Distributors settlement and Janssen settlement as of June 16, 2023. Municipal government dollars were included in tehir respective county totals for this figure.
Source: Kaiser Health News (23)

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TennCare Coverage — Expand Medicaid eligibility to targeted uninsured populations with substance use disorders. Alabama currently has a similar proposal pending with the federal government that would expand that state's Medicaid eligibility to populations meeting these criteria in one of several "high need counties." (26) Tennessee plans to use federal "shared savings" funding available through its TennCare agreement for several 5-year projects aimed at behavioral health care capacity and treatment beginning in FY 2025. (27) (28) Tennessee could continue to explore ways to use innovative funding sources to improve access to substance use disorder treatment while ensuring long-term sustainability.

Mental Health and Substance Use Parity — Strengthen state rules to ensure adequate coverage of needed treatment. Federal law requires most health insurance plans—including TennCare—that cover mental health services to do so at least as generously as they cover services for physical health. Federal rules were proposed in 2023 to enhance that requirement using several new metrics, such as outcomes-focused measures and additional evaluations of network composition and out-of-network reimbursement rates. (16) Federal rules serve as a minimum standard. Tennessee could pursue stronger parity requirements—including requiring and enforcing minimum network adequacy standards. (29)

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Appendix F: Imagine Nashville

We wish to highlight the work of Imagine Nashville, which is a citywide, community-led initiative guided by the belief that we must share our dreams and ideas to shape our future. So, we have been working to reach across geographic, socioeconomic, racial and ethnic lines, and age differences to ensure everyone has a chance to share their wildest dreams, their most practical concerns, and, most of all, their ideas for how we should go forward. Listed below is the executive summary of the Imagine Nashville report, to view the full report please view this link Imagine Nashville Full Report.

Where Everyone Belongs

IMAGINE NASHVILLE

A VISION FOR NASHVILLE'S FUTURE

The goal was simple: Create a unified vision for the next decade, driven by the shared values of Nashville's residents and providing a single roadmap for policymakers, nonprofits, philanthropists, the business community, and neighborhood groups alike.

Over the past 14 months, **Imagine Nashville** engaged thousands of Nashvillians in a conversation about their hopes and dreams for the city's future. In total, **10,000+ people participated**, providing **100s of ideas** from community and subject matter experts on ways to turn those dreams into action.

But this wasn't the typical kind of community engagement. Instead, they led a deeply intentional effort to talk to people from every zip code, every income, different ages and ethnicities, including a purposeful effort to engage young people and often-underrepresented populations.

Imagine Nashville was an unprecedented undertaking for our city. It led to a deeper understanding of the successes and pain points our residents are currently feeling, and where we most need to focus our efforts moving forward if we are to tackle Nashville's biggest challenges.

At such a critical time in our city's history, **Imagine Nashville** will serve as the guiding framework by which we can create a Nashville of the future that is truly built around equitable prosperity.

14-MONTH COMMUNITY ENGAGEMENT

10,000+ VOICES HEARD

100S OF EXPERTS **ENGAGED**

4 BIG AREAS **OF FOCUS**

30+ IDEAS **FOR ACTION**

ONE SHARED VISION AND CITYWIDE EFFORT

The final recommendations emerging from the months-long process are anchored around four overarching priorities:

1 All Nashvillians have meaningful and accessible pathways for a higher standard of living – an essential ingredient for a good life.

2 Our transit system allows us to move about the city safely and efficiently.

3 We have ample attainable and affordable housing options that match demand and meet our needs.

4 Each neighborhood has a distinct character and fosters a high quality of life for residents.

A Starting Point:

SHARED VALUES

Imagine Nashville's work began with in-depth research and months of discussion with Nashvillians across the city. Some of the key research findings included:

When asked about the **things they value most**, many Nashvillians cited things like family, security, independence, happiness, and peace of mind.

But one thing emerged as particularly unique — Nashville's "secret sauce" so to speak — a deep **sense of belonging and connection** people feel here.

People feel they belong here because of:
• **Nashville's rich diversity**
• **How genuinely welcoming and accepting Nashvillians are**
• **Our supportive and collaborative spirit**
• **Our strong sense of community**

For many, Nashville is a good place to raise families, build relationships, and find opportunities. A clear majority of Nashvillians say **things are positive in Nashville**; more than half see their **quality of life getting better** in the future.

DO YOU FEEL LIKE YOU BELONG IN NASHVILLE?
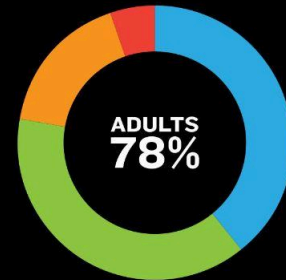
ADULTS 78%

Strongly Belong	39%
Somewhat Belong	38%
Somewhat Don't Belong	17%
Strongly Don't Belong	5%

YOUTH 60%
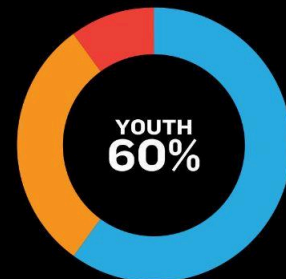
Agree or Strongly Agree	60%
Neutral	30%
Disagree or Strongly Disagree	17%

TOP 5 Positives in Nashville

ADULTS

GOOD RESTAURANTS, SHOPPING, ENTERTAINMENT

OUTDOOR RECREATION, PARKS, GREEN SPACES

CREATIVE, GATHERING PLACE FOR MUSICIANS, ARTISTS, ETC.

DIVERSITY OF PEOPLE AND CULTURES

HIGH-QUALITY HEALTHCARE AND HOSPITALS

YOUTH

GOOD RESTAURANTS, SHOPPING, ENTERTAINMENT

GOOD EDUCATION

CREATIVE, LOTS OF MUSIC AND ART

ACCESS TO FUN ACTIVITIES

DIVERSITY OF PEOPLE AND CULTURES

Yet, the research raises red flags about whether residents enjoy equitable access to the city's amenities and whether priorities and focus is on the right things. A growing number of **Nashvillians fear they may not belong** here much longer.

More than any other factor, income determines who feels they belong, a particular challenge given that **47% of Nashvillians qualify as low-income**, earning less than $50,000 annually.

72% Nashvillians — see "a growing divide between rich and poor."

57% Low-income families — feel increasingly excluded from the opportunities and benefits of living here.

Who else reported feeling left behind? Respondents who are:

LGBTQ+ 48%   **AGES 65+ 45%**   **YOUTH 40%**   **AFRICAN AMERICAN/ BLACK 31%**

As we consider the diminishing sense of belonging, it's important to note that what Nashvillians say are the key drivers of their quality of life are the very things they say Nashville is not doing well. Ultimately, Nashvillians expressed frustration and anxiety about the impact of the city's growth.

29% Adults

35% Youth

"Growth in Nashville is making things better."

TOP 5 Negatives in Nashville

ADULTS
TRAFFIC/CONGESTION
LACK OF AFFORDABLE HOUSING
TOO MUCH GROWTH
LACK OF PUBLIC TRANSPORTATION
HIGH COST OF LIVING

YOUTH
TRAFFIC/CONGESTION
EXPENSIVE TO LIVE IN NASVHILLE
HOMELESSNESS
EXPENSIVE HOUSING
MORE CRIME

What's Next

Having a clear picture of where we are trying to go as a community is a critical part of the equation, but accountability for action is equally important. Thus, Imagine Nashville also announced an implementation framework which includes:

• First and foremost, nothing can move forward without **strong leadership** and **dedicated resources**. **Community Foundation of Middle Tennessee** has agreed to spearhead next steps, working in partnership with the Mayor's Office and other partners.

• To ensure government, the business community, nonprofits, philanthropy, and neighborhoods work together on an ongoing basis, **Community Implementation Teams** will be formed for each of the four priority areas. Each team will be jointly led by a public and private sector leader with significant experience and a deep understanding of the issues. They will be charged with developing a multi-year scope of work that aligns to clear, measurable success metrics. The goal is to create **world-class public/private partnerships** to advance each priority and make sure those active in the space are working together.

• A **Community Indicators Platform** will be created to track progress. It will be an open-access, user-friendly platform. Work is already underway on this in partnership with the Belmont Innovation Lab for Social Impact.

• Stakeholders are committed to **coming together annually** to honestly discuss progress and next steps.

IMAGINE NASHVILLE

Read the full plan, access the data, and join the movement:

Ascension

Appendix G: Secondary Data and Sources Davidson County

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- Table Legend

All icons are either GREEN=Good, RED=Bad or BLUE=Neutral

Compare to Distribution (Dial Gauge)
The compare-to-distribution gauge measures how your community is doing compared to other communities in your state, the U.S., or region.

Compare to a Value (Diamond Gauge)
The diamond represents a comparison to a single value.

Trend Over Time (Square Gauge)
The square represents a comparison to a trend over time. The trend looks at how the indicator is doing over multiple time periods.
- Solid color gauge means that the change is significant
- Outlined gauge means there is a change, but it is insignificant.

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 VUMC-hosted *Healthy Communities Data Platform* and *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:	Explain what the indicator measures, how it is measured, and who is included.

Table 22: Health Outcomes

Why they are important: Health outcomes reflect the health of a county as well as the physical and mental well-being of members within a community. The Nashville Health & Well-being Leadership Council highlighted whole person focused health as a priority health outcome need for their community.

Why they are important: Health outcomes reflect the health of a county as well as the physical and mental well-being of members within a community. The Nashville Health & Well-being Leadership Council highlighted whole person focused health as a priority health outcome need for their community.

Whole Person Focused Health

Whole person health involves looking at the whole person, not separate organs or body systems, and considering multiple factors that promote health. The Whole-Health model helps people identify what matters most to them, manage stress, relate to others, and make healthy choices (NCCIH, 2021).

Life expectancy is a good measure of a population's longevity and general health. In Davidson County life expectancy is 75.4 years of age, which is slightly higher than the Tennessee average (74.1) and lower than the national average (77.6) (CHR, 2019-2021). However, there are inequities in life expectancy for persons who identify as Black or African American (71.2).

Physical, mental, and dental health services support a person's overall well-being. Primary, mental health, and dental care provider ratios have improved in Davidson County and continue to trend upward. There are now 91 (CHR, 2021)primary care providers, 410 mental health (CHR, 2023), and 83 dentists (CHR, 2022) per 100,000 individuals. These areas highlighted are integral factors that comprise a person's overall health.

Indicators	Trend	Davidson	TN	U.S.	Description
Length of Life					
Premature death[2] *	N/A	10,083.2	11,043.4	7,971.5	Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2019-2021) *Race/Ethnicity disparity present: persons who identify as Black or African American non-Hispanic or Latino (14,875.5) experience significantly higher rates of premature deaths than the overall value.
Life expectancy[2]*	N/A	75.4	74.1	77.6	How long the average person is expected to live (2019-2021) *Race/Ethnicity disparity present: persons who identify as Black or African American non-Hispanic or Latino have a significantly worse life expectancy (71.2) than the overall value.

Infant mortality[2]*					Number of all infant deaths (within one year) per 1,000 live births (2015-2021)
	↳	7.1	⬆ 6.9	⊗ HP 2030 Target (5.0)	*Race/Ethnicity disparity present: persons who identify as Black or African American non-Hispanic or Latino have a significantly higher rate of infant mortality (13.3) than the overall value.

Source: Conduent Healthy Community Institute - VUMC Community Health Dashboard[2] (These indicators used data from 2015 - 2021 for these measures)

Self-Reported Health and Quality of Life

Quality of Life represents a community's well-being. It underscores the importance of physical, mental, social, and emotional health from birth to adulthood.

Measuring health-related quality of life helps characterize the experience of people with disabilities and those with chronic conditions. In addition to measuring how long people live, it is also important to include measures of how well people live (CHR, 2021).

Indicators	Trend	Davidson	TN	U.S.	Description
Physical Health					
Poor or fair health[1]	N/A	17%	⬇ 18%	⬆ 14%	Percentage of adults reporting fair or poor health (age-adjusted) (2021)
Poor physical health Days[1]	N/A	3.9	⬇ 4.1	⬆ 3.3	Average number of physically unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent physical Distress[1]	N/A	12%	⬇ 13%	⬇ 10%	Percentage of adults who reported 14 or more days of poor physical health per month (age-adjusted) (2010)
Low birth weight[2]	↗	8.8%	🌡 9.0%	⬆ 8.6%	Percentage of babies born too small (less than 2,500 grams) (2021)
Falls 65+[4]	N/A	N/A	29.5%	27.1%	Percentage of adults aged 65 and older who reported falling in the past 12 months (2020)
Fall fatalities. 65+[2]	↳	16.2	⬆ 10.6	🌡 9.8	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population (2022)

Morbidity					
Diabetes prevalence[1,2]	N/A	9.5%	12%	10%	Percentage of adults ages 20 and above with diagnosed diabetes (2021)
Cancer deaths[2]*	(down arrow icon)	159.3	170.4	149.4	The age-adjusted death rate per 100,000 population due to cancer (2016-2021) *Race/Ethnicity disparity present: persons who identify as Black or African American have a significantly higher rate of death due to cancer (190.9) than the overall value.
Communicable Disease					
HIV prevalence[1]	N/A	650	318	382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000 (2021)
HIV deaths[2]	(down arrow icon)	2.2	1.7	1.4	Age-adjusted death rate per 100,000 population due to HIV (2018-2020)
Chlamydia incidence[2]*	N/A	871.7	538.1	161	Number of newly diagnosed chlamydia cases per 100,000 (2022) *Race/Ethnicity disparity present: persons who identify as Black or African American have a significantly higher incidence rate (1625.8) than the overall value.
Syphilis incidence[2]*	N/A	20.1	16.0	17.7	Number of newly diagnosed syphilis cases per 100,000 population (2022) *Race/Ethnicity and gender disparity present: persons identifying as male (32.7) or Black or African American (41.9) have a higher incidence rate than the overall value.
Tuberculosis[6, 7]	N/A	3.56	1.4	2.5	Number of newly diagnosed tuberculosis cases per 100,000 population (2022)

Source: County Health Rankings[1] | Conduent Healthy Community Institute - VUMC Community Health Dashboard[2] | America's Health Rankings[4] | CDC Wonder[5] | Tennessee Department of Health Interactive Disease Data Dashboard[6] | CDC Reported Tuberculosis in the United States[7] (These indicators used data from 2016 - 2022 for these measures)

Mental Health

Mental Health includes our emotional, psychological, and social well-being. This state of well-being allows us to cope with the stresses of life, realize our abilities, learn well and work well, and contribute to our community (CDC, 2024). Delays in mental health treatment can lead to increased morbidity and

mortality and the adoption of life-threatening and life-altering self-treatments, such as illicit substance use ([McLaughlin](), 2004).

Indicators	Trend	Davidson	TN	U.S.	Description
Mental Health					
Poor mental health days[1]	N/A	17.8	5.8	4.8	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent mental distress[1]	N/A	17%	19%	15%	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted) (2021)
Suicide[2]		12.8	17	13.9	Number of deaths due to suicide per 100,000 (2022)
Source: [County Health Rankings](){1}; [Conduent Healthy Community Institute - VUMC Community Health Dashboard](){2} (These indicators used data from 2021 - 2022 for these measures)					

Table 23: Social and Economic Factors

Why they are important: These factors have a significant impact on our health. They affect our ability to make healthy decisions, afford medical care, housing and food, manage stress, and more. The Nashville Health & Well-being Leadership Council highlighted housing and transportation, food access, economic opportunity and job skill development and health equity as priority social and economic needs for their community.

Economic Opportunity and Job Skill Development

The difference between income and affordability is growing, with 72% of Nashvillians seeing a growing divide between rich and poor ([MSS, 2023]()). The MIT Living Wage Calculator estimates a local wage rate that allows residents to meet minimum living standards. In Davidson County, a family with 2 Adults (1 working) and one child needs at least $76,066. This amount is higher than the overall median income in Davidson County ($71,863). These data align with Metro Social Services' claim that at least half of all workers and households in Nashville live below the living wage income needed for basic household requirements ([Metro Social Services, 2023]()). Furthermore, there are significant disparities in median household income by race and ethnicity. Households identifying as Black or African American earn 27.6% less, and households identifying as Hispanic or Latino earn 18% less than the overall median household income ([ACS 5-Year, 2018-2022]()).

The 2024 Federal Poverty Level (FPL) for a family of three is $25,820, much lower than the living wage. A high poverty rate indicates that local employment opportunities might not be sufficient for the community. For Davidson County, 13.5% of households are living below the poverty level, which is slightly lower than the state average of 14.0 percent ([United for ALICE](), 2021).

Indicator	Trend	Davidson	TN	U.S.	Description
Economic Stability					
Median household income[2]*	↗	$71,863	$64,035	$75,149	The income where half of households in a county earn more and half of households earn less (2018-2022) *Race/Ethnicity disparity present: persons identifying as Hispanic or Latino ($58,950), Other races ($52,860), or Black or African American ($52,053) have a lower median household income than the overall value.
Unemployment[1]	N/A	2.8%	3.4%	3.7%	Percentage of population ages 16 and older unemployed but seeking work (2022)
Poverty[2]*	↘	14.3%	14%	12.5%	Percentage of population living below the federal poverty line (2018-2022) *Race/Ethnicity disparity present: persons identifying as Hispanic or Latino (22.4%), Other races (24.1%), Black or African American (21.4%), or as Native Hawaiian or other Pacific Islander (48%) have significantly worse values than the overall value.
Childhood poverty[2]*	↘	22.7%	19.2%	16.7%	Percentage of people under the age of 18 who are living below the federal poverty level (2018-2022) *Race/Ethnicity disparity present: persons identifying as Hispanic or Latino (30%), Other races (29.9%), or Black or African American (35.3%) have significantly worse values than the overall value.
Educational Attainment					
High school completion[2]*	↗	81.2%	90.6%	86.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent (2018-2022) *Race/Ethnicity disparity present: persons identifying as Black or African American (88.7%) have a significantly worse value than the overall value.
Some college[2]*	↗	46%	29.7%	34.4%	Percentage of people aged 25 years and over who have earned a bachelor's degree or higher (2018-2022) *Race/Ethnicity disparity present: persons identifying as Two or more races (39%), Other races (17.1%), Black or African American (29.1%), or American Indian or Alaska Native (26.2%) have significantly worse values than the overall value.

Source: County Health Rankings & Roadmaps[1] | Conduent Healthy Community Institute - VUMC Community Health Dashboard[2] (These indicators used data from 2018 - 2022 for these measures)

Social Support and Community Safety

People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated (CHR, 2024). Community safety reflects not only violent acts in neighborhoods and homes but also injuries caused unintentionally through accidents (CRD, 2015).

Indicator	Trend	Davidson	TN	U.S.	Description
Social /Community					
Children in single parent homes[2]	↘	33%	27.9%	24.9%	Percentage of children who live in a household headed by a single parent (2018-2022)
Social associations[2]	↗	13.3	11	9.1	Number of membership associations per 10,000 population (2021)
Disconnected youth[2]	↘	2%	2%	1.8%	Percentage of teens and young adults ages 16-19 who are neither working nor in school (2021)
Violent crimes[2]		1,113.3	617.5	N/A	Number of reported violent crimes per 100,000 population. Violent crimes include murder, non-consensual sex offenses, and aggravated assault (2022)
Domestic violence[2]	↘	13.8	8.7	N/A	Rate of domestic violence incidents per 1,000 population (2022)
Homicide[2]*	N/A	13.0	10.0	6.6	Age-adjusted death rate per 100,000 population due to homicide (2018-2020) *Race/Ethnicity and gender disparity present: persons identifying as male (21.7) or Black or African American (31.0) have a higher rate of death due to homicide than the overall value.
Childcare centers[2]	N/A	8.3	9.0	7.0	Number of childcare centers per 1,000 children under age 5 (2010-2022)
Childcare cost burden[1]	N/A	25%	26%	27%	Childcare costs for a household with two children as a percent of median household income (2022-2023)
*Source: County Health Rankings & Roadmaps[1]	Conduent Healthy Community Institute - VUMC Community Health Dashboard[2] (These indicators used data from 2018 - 2023 for these measures)*				

Food Access/Food Insecurity

Food insecurity describes a person's ability to access and acquire nutritional food (USDA, 2024). People from low-income and historically marginalized neighborhoods may face barriers to accessing healthy and affordable food options that affect healthy eating habits (ERS, 2022). Other food access barriers include distance to grocery stores and lack of transportation. Being economically marginalized correlates with low access to grocery stores, which means limited options for healthier food choices (Healthy People 2030). In Davidson County, the child food insecurity rate is 19.8%. This rate is higher than in Tennessee (17.9%) and across the US (18.5%) (Feeding America, 2024).

Indicator	Trend	Davidson	TN	U.S.	Description
Access to Healthy Foods					
Food environment index[2]	↗	7.8	6.5	7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best) (2024)
Food insecurity[2]	↗	13.2%	14.%	13.5%	percentage of the population that experienced food insecurity at some point during the year (2022)
Limited access to healthy foods[1]	N/A	8%	9%	6%	Percentage of the population who are low-income and do not live close to a grocery store (2019)
Households receiving food assistance[8]	N/A	8.9%	11.7%	11.5%	Percentage of households receiving SNAP benefits (2018-2022)
Older adult households receiving food assistance[8]	N/A	31.2%	34.1%	37.7%	Percentage of households with adults 60 years and over receiving SNAP benefits within the past year (2018-2022)

Source: County Health Rankings & Roadmaps[1] | Conduent Healthy Community Institute - VUMC Community Health Dashboard[2] | U.S Census[8] | (These indicators used data from 2018 - 2024 for these measures)

Table 24: 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. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Housing and Transportation

Housing and transportation are essential for accessing employment, healthcare, healthy food, and other community resources. Several components of affordable housing impact health, including affordability, stability, quality and safety, and surrounding neighborhoods/communities (Healthy People 2030). One study found that people who spend more than half their income on housing spend less on food and health care compared to similar households spending 30 percent or less on housing. Another study showed that children in areas with higher rates of housing instability tended to have more behavioral concerns and more utilization of emergency department services (The Center for Housing Policy, 2015).

In the past 5 years, rent prices in Davidson County have significantly increased, with the median household gross rent rising from $1,252 to $1,394 (ACS 5-Year, 2018-2022). For 51.9% of Davidson County residents, rent consumes more than 30% of their monthly income. These persons are more likely and susceptible to living in poor conditions, and this reality substantially impacts young (15-24) and older adults (65+) more than other age groups (ACS 5-Year, 2018-2022).

Indicator	Trend	Davidson	TN	U.S.	Description
Physical Environment					
Severe housing cost burden[1]	N/A	16%	⬇ 12%	⬇ 13%	Percentage of households that spend 50 percent or more of their household income on housing (2018-2022)
Severe housing problems[2]	↘	16.6%	🎚 13.3%	🎚 16.7%	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 (2016-2020)
Air pollution: particulate matter[1]	N/A	8.4	⬆ 7.6	⬆ 7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2019)
Homeownership[2]	↗	49.1%	⬆ 59.6%	57.8%	Percentage of occupied housing units that are owned (2018-2022)
Fair Market Rent[9, 10]	N/A	$1,619.	⬆ $1,036.0	⬆ $1,208.0	This indicator shows the Fair Market Rent (FMR) for a 2-bedroom unit. FMR is the price for which a property would rent if it were currently available to lease (2024)
Cost-Burdened Renters[2]	↗	51.9%	🎚 47.9%	49.9%	Percentage of renters who are spending 30% or more of their household income on rent (2018-2022)
Households without a vehicle[2]	↘	6.7%	5.3%	⬍ 8.3%	Percentage of households without access to a private vehicle in the past 12 months (2018-2022)

Availability of public transportation[18]	N/A	50.6%	N/A	N/A	Percentage of residents living within a ¼ mile of a transit stop (2022)

Source: [County Health Rankings](#)[1] |[Conduent Healthy Community Institute - VUMC Community Health Dashboard](#)[2] | [U.S. Department of Housing and Urban Development, Office of Policy Development and Research](#)[9] | [U.S. Housing Data](#)[10] | [WeGo](#)[18] *(These indicators used data from 2016 - 2022 for these measures)*

Table 25: Clinical Care

Why they are important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Awareness/Navigation of Community Resources

Access to appropriate high-quality health care helps prevent diseases and improve quality of life ([Healthy People 2030](#)). Improved awareness and navigation support community-based health and social resources that can assist individuals with the complicated health and social needs that impact one's overall health goals ([NLM, 2019](#)). Navigating health or a poor diagnosis can create significant challenges. The high cost of healthcare in the United States can create barriers to medical treatment or prescription medications. These barriers can be exacerbated by the many healthcare providers and clinics that do not accept patients without insurance. Or the extended wait times of providers and clinics that do ([ACS 1-Year, 2022](#)).

In Davidson County, the percentage of adults without health insurance (11.4%) is higher than the US value (10.8%) ([CDC- Places, 2021](#)). There are also significant inequities present by ethnicity. Significantly fewer persons identifying as Hispanic or Latino have health insurance (54.2%) compared to the overall population in Davidson County (85.3%) ([ACS 1-Year, 2022](#)). This inequity is also reflected in children (0–19) who identify as Hispanic or Latino who are insured at lower rates (80%) than the overall rate for children (92.5%) ([ACS 1-Year, 2022](#)). Increasing health insurance rates among all persons can assist community members in finding and navigating health and social resources that meet their needs and budget.

Indicator	Trend	Davidson	TN	U.S.	Description
Healthcare Access					
Uninsured[1]	N/A	14%	⬆ 12%	⬆ 10%	Percentage of population under age 65 without health insurance (2021)
Uninsured adults[8]	N/A	14.7%	⬆ 13.4%	⬆ 11.3%	Percentage of adults aged 19 – 64 without health insurance (2022)
Uninsured children[8]	N/A	7.5%	⬆ 5.3%	⬆ 5.1%	Percentage of children under age 19 without health insurance (2022)

Indicator	Trend	Value	Comparison 1	Comparison 2	Description
Primary care physicians[1]		N/A	1,110:1	▼ 1,440:1	▼ 1,330:1	Ratio of the population to primary care physicians (2021)
Mental healthcare providers[1]		N/A	240:1	▼ 530:1	▼ 320:1	Ratio of the population to mental healthcare providers (2023)
Health Checkup[2]		N/A	73.9%	N/A	▲ 73.6%	Percentage of adults aged 18 and over who visited the doctor for a routine checkup within the past year (2021)
Prenatal Care[12]		N/A	70.0%	▼ 73.9%	N/A	Percentage of mothers with live births who received adequate prenatal care based on the Kessner index (2021)
Primary care shortage area[13]		N/A	7	139	7,492	Number of areas with a shortage of primary care professionals (2024)
Mental health care shortage area[13]		N/A	8	82	6,232	Number of areas with a shortage of mental health providers (2024)
Dental health care shortage area[13]		N/A	7	141	6,854	Number of areas with a shortage of dental health providers (2024)

Hospital Utilization

Indicator	Trend	Value	Comparison 1	Comparison 2	Description
Preventable hospital stays[2]	↘	3,539	2,841	2,677	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees (2022)

Preventive Healthcare

Indicator	Trend	Value	Comparison 1	Comparison 2	Description
Flu vaccinations[2]	↗	55%	51%	50%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination (2022)
Mammography screenings[2]	↗	45%	45%	47%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening (2022)
Breastfeeding initiation[5]		N/A	87.8%	▲ 82.7%	▲ 74.9%	Percentage of infants who were breastfed at discharge from the hospital (2022)

Source: Explore Health Rankings - County Health Rankings & Roadmaps[1] | Conduent Healthy Community Institute - VUMC Community Health Dashboard[2] | CDC Wonder[5] | U.S Census[8] | KIDS COUNT Data Center from the Annie E. Casey Foundation[12] | HRSA Health Workforce Shortage Areas[13] (These indicators used data from 2021 - 2024 for these measures)

Table 26: 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 increase someone's risk of disease and premature death. It is important to understand that not everyone has the same opportunities to engage in healthy behaviors.

Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or increase someone's risk of disease and premature death. It is important to understand that not everyone has the same opportunities to engage in healthy behaviors (NIH, 2024).

Indicator	Trend	Davidson	TN	U.S.	Description
Healthy Lifestyle					
Adult obesity[1]	N/A	33%	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 (2021)
Physical inactivity[1]	N/A	25%	27%	23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity (2021)
Access to exercise opportunities[2]	N/A	91.7%	67.4%	84.1%	Percentage of population with adequate access to locations for physical activity (2024)
Insufficient sleep[1]	N/A	34%	34.4%	33%	Percentage of adults who report fewer than seven hours of sleep on average (2022)
Motor vehicle crash deaths[1]	N/A	13	17	12	Number of motor vehicle crash deaths per 100,000 population (2015-2021)
Pedestrian fatality rate[5]	N/A	4.4	3.1	2.8	Number of pedestrians killed in traffic collisions per 100,000 resident population (2022)
Teen births[1]	N/A	14	24	17	Number of births per 1,000 female population ages 15-19 (2016-2022)

Sources: County Health Rankings[1] |Conduent Healthy Community Institute - VUMC Community Health Dashboard[2] | CDC Wonder[5] | (These indicators used data from 2015 - 2024 for these measures)

Substance Use

Substance use encompasses the excessive and unhealthy use of all substances, including alcohol, tobacco, prescription medications, opioids, and illicit substances. Reducing the excessive use of substances can improve a community's overall health and well-being.

Indicator	Trend	Davidson	TN	U.S.	Description
Substance Use					
Adult smoking[1]	N/A	17%	⬇ 20%	⬆ 15%	Percentage of adults who are current smokers (2021)
Excessive drinking[1]	N/A	19%	⬆ 17%	⬆ 18%	Percentage of adults reporting binge or heavy alcohol drinking (2021)
Alcohol-impaired driving deaths[1]	N/A	25%	⬆ 24%	⬇ 26%	Percentage of driving deaths with alcohol involvement. (2017-2021)
Overdose deaths: any opioids by state[14,15]	N/A	64	⬆ 45	⬆ 29	Rate of opioid-related deaths by state per 100,000 persons (2022)
Drug overdose deaths[14,15]	N/A	74	⬆ 56	⬆ 35	Age-adjusted death rate per 100,000 population due to drug overdose (2022)
Sources: County Health Rankings[1]| CDC Wonder[5]| Tennessee Department of Health Drug Overdose Dashboard[14]| CDC – SUDORS Dashboard: Fatal Drug Overdose Data[15] (These indicators used data from 2017 - 2022 for these measures)					

Appendix G: Secondary Data and Sources Williamson County

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.

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How to Read These Charts- Table Legend
All icons are either GREEN=Good, RED=Bad or BLUE=Neutral
Compare to Distribution (Dial Gauge) The compare-to-distribution gauge measures how your community is doing compared to other communities in your state, the U.S., or region.
Compare to a Value (Diamond Gauge) The diamond represents a comparison to a single value. ◆ ◆ ◆ ◆ ◆ ◆
Trend Over Time (Square Gauge) The square represents a comparison to a trend over time. The trend looks at how the indicator is doing over multiple time periods. ● Solid color gauge means that the change is significant ● Outlined gauge means there is a change, but it is insignificant. ▢ ▢ ▢ ▢ ▢ ▢

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 VUMC-hosted *Healthy Communities Data Platform* and *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:	Explain what the indicator measures, how it is measured, and who is included.

Table 27: Health Outcomes

Why they are important: Health outcomes reflect the health of a county as well as the physical and mental well-being of members within a community.

Health outcomes include length of life and quality of life and are influenced by many factors. These may include clean water, affordable housing, the quality of medical care, and the availability of good jobs. By evaluating key health metrics, we can better understand the complex factors that influence community health and support programs and policies at the local, state, and federal levels influence these factors (CHR, 2024).

Indicators	Trend	Williamson	TN	U.S.	Description
Length of Life					
Premature death[2]*	N/A	4,569.3	11,043.4	7,971.5	Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2019-2021) *Race/Ethnicity disparity present: persons who identify as Black or African American non-Hispanic or Latino (6,874.9) experience significantly higher rates of premature death than the overall value.
Life expectancy[2]*	N/A	81.3	74.1	77.6	How long the average person is expected to live (2019-2021) *Race/Ethnicity disparity present: persons who identify as Black or African American non-Hispanic or Latino have a significantly worse life expectancy (77.3) than the overall value.
Infant Mortality[2]	↗	3.3	7	HP 2030 Target (5)	Number of all infant deaths (within one year) per 1,000 live births (2015-2021)
*Sources: Conduent Healthy Community Institute - VUMC Community Health Dashboard[2]	(These indicators used data from 2015-2021 for these measures)*				

Self-Reported Health and Quality of Life

Quality of Life represents a community's well-being. It underscores the importance of physical, mental, social, and emotional health from birth to adulthood. Measuring health-related quality of life helps characterize the experience of people with disabilities and those with chronic conditions. In addition to measuring how long people live, it is also important to include measures of how well people live (CHR, 2021).

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Indicators	Trend	Williamson	TN	U.S.	Description
Physical Health					
Poor or fair health[1]	N/A	11%	18%	14%	Percentage of adults reporting fair or poor health (2021)
Poor physical health Days[1]	N/A	2.8	4.1	3.3	Average number of physically unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent physical Distress[1]	N/A	10%	13%	10%	Percentage of adults with 14 or more days of poor physical health per month (2010)
Low birth weight[2]	↘	7.3%	9.3%	8.5%	Percentage of babies born too small (less than 2,500 grams) (2021)
Falls 65+[3]	N/A	N/A	31.2%	N/A	Older adult falls reported (2020)
Fall fatalities. 65+[2]	↗	15	10.6	9.8	The age-adjusted death rate per 100,000 population due to falls. (2022)
Morbidity					
Diabetes prevalence[1]	N/A	8%	12%	10%	Percentage of adults ages 20 and above with diagnosed diabetes (2022)
Cancer deaths[2]	↘	122.1	170.4	149.4	The age-adjusted death rate per 100,000 population due to cancer. (2016-2021)
Communicable Disease					
HIV prevalence[1]	N/A	90	318	382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000 (2021)

Sexually transmitted infections[2]	↗	174.1 538.1	161	Number of newly diagnosed chlamydia cases per 100,000 (2022)
Sources: _Explore Health Rankings - County Health Rankings & Roadmaps[1]_	_Conduent Healthy Community Institute - VUMC Community Health Dashboard[2]_	_Older Adult Falls Data - Fall Prevention	Injury Center	CDC[3] (These indicators used data from 2010 - 2022 for these measures)_			

Mental Health

Mental health includes emotional, psychological, and social well-being. It also assists in determining how to manage stress, relate to others, and make healthy choices. Mental health is essential at every stage of life, and poor mental health symptoms can lead to poor physical health outcomes (CDC, 2024). The National Institute of Mental Health lists major depressive disorder as the leading cause of disability for those aged 15-44 in the United States (NIMH, 2021). In Williamson County, the rate of Adults ever diagnosed with Depression is 27.3%, which is higher than the national value of 20.7% (CDC-PLACES, 2022).

Williamson County adults self-reported an average of 4.5 poor mental health days within the previous 30 days. This average is lower than the statewide number of poor mental health days (5.8), which is on par with the national number (4.8) (CHR, 2022). Williamson County's Age-adjusted death due to suicide rate is 13.0 while trending up; this value is slightly lower than the national value (13.9) and well below the state value (17.0) (CDC, 2018-2020).

Indicators	Trend	Williamson	TN	U.S.	Description
Mental Health					
Poor mental health days[1]	N/A	4.5	↓ 5.8	↓ 4.8	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent mental distress[1]	N/A	14%	↓ 19%	↓ 15%	Percentage of adults reporting 14 or more days of poor mental health per month (2021)
Suicide[2]		13	17	13.9	Number of deaths due to suicide per 100,000 (2022)
Sources: _Explore Health Rankings - County Health Rankings & Roadmaps[1]_	_Conduent Healthy Community Institute - VUMC Community Health Dashboard[2] (These indicators used data from 2021 - 2022 for these measures)_				

Table 28: Social and Economic Factors

Why they are important: These factors have a significant impact on our health. They affect our ability to make healthy decisions, afford medical care, housing and food, manage stress, and more.

Indicator	Trend	Williamson	TN	U.S.	Description
Economic Stability					
Median household income[2]*	↗	$125,943	$64,035	$75,149	The income at which half of households in a county earn more and half earn less. (2018-2022) *Race/Ethnicity disparity present: persons identifying as Hispanic or Latino ($83,349), Black or African American ($88,108), or Native Hawaiian or other Pacific Islander ($83,906) have a significantly lower median household income compared to the overall value.
Unemployment[1]	N/A	2.4%	3.4%	3.7%	Percentage of population ages 16 and older, unemployed but seeking work (2018-2022)
Poverty[2]*	↘	4.2%	14%	12.5%	Percentage of population living below the federal poverty line (2018-2022) *Race/Ethnicity disparity present: persons identifying as Native Hawaiian or other Pacific Islander (100%), Black or African American (13.7%), or Hispanic or Latino (9.9%), have significantly worse values compared to the overall value.
Childhood poverty[2]	↘	3.4%	19.2%	16.7%	Percentage of people under age 18 in poverty (2018-2022) *Race/Ethnicity disparity present: persons identifying as Hispanic or Latino (10.2) or Black or African American (15.6) each have significantly worse values than the overall population.
Educational Attainment					
High school completion[2]	↗	97.8%	90%	86.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent (2018-2022)
Some college[1]	N/A	87%	63%	68%	Percentage of adults ages 25-44 with some post-secondary education (2018-2022)
*Sources: Explore Health Rankings - County Health Rankings & Roadmaps[1]	Conduent Healthy Community Institute - VUMC Community Health Dashboard[2] (These indicators used data from 2021 - 2022 for these measures)*				

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Social Support and Community Safety

People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated (CHR, 2024). Community safety reflects not only violent acts in neighborhoods and homes but also injuries caused unintentionally through accidents (CRD, 2015).

Indicator	Trend	Williamson	TN	U.S.	Description
Social/Community					
Children in single parent homes[2]	↗	11.1%	27.9%	24.9%	Percentage of children who live in a household headed by a single parent (2018-2022)
Social associations[2]	↘	12.6	11.0	9.1	Number of membership associations per 10,000 population (2021)
Disconnected youth[2]	↘	2%	2%	1.8%	Percentage of teens and young adults ages 16-19 who are neither working nor in school (2021)
Violent crimes[2]	↗	193.2	617.5	N/A	Number of reported violent crime offenses per 100,000 population (2022)
*Sources: Explore Health Rankings - County Health Rankings & Roadmaps[1]	Conduent Healthy Community Institute - VUMC Community Health Dashboard[2]	(These indicators used data from 2018 - 2022 for these measures)*					

Food Insecurity

Food insecurity is an economic and social indicator of a community's health. Poverty and unemployment are frequent predictors of food insecurity in the United States. Food insecurity is associated with chronic health problems in adults, including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues, including major depression (NIH, 2020).

Indicator	Trend	Williamson	TN	U.S.	Description
Access to Healthy Foods					
Food environment index[2]	↗	9.2	6.5	7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best) (2024)
Food insecurity[2]	↗	8.8%	14%	13.5%	Percentage of the population who lack adequate access to food (2022)

Indicator			Trend		Williamson	TN	U.S.	Description

Indicator	Trend	Williamson	TN	U.S.	Description
Limited access to healthy foods[1]	N/A	5%	9%	6%	Percentage of the population who are low-income and do not live close to a grocery store (2019)

Table 29: 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. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Attainable Housing

Housing impacts health, including affordability, stability, quality, safety, and surrounding neighborhoods/communities (Healthy People 2023). The Center for Housing Policy found that people who spend more than half their income on housing spend less on food and health care than similar households who spend 30 percent or less on housing. This same report highlighted that children in areas with higher rates of housing instability tended to have more behavioral concerns and more utilization of emergency department services (The Center for Housing Policy, 2015). High housing costs affect families, making it difficult to maintain living expenses and creating further financial hardship.

In the last 5 years, rent prices have significantly increased, with the median household gross rent rising from $1,184 to $1,817 (ACS 5-Year, 2018-2022). For 43.8% of Williamson County residents, rent consumes more than 30% of their monthly income. These persons are more likely and susceptible to living in poor conditions, and this significantly impacts young (15-24) and older adults (65+) compared to other age groups (ACS 5-Year, 2018-2022).

Indicator	Trend	Williamson	TN	U.S.	Description
Physical Environment					
Severe housing cost burden[1]	N/A	10%	13%	14%	Percentage of households that spend 50 percent or more of their household income on housing (2018-2022)
Severe housing problems[2]		9.8%	13.3%	16.7%	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 (2016-2020)
Air pollution: particulate matter[1]	N/A	8.4	7.6	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2019)

Homeownership[2]		76.8%	59.6%	57.8%	Percentage of occupied housing units that are owned (2018-2022)

Sources: [Explore Health Rankings - County Health Rankings & Roadmaps](#)[1] | [Conduent Healthy Community Institute - VUMC Community Health Dashboard](#)[2] *| (These indicators used data from 2016 - 2022 for these measures)*

Table 30: 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.

Chronic Disease Prevention and Built Environment

Chronic diseases are conditions that last 1 year or more and require ongoing medical attention. They are the leading causes of illness, disability, and death in America (CDC, 2024). Routine doctor visits are important for regular screenings and exams and can assist with diagnosing problems before they begin or when chances for treatment and cure are better.

In Williamson County, 77.9% of adults report having had a routine doctor's visit. While slightly higher than the national median, this number still needs improvement ([CDC-PLACES, 2022](#)). Another way to promote wellness is through built environments. Built environments encompass our living, working, and playing spaces, which impact our health. Research shows that well-designed environments can reduce obesity, heart disease, and diabetes rates while improving physical, mental, and social well-being ([TDH, 2024](#)).

Indicator	Trend	Williamson	TN	U.S.	Description
Healthcare Access					
Uninsured[1]	N/A	6%	12%	10%	Percentage of population under age 65 without health insurance (2021)
Uninsured adults[1]	N/A	7%	15%	12%	Percentage of adults under age 65 without health insurance (2021)
Uninsured children[1]	N/A	3%	5%	5%	Percentage of children under age 19 without health insurance (2021)
Primary care physicians[1]	N/A	720:1	1,440:1	1,330:1	Ratio of the population to primary care physicians (2023)

Mental healthcare providers[1]	N/A	410:1	530:1	320:1	Ratio of the population to mental healthcare providers (2023)
Hospital Utilization					
Preventable hospital stays[2]	↓	1,852	2,841	2,677	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. (2022)
Preventive Healthcare					
Flu vaccinations[2]	↗	61%	51%	50%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination (2022)
Mammography screenings[2]	↗	52%	45%	47%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. (2022)
*Sources: Explore Health Rankings - County Health Rankings & Roadmaps[1]	Conduent Healthy Community Institute - VUMC Community Health Dashboard[2]	(These indicators used data from 2018 - 2024 for these measures)*					

Table 31: 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 increase someone's risk of disease and premature death. It is important to understand that not everyone has the same opportunities to engage in healthy behaviors. The Williamson County Health Council highlighted substance use as a priority health behavior need for their community (NIH, 2024).

Indicator	Trend	Williamson	TN	U.S.	Description
Healthy Lifestyle					
Adult obesity[1]	N/A	28%	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 (2021)
Physical inactivity[1]	N/A	19%	27%	23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity (2021)
Access to exercise opportunities[2]	N/A	81.3%	67.4%	84.1%	Percentage of population with adequate access to locations for physical activity (2024)

Insufficient sleep[1]	N/A	29.9%	34.4%	33%	Percentage of adults who report fewer than seven hours of sleep on average (2022)
Motor vehicle crash deaths[1]	↗	7.9	16.3	11.4	Number of motor vehicle crash deaths per 100,000 population (2015-2021)
Teen births[1]	N/A	3	24	17	Number of births per 1,000 female population ages 15-19. (2016-2022)

Sources: Explore Health Rankings - County Health Rankings & Roadmaps[1] | Conduent Healthy Community Institute - VUMC Community Health Dashboard[2] | (These indicators used data from 2015 - 2024 for these measures)

Substance Use

Substance use encompasses the excessive and unhealthy use of all substances, including alcohol, tobacco, prescription medications, opioids, and illicit substances. Reducing the excessive use of substances can improve a community's overall health and well-being.

Substance use impacts the physical and mental health of users of all ages. The unhealthy use of opioids is one of the most pertinent drug crises in America. Most overdose deaths involve opioids, and at least half of all opioid overdose deaths involve prescription opioids. Opioid use is a significant public health concern, but preventive actions, treatment, and proper response to overdoses can help reduce the impact. The unhealthy use of opioids is one of the most pertinent drug crises in America. Most overdose deaths involve opioids, and at least half of all opioid overdose deaths involve prescription opioids. In Williamson County, between 2018-2022, the age-adjusted drug and opioid-involved overdose death rate was 16.9 per 100,000 (CDC, 2018-2022).

 Additionally, 6.0 per 100,000 outpatient visits in Williamson County are due to opioid overdose, which is below the median of all Tennessee counties and overall state value (20.0 per 100,000 outpatient visits) (TDH, 2022). According to the Tennessee Drug Overdose Dashboard, in 2022, Williamson County had 40 outpatient visits involving opioid overdoses (excluding heroin) (TDH, 2022).

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Indicator	Trend	Williamson	TN	U.S.	Description
Substance Use					
Adult smoking[1]	N/A	11%	⬇ 20%	⬇ 15%	Percentage of adults who are current smokers (2021)
Excessive drinking[1]	=	17%	17%	⬇ 18%	Percentage of adults reporting binge or heavy alcohol drinking (2021)
Alcohol-impaired driving deaths[2]	↗	24.7%	23.8%	26.3%	Alcohol-impaired driving deaths (2017-2021)
Overdose deaths: any drug and opioid[2]	N/A	16.9	34.8	23.5	Age adjusted rate of drug and opioid-related deaths per 100,000 persons (2018-2020)

Sources: Explore Health Rankings - County Health Rankings & Roadmaps[1] | Conduent Healthy Community Institute - VUMC Community Health Dashboard[2] | (These indicators used data from 2017 - 2021 for these measures)

Appendix H: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Saint Thomas Rehabilitation Hospital has cataloged resources available in Davidson County and Williamson County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading is not intended to be exhaustive.

Davidson County

Awareness and Navigation of Community Resources

Organization	Phone	Website
211 HELPLINE	800-318-9335	[211 HELPLINE](#)
Age Well Middle Tennessee	615-353-4235	[Age Well Middle Tennessee](#)
Tennessee Disability Pathfinder	1-800-640-4636	[Tennessee Disability Pathfinder](#)
Neighborhood Resources	N/A	[Neighborhood Resources](#)

Economic Opportunity and Job Skill Development Resources

Organization	Phone	Website
UpRise Nashville	615-216-0968	[UpRise Nashville](#)
TN Committee for Employment of People with Disabilities	615-313-4891	[TN Committee for Employment of People with Disabilities](#)
Catholic Charities	615-352-3087	[Job Training - Catholic Charities of Tennessee](#)
The Aloe Family	615-997-0856	[The Aloe Family](#)

Food Access/ Food Insecurity Resources

Organization	Phone	Website
Second Harvest Food Bank of Middle Tennessee	615-329-3491	[Second Harvest Food Bank of Middle Tennessee](#)
The Nashville Food Project	615-460-0172	[The Nashville Food Project](#)
One Generation Away	844- 642-4673	[One Generation Away](#)
Luke 14:12	615-482-4123	[Luke 14:12](#)

Housing Resources

Organization	Phone	Website
Urban Housing Solutions	615-726-2696	[Urban Housing Solutions](#)
Room in the Inn	615-251-7019	[Room in the Inn](#)
Nashville Rescue Mission	615-255-2475	[Nashville Rescue Mission](#)
Nashville Housing and Urban Development	615- 736-5600	[Nashville Housing and Urban Development](#)

Williamson County

Attainable Housing Resources

Organization	Phone	Website
Franklin Housing Authority	615-794-1247	[Franklin Housing Authority](#)
Community Housing Partnership	615-790-5556	[Community Housing Partnership](#)
Habitat for Humanity Williamson-Maury	615-690-8090	[Habitat for Humanity Williamson-Maury](#)
GraceWork Ministries	615-794-9055	[GraceWork Ministries](#)

Health Promotion (Chronic Disease Prevention) through Built Environment Resources

Organization	Phone	Website
Mercy Community Healthcare	615-790-0567	[Mercy Community Healthcare](#)
YMCA Middle Tennessee- Franklin	615−591-0322	[YMCA of Middle Tennessee](#)
The Refuge Center for Counseling	615-591-5262	[The Refuge Center for Counseling](#)
Williamson County Health Department	615-794-1542	[Williamson County Health Department](#)

Mental Health Resources

Organization	Phone	Website
Williamson Medical Center - Depression and Bipolar Support Group	615-595-1987	[Williamson Medical Center - Depression and Bipolar Support Group](#)
Insight Counseling Centers - Franklin	615-383-2115 x100	[Insight Counseling Centers-Franklin](#)
Volunteer Behavioral Health - Franklin Campus	615-794-9973	[Volunteer Behavioral Health - Franklin Campus](#)
Tennessee Association of Mental Health Organizations	800-568-2642	[TAMHO](#)

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Substance Use (opioids, tobacco, and prescription medication) Resources

Organization	Phone	Website
Williamson County Anti-Drug Coalition	N/A	[Williamson County Anti-Drug Coalition](#)
Rolling Hills Hospital - Inpatient behavioral health Hospital	615-628-5700	[Rolling Hills Hospital - Inpatient behavioral health Hospital](#)
Cumberland Heights Alcohol & Drug Treatment Center - Cool Springs	615-356-2700	[Cumberland Heights Alcohol & Drug Treatment Center - Cool Springs](#)
Healing House	888-445-4325	[Healing House](#)

Appendix I: Evaluation of Impact from the Previous CHNA Implementation Plan and Strategies

Ascension Saint Thomas Rehabilitation Hospital previous 2021 CHNA implementation plan and strategies responded to the following priority health needs: Access to Care, Mental Health and Substance Misuse.

The table below describes the actions taken during the 2021-2024 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
Support bringing together different sectors to utilize local data to work together on solutions for shared top health needs	**FY23** Exploring opportunities to partner and invest in the local community. **FY24** Connected administration with Williamson county health council. Stroke support group meets at the hospital monthly. **FY25 YTD** The Healthcare Disparities Reduction Efforts group focuses on providing access to care resources (including medications) for patients in need upon discharge.

Mental Health

ACTION(S) TAKEN	RESULTS
Increase opportunities for patients and the community to access the mental health care and support they need	**FY23** No action steps taken **FY24** Active participant in the Williamson Co. Health Council. Sits on the mental health workgroup and engages with the work of this workgroup. **FY25 YTD** Focusing on providing patients with available community resources as it pertains to identified mental health needs.

Substance Misuse

ACTION(S) TAKEN	RESULTS
Increase opportunities for patients and the community to engage in Substance Use Disorder prevention, identification and treatment	**FY23** No action steps taken **FY24** Hospital has monthly meetings with pharmacy and other stakeholders to assess and refine opioid prescribing practices; screening for and monitoring opioid use among patients and looking for opportunities to engage in transitional treatment and supporting overdose rescue efforts. **FY25 YTD** Pharmacy monitors opioid internal use during hospitalization through to clinical visits of patients.