

# **Ascension Saint Thomas Rutherford Hospital**

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



**Ascension**



The goal of this report is to offer a meaningful understanding of the most significant health needs across Rutherford County with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Hospital legal name: Saint Thomas Rutherford Hospital (Ascension Saint Thomas Rutherford Hospital)

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

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

Hospital phone: 615-396-4100

Hospital EIN/Tax ID: 62-0475842

The 2024 Community Health Needs Assessment report was approved by the Ascension Saint Thomas Rutherford Hospital Board of Directors on March 20, 2025 ( 2024 tax year), and by the Ascension Saint Thomas Board of Directors on April 25, 2025 (2024 tax year) and applies to the following three-year cycle: July 1, 2025 to June 30, 2028. This report, as well as the previous reports can be found at our public website.

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

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## Acknowledgements

The 2024 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Rutherford County. Ascension Saint Thomas Rutherford Hospital is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to 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 Rutherford County.



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

### **Purpose of the CHNA**

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a Community Health Needs Assessment (CHNA) and adopt an Implementation Plan and Strategies (IS) every three years. The purpose of the CHNA is to understand the health needs and priorities, with emphasis on identifying the barriers to health equity, for all people who live and/or work in the communities served by the hospital, with the goal of responding to those needs through the development of an Implementation Plan and Strategies.

### **Collaborators**

Ascension Saint Thomas Rutherford Hospital appreciates the collaborative work of Vanderbilt University Medical Center Community Health Team, Rutherford County Health Department, Rutherford County Wellness Council, Tennessee Department of Health, The Sycamore Institute, community members and many others that were pivotal in the development and completion of this Community Health Needs Assessment.

### **Community Served**

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

### **Data Analysis Methodology**

The 2024 CHNA was conducted from February 2024 to October 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 environmental scan of community reports, Community Wellness Council of Rutherford County self-assessments, health department

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

- From February 1- February 29, 2024, 4 local reports were read and analyzed as part of an environmental scan of community reports for Rutherford 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 2, 2024 – 25 participants attended the Community Wellness Council of Rutherford County (Health Council) self-assessment. The goal of this self-assessment was to gain insight to community health issues.
- On April 4, 2024 – 9 key staff members attended the Health Department listening session in person at the Rutherford County Health Department. Top obstacles and barriers highlighted were substance use (opioids), mental health, healthcare access, safe and attainable housing, and infant mortality.
- On September 3, 2024– 36 participants attended the Community Meeting with the Community Wellness Council of Rutherford County. The goal of this meeting was to review primary and secondary data, identify and prioritize community needs and discuss solutions utilizing the health equity framework.
- On October 1, 2024 – Health Council recommendations discussed during the Community Meeting were presented back to Community Wellness Council of Rutherford County members.

## Community Needs

Ascension Saint Thomas Rutherford Hospital analyzed 66 secondary data indicators gathered community input from environmental scan of community reports, Policy Scan, Health Department listening session and Health Council self-assessment to identify the needs in Rutherford County. In collaboration with community partners, Ascension Saint Thomas Rutherford Hospital used a phased approach to determine the prioritized needs. The community prioritized needs are listed in the chart below.

### Rutherford County Community Health Needs

<u>Prioritized Needs: 2022 CHNA: 2022 CHNA</u>	<u>Secondary Data</u>	<u>Primary Data</u>	<u>Community Prioritized Needs: 2024 CHNA</u>
<ul style="list-style-type: none"> <li>• Access to care</li> <li>• Substance misuse</li> <li>• Mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Substance Misuse</li> <li>• Food insecurity</li> <li>• Uninsured</li> <li>• Higher pop to primary care physician ratio</li> <li>• Low mammography screening</li> <li>• Affordable housing and high housing prices</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health and youth mental health</li> <li>• Substance misuse</li> <li>• Access to care</li> <li>• Affordable housing</li> <li>• Need for more multilingual resources for the community</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Healthcare Access</li> <li>• Infant Mortality</li> <li>• Substance misuse (Opioid Use)</li> <li>• Safe and affordable housing</li> </ul>

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





## Next Steps and Conclusion

The 2024 CHNA was presented to the Ascension Saint Thomas Rutherford Hospital Board of Directors for approval and adoption on March 20, 2024. The next steps will be to work with Ascension Saint Thomas Rutherford Hospital leaders and community partners to analyze which community health needs Ascension Tennessee and Ascension Saint Thomas Rutherford Hospital will prioritize. Later in 2025, an Implementation Plan and Strategies (IS) with detailed strategies will be developed and brought before the Board for approval.

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



## About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk.

### Ascension

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

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform health care and express priorities when providing care and services, particularly to those most in need.

**Mission:** Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words. For more information about Ascension, visit <https://www.ascension.org>.

### Ascension Saint Thomas

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



## **Ascension Ascension Saint Thomas Rutherford Hospital**

As a Ministry of the Catholic Church, Ascension Ascension Saint Thomas Rutherford Hospital is a non-profit hospital governed by a local board of trustees represented by community members, medical staff, and sister sponsorships, and has been providing medical care to Rutherford County. Ascension Saint Thomas Rutherford Hospital operates one hospital campus, two related healthcare facilities, and employs more than 2,061 associates.

Serving Rutherford County since 1927, Ascension Saint Thomas Rutherford Hospital in Murfreesboro, Tennessee, is a critical care hospital offering advanced specialty care services. The full-service hospital delivers 24/7 emergency care for life threatening injuries and illnesses. The care teams listen to quickly understand your health needs and deliver care that's right for you. As a leading destination for specialty care, we offer expert services in heart and vascular care, orthopedics, intensive care, maternal - fetal medicine and obstetrics and maternity services. The OB-GYN maternity care teams deliver a personalized birthing experience and advanced neonatal care for sick babies.

Ascension Saint Thomas Rutherford Hospital offers a wide range of minimally invasive procedures, imaging, lab tests and rehabilitation services, all on one campus.

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



## About the Community Health Needs Assessment

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

### Purpose of the CHNA

A CHNA is defined as “a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority community health needs.”<sup>1</sup> The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Saint Thomas Rutherford’s commitment to offer programs designed to respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

### Advancing Health Equity

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

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

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

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

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

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

## **IRS 501(r)(3) and Form 990 Schedule H Compliance**

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3), and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed at <https://healthcare.ascension.org/CHNA>, and paper versions can be requested at Ascension Saint Thomas Rutherford Hospital Administration Office.

## **Timeline Rutherford County**

From February 2024 - October 2024, Ascension Saint Thomas Rutherford Hospital began a CHNA for Rutherford County 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:

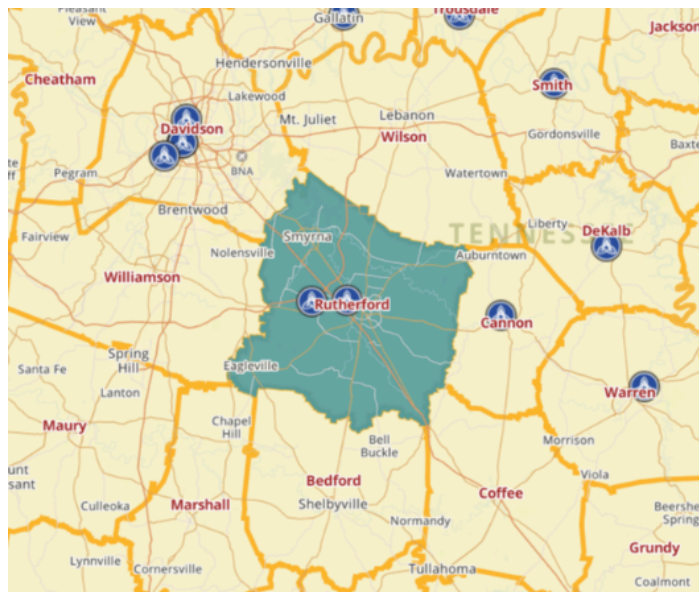
- From February 1- February 29, 2024, 4 local reports were read and analyzed as part of an environmental scan of community reports for Rutherford County.
- In February 2024 a Policy Scan was completed by the Sycamore Institute to better identify, analyze, and summarize current policies to understand the landscape, identify gaps, and inform future policy work.
- On April 2, 2024 – 25 participants attended the Community Wellness Council of Rutherford County (Health Council) self-assessment. The goal of this self-assessment was to gain insight to community health issues.
- On April 4, 2024 – 9 key staff members attended the Health Department listening session in person at the Rutherford County Health Department. Top obstacles and barriers highlighted were substance use (opioids), mental health, healthcare access, safe and attainable housing, and infant mortality.
- On September 3, 2024– 36 participants attended the Community Meeting with the Community Wellness Council of Rutherford County. The goal of this meeting was to review primary and secondary data, identify and prioritize community needs and discuss solutions utilizing the health equity framework.
- On October 1, 2024 – Health Council recommendations discussed during the Community Meeting were presented back to Community Wellness Council of Rutherford County(Health Council) members.

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



Source: SiteMap

### Demographic Data

Located in Tennessee, Rutherford has a population of 367,101 and is the fifth -most populous county in the state. Below are demographic data highlights for Rutherford County:

- 11.4% of the community members of Rutherford county are 65 or older, compared to 17.3% in Tennessee
- 86.1% of community members are non-Hispanic; 12.4% are Hispanic or Latino (any race)
- 64.3 % of community members are non-Hispanic white; 3.9% are Asian; 0.7% are American Indian or Alaska Native, and 17.1% are non-Hispanic Black or African American
- The total population increase from 2020 to 2023 was 6.9%
- The median household income is above the state median income (\$78,291 for Rutherford County and \$64,035 for the State of Tennessee)

- The percent of all ages of people in poverty was significantly lower than the State of Tennessee (9.85% for Rutherford County; 14% for Tennessee)
- The uninsured rate for Rutherford County is lower than the State of Tennessee (10% for Rutherford County; 12% for Tennessee)

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

Listed below in Table 1 is a snapshot of some demographic highlights for Rutherford County. To view community demographic data in their entirety, see Appendix B (Page 38).

**Table 1: Demographic Highlights**

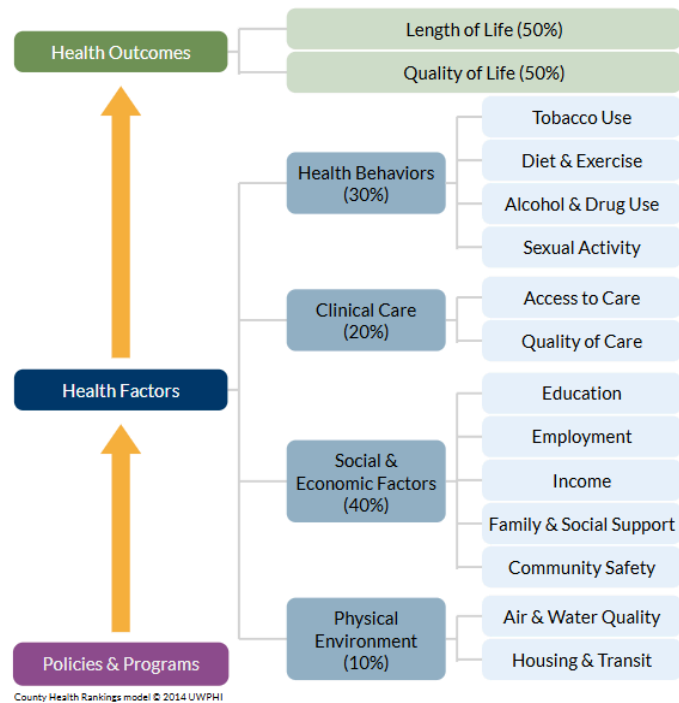
Demographic Highlights			
Population			
Indicator	Rutherford	Tennessee	Description
% living in rural communities	16.7%	33.3%	The percentage of the population that is living in rural communities.
% below 18 years of age	24.5%	22.0%	N/A
% 65 years of age and over	11.5%	17.4%	N/A
% Asian	3.9%	2.1%	N/A
% American Indian or Alaska Native	0.1%	0.5%	N/A
% Hispanic	10.0%	6.4%	N/A
% non-Hispanic Black	17.1%	16.7%	N/A
% non-Hispanic White	66.6%	72.9%	N/A
Social and Community Context			
English proficiency	3%	2%	Proportion of community members who speak English "less than well"
Median household income	\$78,291	\$64,035	Income level at which half of households in a county earn more and half of households earn less
% of children in poverty	12.0%	21.4%	Percentage of people under age 18 in poverty
% of uninsured	10%	12%	Percentage of population under age 65 without health insurance
% of educational attainment	92.7%	89.3%	Percentage of adults ages 25 and over with a high school diploma or equivalent
% of unemployment	2.7%	3.4%	Percentage of population ages 16 and older unemployed but seeking work

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



## Process and Methods Used

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



## Collaborators

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

- Community Wellness Council of Rutherford County (Health Council)
- Rutherford County Health Department
- Tennessee Department of Health (TDH)
- Vanderbilt University Medical Center Community Health Team
- Sycamore Institute

Ascension Saint Thomas Rutherford Hospital collaborated with Community Wellness Council of Rutherford County (Health Council), Rutherford County Health Department and Vanderbilt University Medical Center Community Health Team regarding interview participants for the self-assessment and the health department listening session.

The Rutherford County Health Department collaborated with Ascension Saint Thomas Rutherford Hospital on coordinating interviews and meeting facilitations. The Tennessee Department of Health provided support to Rutherford County Health Department as well as Ascension Saint Thomas during the CHNA 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.

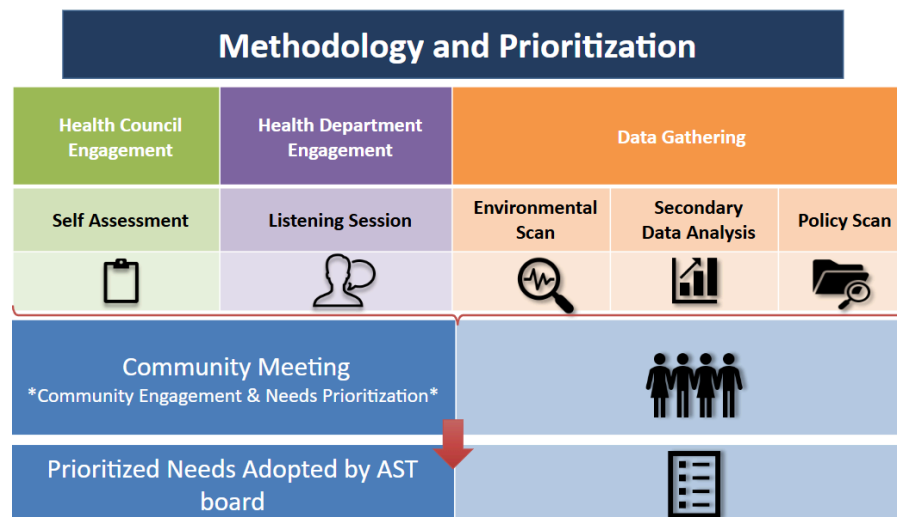
Ascension Saint Thomas Rutherford Hospital worked closely with Vanderbilt University Medical Center Community Health Team to design and conduct the CHNA. Vanderbilt University Medical Center Community Health Team has partnered with Ascension Saint Thomas Rutherford Hospital on the previous four CHNAs 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.

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 (Appendix E Page 47).

## Data Collection Methodology

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

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



## Summary of Community Input

Community input, also referred to as “primary data,” is an integral part of a CHNA and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research; 2) individuals who are medically underserved, low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including Health Council self-assessment and Health Department listening session. These methods provided additional perspectives on selecting and responding to top health issues facing Rutherford County. A summary of the process and results is outlined below.

### Environmental Scan of Community Reports

Ascension Saint Thomas Rutherford 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 Rutherford County. 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. 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. Both coders met to discuss their analysis, while there was a high level of agreement, any disagreements were resolved by discussion and all themes were accepted by both coders. 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 table below provides the number of reports reviewed for each county. 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 Rutherford County health needs.

### Rutherford County Specific Report and Environmental Scan Community

4 local reports were read and analyzed as part of an environmental scan of community reports for Rutherford County.

**Table 2: Rutherford County environmental scan of community report leads and organizational focus**

Organizational Lead	Organizational Focus
Prevention Coalition for Success (2023)	Substance Use
Second Harvest Food Bank of Middle TN (2023)	Food Security
Tennessee Commission on Children and Youth (2023)	Youth
Tennessee Department of Health (2023)	Public Health

### Rutherford County Environmental Scan of Community Reports Summaries

Summarized below are the common themes from the county environmental scan of community reports.

For Rutherford County 4 reports met the criteria to be included in our analysis, summarized below.

- Childcare Access in Rutherford County:
  - From 2010 to 2022, Tennessee had an average of nine childcare centers per 1,000 children statewide. Rutherford County is below the state average with only seven childcare centers per 1,000 children.
- Built Environment:
  - Rutherford County school district is in the top 10 school districts in Tennessee with the greatest need for infrastructure improvements to comply with state and federal laws. The district needs renovations costing \$1.31 million
- Access to Care:
  - Tennessee has a ratio of 77.8 pediatricians per 100,000 children. Rutherford County is below the state average with only 50.9 pediatricians per 100,000 children.
  - Tennessee has a ratio of 12.3 OB/GYNs per 100,000 people. Rutherford County is below the state average with 8.2 OB/GYNS per 100,000 people.
- 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%).

- Food insecurity rates were higher, nearly double, in Rutherford County for persons who identified as Black or African American (17%) or Hispanic/Latino (16%) compared to those who identified as white non-Hispanic/Latino (8%).
- Substance Use Disorder:
  - Rutherford County is tied with neighboring Davidson County for having the highest prevalence of excessive drinking in Tennessee, with 17.6% of the population affected.
  - Rutherford County has 25% of alcohol-impaired driving deaths in the state.

## Health Council self-assessment and Health Department Listening Session

### Health Council Self-Assessment

On April 2, 2024 the Community Wellness Council of Rutherford 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 Rutherford Hospital and Vanderbilt University Medical Center Community Health Team and Ascension 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 3: Community Wellness Council of Rutherford County Self-Assessment**

Community Wellness Council of Rutherford County Self-Assessment	
Participant Summary	
<ul style="list-style-type: none"> <li>● 25 people completed a participant survey for the self-assessment. The following demographics are based on the survey participants.</li> <li>● Over 90% of participants lived and/or worked in Rutherford County.</li> <li>● Most participants (81%) attended the self-assessment meeting as part of their professional role, while the rest were either students, retired, or attending as community members.</li> <li>● Organizations represented included colleges, senior and mental health support agencies, and the state of Tennessee.</li> </ul>	
Key Summary Points	
<ul style="list-style-type: none"> <li>● There is limited availability of housing units and policies don't incentivize affordable housing for communities that need it</li> <li>● Minoritized groups aren't finding trustworthy providers and resources to support them despite being disproportionately impacted by poor health outcomes</li> <li>● Lack of positive coping skills is leading to increased substance misuse</li> </ul>	

Common Themes	Meaningful Quotes
<b>Housing</b>	<ul style="list-style-type: none"> <li>“Those companies that were coming in and so the companies that are providing rental housing instead of homes for purchase. And if you look at some of the pricing, it's almost as if the incentive is to rent”</li> </ul>
<b>Trust Worthiness</b>	<ul style="list-style-type: none"> <li>“I think programs and services like that are going under-utilized because of lack of knowledge we have to continue to build that trust.”</li> </ul>
<b>Substance Use</b>	<ul style="list-style-type: none"> <li>“Substances are used as coping mechanisms and vaping and delta8 are being used as maladaptive coping mechanisms and other risk factors for these kids and beginning of other problems later on in life.”</li> </ul>
<b>Recommendations for improving the needs</b>	
<ul style="list-style-type: none"> <li>Increase availability of resources that mitigate barriers to care due to language</li> <li>Family-based health education and resource sharing</li> </ul>	

## Health Department Listening Session

The Health Department listening session was conducted on April 4, 2024 in person at the Rutherford County Public Health Department, in Murfreesboro, Tennessee. The Health Department listening session was a collaborative effort with Ascension Saint Thomas Rutherford Hospital, Vanderbilt University Medical Center Community Health Team team member, Rutherford County 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 team members to identify common themes. Due to the lack of recording of this session, the excerpts below are from the notes, not direct quotes from participants. The table below summarizes information from the Health Department listening session.

**Table 4: Rutherford County Health Department Listening Session**

Rutherford County Health Department Listening Session
<b>Participant Summary</b>
<ul style="list-style-type: none"> <li>9 Rutherford County Health Department staff participated in person. Participants roles included educators, clinicians and administrators.</li> <li>Participants' years of experience within the Rutherford County Health Department ranged from 1 year to 5 years.</li> </ul>
<b>Key Summary Points</b>
<ul style="list-style-type: none"> <li>Complex systems and lack of transparency limit access to affordable housing for those that need it.</li> <li>Insufficient multilingual resources and interpreters makes it increasingly difficult for persons who have limited English proficiency to access care.</li> <li>There are increased resources for substance use disorder like Narcan in the community.</li> </ul>

Common Themes	Meaningful Quotes
<b>Housing</b>	"Housing complexes seem to be afraid of the influx of use (ie. having some low-income housing reserved) and then you have to inquire about affording housing at some complexes [individually]."
<b>Trust Worthiness</b>	"There are not many bilingual resources immediately available and readable. Many use the language line now [because the work] is overwhelming for in-house interpreters."
<b>Substance Use</b>	"Convenient for Narcan to be accessible and fentanyl test strips to help in the best way we can. People in the community know they can get those resources."
County Assets	Recommendations for Improving the Needs
<ul style="list-style-type: none"> <li>• Diversity</li> <li>• Trusted health department that invests in new technology</li> <li>• Lots of community resources available</li> </ul>	<ul style="list-style-type: none"> <li>• Increase dental access for those in the community.</li> <li>• Advocacy around housing development and affordable housing.</li> <li>• Having more family focused support pre- and post- baby.</li> </ul>

To view community input data in its entirety, see Appendix C (Page 41).

## 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 Hospital Rutherford 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

The policy solutions presented in Appendix E (Page 47) are based on approaches from other communities and do not represent the views of any particular person or organization.

## Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

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

## Secondary Data Highlights

Some secondary data collected and analyzed through this assessment is outlined below. To view the secondary data and sources in their entirety, see Appendix F (Page 57).

- Slightly lower infant mortality rate of 6.4 than the State of Tennessee at 6.9
- Higher Median household income \$78,291 compared to the State of Tennessee \$64,035
- Lower uninsured rate at 10% compared to the State of Tennessee at 12%
- Higher food environmental index at 8.4 compared to the State of Tennessee at 6.5
- Higher preventable hospital stays at 3,170 per 100,000 population compared to the State of Tennessee of 2,841 per 100,000 population
- Higher overdose deaths at 30 per 100,000 population compared to the State of Tennessee at 34.8 per 100,000 population

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

## Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Rutherford County. Listed below are a few of the limitations encountered when completing the assessment.

- **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 listservs 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.

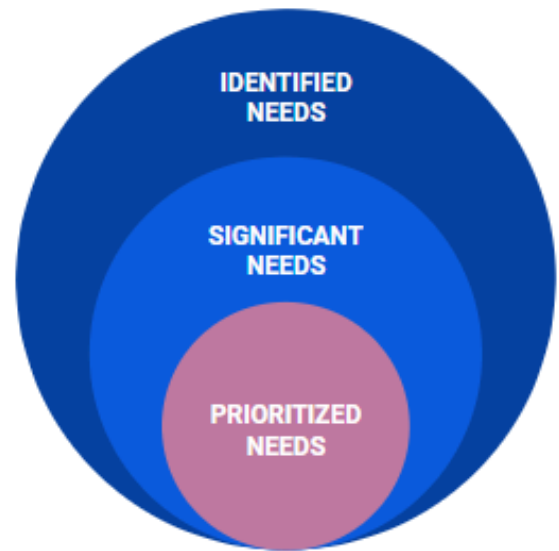
Despite the data limitations, Ascension Saint Thomas Rutherford Hospital, community partners and other collaborators are confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple qualitative and quantitative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



## Community Needs

Ascension Saint Thomas Rutherford in collaboration from Vanderbilt University Medical Center Community Health Team, and Rutherford County Health Department, and Community Wellness Council of Rutherford County analyzed 66 secondary data indicators and community input through environmental scan of community reports, policy scan, Health Department listening session and Health Council self-assessment to identify the needs in Rutherford County.

Following the completion of the Community Health Needs Assessment (CHNA), Ascension Saint Thomas Rutherford 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 right portrays the relationship between the needs categories.



### Identified Needs

The first phase was to determine the broader set of **identified needs**. Ascension Saint Thomas Rutherford Hospital has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Rutherford County. The identified needs were categorized into 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 Rutherford Hospital synthesized and analyzed the various data to determine which of the identified needs were most significant. Ascension Saint Thomas Rutherford Hospital has defined **significant needs** as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods.

## Prioritized Needs

In the third phase, significant needs were further narrowed to a set of community “**prioritized needs.**” This process is done in collaboration with various community partners. Following the completion of the CHNA, Ascension Saint Thomas Rutherford 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 Rutherford 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 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](#)). Attendee recommendations from the community meeting were presented to the Community Wellness Council of Rutherford County on October 1, 2024 the table listed below is the criteria used to identify the prioritized needs.

**Table 5: Criteria for Identifying Community 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 community prioritized needs for the 2024 CHNA:

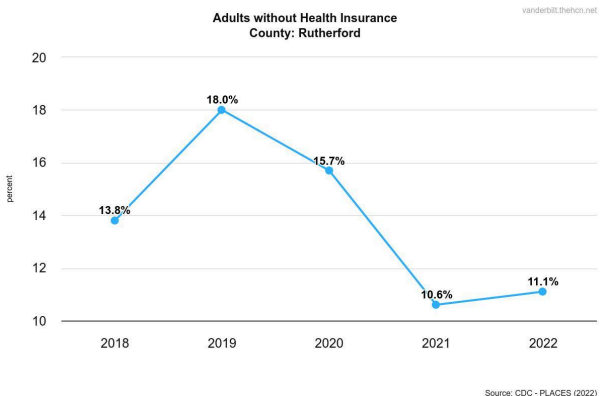
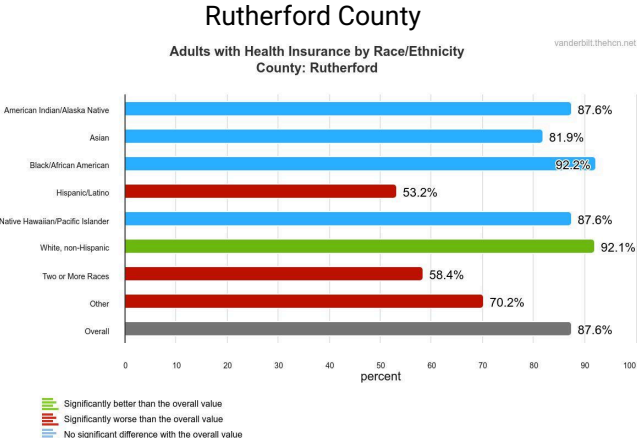
- Healthcare Access
- Infant Mortality
- Mental Health
- Opioid Use
- Safe and Attainable Housing

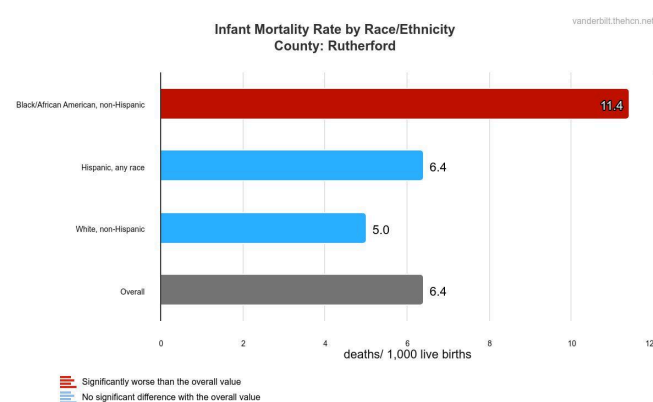
Ascension Saint Thomas Rutherford Hospital understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. The next steps will be to work with Ascension Saint Thomas Rutherford Hospital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

To view healthcare facilities and community resources available to respond to the prioritized needs, please see Appendix G (Page 69).

## Rutherford 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: Healthcare Access	
Significance	Populations Most Impacted
<p>Lack of health insurance coverage may negatively affect health. Uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer, and cardiovascular disease. Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health.</p> <p>Source: (<a href="#">Healthy People 2030</a>)</p>	<ul style="list-style-type: none"> <li>• Uninsured and underinsured population</li> <li>• Low-income population</li> <li>• Those with chronic conditions</li> </ul>
Community Input and Secondary Data Highlights	
<ul style="list-style-type: none"> <li>• Improving healthcare access is to increase funding around dental resources and increasing dental staff at the Health Department.</li> <li>• Infrastructure Needed “As the city continues to grow it gets harder and harder to meet the needs of those that live here. Someone mentioned earlier that Rutherford County is growing so much; sometimes we think problems are getting better but really, they’re getting more invisible.”</li> <li>• Better communication around availability of resources for navigating healthcare that one would need.</li> <li>• Hispanic/Latino are 53.2% significantly worse than the overage percentage of adults with healthcare insurance.</li> </ul>	
<p><b>Adults without health insurance - Rutherford County</b></p>  <p>Source: <a href="#">CDC PLACES, 2022</a></p>	<p><b>Adults with health insurance by Race/Ethnicity- Rutherford County</b></p>  <p>Source: <a href="#">American Community Survey 1-Year, 2022</a></p>
Community Recommendations	
Community Recommendations for Substance Use will be found on Appendix D (Page 44).	

Prioritized Need: Infant Mortality	
Significance	Population Most Impacted
<p>The infant mortality rate is an important marker of the overall health status of a community. The top five leading causes of death are birth defects, preterm delivery, low birth weight, sudden infant death syndrome (SIDS), unintentional injuries and maternal pregnancy complications.</p> <p>Source: <a href="#">CDC, 2024</a></p>	<ul style="list-style-type: none"> <li>The rate of infant mortality is more than 2x for Black/African American infants compared to White infants</li> </ul>
Community Input and Secondary Data Highlights	
<ul style="list-style-type: none"> <li>Community events focusing on infant mortality were on the topics of safe sleep education and an annual baby shower for the Rutherford community.</li> <li>“The health department provides community classes within check-ins for moms and new parents postpartum depression and how to address signs of this, along with having support from postpartum doulas.”</li> <li>Mothers that attend infant based events expressed concerns about challenges when finding childcare, housing and other amenities and are wanting to know where is the “best” place to get support.</li> <li>Community based recommendation was to consider reproductive healthcare broadly and have connections to programs before baby is born that include better support for families.</li> </ul>	
<p style="text-align: center;"><b>Infant Mortality Rate by Race/Ethnicity - Rutherford County</b></p>  <p style="text-align: center;">Source: <a href="#">County Health Rankings, 2015-2021</a></p>	
Community Recommendations	
Community Recommendations for Access to Healthcare will be found on Appendix D (Page 44).	

## Prioritized Need: Mental Health

### Significance

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. The Community Wellness Council of Rutherford County (Health Council) believed that mental health and related issues affected youth as well as adults and can influence other areas of health.

Source: [NAM](#)

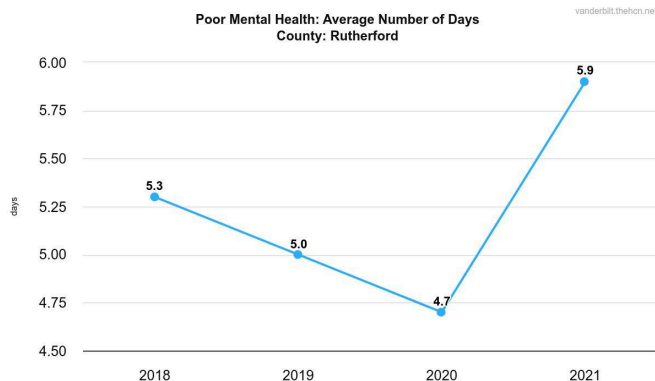
### Populations Most Impacted

- Youth/young adults
- LGBTQ+
- Elderly/seniors
- People of color and populations that experience increased cultural stigma
- Veterans

## Community Input and Secondary Data Highlights

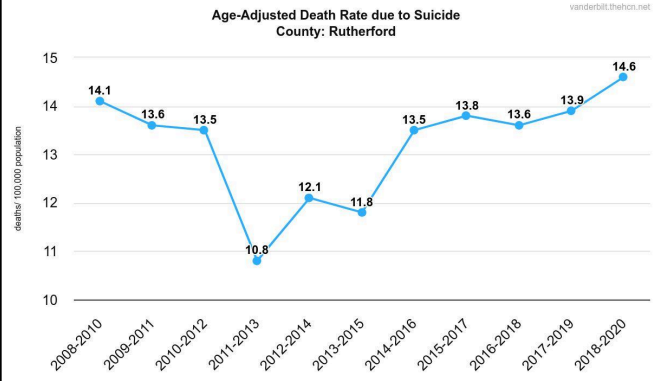
- During the Health Council self-assessment members discussed the need for more mental health resources and a diversity of these mental health resources, i.e. online mental health sources.
- Community members mentioned that there is limited data for the youth to find resources.
- Community members interviewed recommended more partnerships with local mental health resources to bring awareness.

### Poor Mental Health Days: Average Number of Days - Rutherford County



Source: [County Health Rankings, 2021](#)

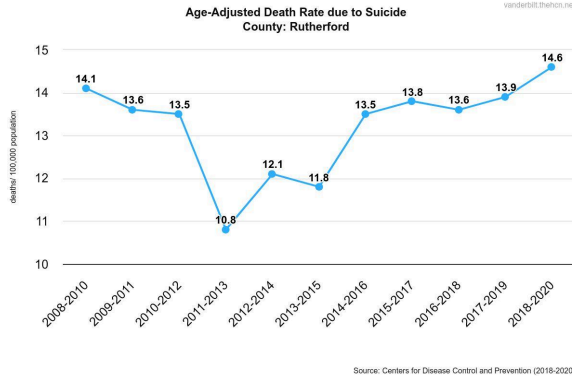
### Age Adjusted Death Rate due to Suicide - Rutherford County



Source: [Centers for Disease Control and Prevention, 2018-2020](#)

## Community Recommendations

Community Recommendations for Mental Health will be found on Appendix D (Page 44).

Prioritized Need: Opioid Use	
Significance	Populations Most Impacted
<p>Currently the United States is experiencing an epidemic of drug overdose deaths. According to the data, Rutherford County has an above average rate (30.6 deaths per 100,000 population) of opioid deaths compared to the National Average (23.5 deaths per 100,000 population). Drug overdose deaths are largely preventable. People with addiction often have one or more associated health issues, which could include lung or heart disease, stroke, cancer, or mental health conditions.</p> <p>Source: <a href="#">CDC, 2024</a>  <a href="#">National Institute on Drug Abuse, 2011</a>  <a href="#">National Center for Health Statistics, 2020</a></p>	<ul style="list-style-type: none"> <li>• Men, women,</li> <li>• Youth/Young adults ages 15-24</li> <li>• Older adults ages 35-44</li> </ul>
Community Input and Secondary Data Highlights	
<ul style="list-style-type: none"> <li>• Link between mental health and substance use within the Rutherford Community.</li> <li>• Narcan and fentanyl test strips [are] easily accessible to help those in need. Also people have more awareness where in the community to get these types of [interventional] resources.</li> <li>• Health Council self-assessment comment related to substance use in Rutherford County "...substances are used as coping mechanisms and vaping and delta8 are being used as maladaptive coping mechanisms and other risk factors for these kids and beginning of other problems later on in life."</li> </ul>	
<p align="center"><b>Age-Adjusted Drug and Opioid-Involved Overdose Death Rate - Rutherford County</b></p>  <p align="center">Source: <a href="#">Centers for Disease Control and Prevention, 2018-2020</a></p>	
Community Recommendations	
Community Recommendations for Substance Use will be found on Appendix D (Page 44).	

## Prioritized Need: Safe and Attainable Housing

### Significance

Safe and attainable 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, medications, 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](#))

### Populations Most Impacted

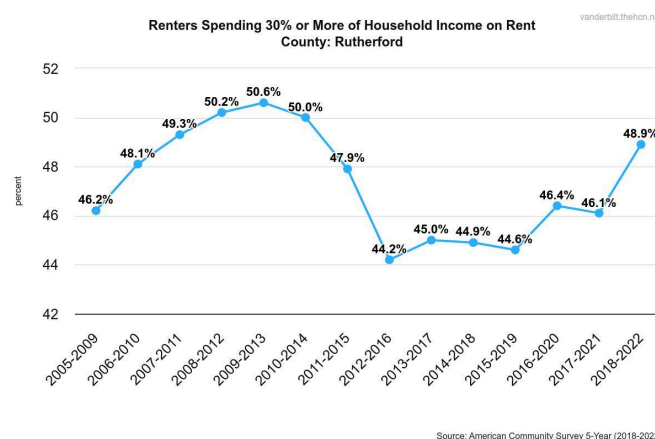
- Minority populations
- Unhouse and homeless population
- Young adults
- Senior citizens

## Community Input Highlights

- Housing complexes seem resistant to having additional low-income housing reserved. Additionally, in some places, you must ask about affording housing availability at each complex, individually.
- The following about attainable housing: "And if you look at some of the pricing, it's almost as if the incentive is to rent, which may provide access to housing but does not help build wealth."
- "...if you look at some of the pricing, it's almost as if the incentive is to rent, which may provide access to housing but does not help build wealth. So it does not long term solve the affordable housing crisis that we're having."

## Secondary Data Highlights

### Renters Spending 30% or More of Household Income on Rent - Rutherford County



Source: [American Community Survey 5-Year, 2018-2022](#)

## Community Recommendations

Community Recommendations for Safe and Attainable Housing will be found on Appendix D (Page 44).



## Summary of Impact of the Previous CHNA Implementation Strategy

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

Ascension Saint Thomas Rutherford Hospital's 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 Rutherford Hospital's previous implementation plan and strategies can be found in Appendix H (Page 71).

### Written Comments on Previous CHNA and Implementation Strategy

Ascension Saint Thomas Rutherford Hospital's previous 2021 CHNA and 2021 CHNA Implementation Plan and Strategies (IS) was 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 Rutherford Hospital Board of Directors**

To ensure Ascension Saint Thomas Rutherford 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 Rutherford Hospital Board of Directors for approval and adoption on March 20, 2025 and to the Ascension Saint Thomas Board of Directors on April 25, 2025. Although an authorized body of the hospital must adopt the CHNA and implementation plan and strategies reports to be compliant with the provisions in the Affordable Care Act, adoption of the reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.



## Conclusion

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

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



## Appendices

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Appendix A: Definitions and Terms

Appendix B: Community Demographic Data and Sources

Appendix C: Community Input Data and Sources

Appendix D: Community Meeting: Recommendations and Prioritized Needs Summary

Appendix E: Policy Scan

Appendix F: Secondary Data and Sources

Appendix G: Health Care Facilities and Community Resources

Appendix H: Evaluation of Impact From Previous CHNA Implementation Strategy

## **Appendix A: Definitions and Terms**

Catholic Health Association of United States (CHA) “is recognized nationally as a leader in community benefit planning and reporting.”<sup>3</sup> The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II*, which can be found at [chausa.org](https://chausa.org).

<sup>3</sup> Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.

### **Collaborators**

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

### **Community Meeting**

The prioritization process 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 (Community Wellness Council of Rutherford County)**

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 Rutherford County 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.



### **Medically Underserved Populations**

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

### **Prioritized Need/Community Prioritized Needs**

Significant needs which have been selected by the hospital to address through the CHNA implementation strategy.

### **Self-Assessment**

Self-Assessment was given to Community Wellness Council of Rutherford 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.

## Appendix B: Community Demographic Data and Sources

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

### Table 6: Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Rutherford County	Tennessee	U.S.
Total	367,101	7,126,489	334,914,895
Male	49.43%	49.0%	49.6%
Female	50.7%	51.0%	50.5%

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

### Table 7: Population by Race and Ethnicity

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

Race or ethnicity	Rutherford County	Tennessee	U.S.
Asian	4.0%	2.1%	6.4%
Non-Hispanic Black / African American	17.1%	16.5%	13.7%
Hispanic / Latino	12.4%	7.5%	19.5%
American Indian or Alaska Native	0.7%	0.6%	1.3%
Non-Hispanic White	64.3%	72.0%	58.4%

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

**Table 8: 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	Rutherford County	Tennessee	U.S.
Median age	34.6	39.1	39.2
Ages 0-17	24.2%	21.8%	21.7%
Ages 18-64	64.4%	60.9%	61.0%
Ages 65+	11.4%	17.3%	17.3%

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

**Table 9: 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	Rutherford County	Tennessee	U.S.
Median household income	\$78,291	\$64,035	\$75,149
Per capita income	\$35,135	\$36,040	\$41,261
People with incomes below the federal poverty guideline	9.8%	14%	12.5%
ALICE households <sup>^</sup>	37%	30%	29%

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

**Table 10: 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	Rutherford County	Tennessee	U.S.
High school diploma or higher	92.7%	89.3%	89.1%
Bachelor's degree or higher	33.4%	29.7%	34.3%

Source: [US Census Bureau, 2019-2023](#)

**Table 11: 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	Rutherford County	Tennessee	U.S.
Uninsured	10%	12%	10%
Medicaid Participation, not Eligible	17%	16%	17%

Source: [County Health Rankings, 2024](#) | [US Census Bureau Allocation of Medicaid/Mean-Tested Public Coverage \(Table B992707\), 2023](#) | [US Census Bureau, 2019-2023](#)



## Appendix C: Community Input Data and Sources

From February 2024 - October 2024, Ascension Saint Thomas Rutherford Hospital began a Community Health Needs Assessment (CHNA) for Rutherford County 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, 4 local reports were read and analyzed as part of an environmental scan of community reports for Rutherford 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 2, 2024 – 25 participants attended the Community Wellness Council of Rutherford County (Health Council) self-assessment. The goal of this self-assessment was to gain insight to community health issues.
- On April 4, 2024 – 9 key staff members attended the Health Department listening session in person at the Rutherford County Health Department. Top obstacles and barriers highlighted were substance use (opioids), mental health, healthcare access, safe and attainable housing, and infant mortality.
- On September 3, 2024– 36 participants attended the Community Meeting with the Community Wellness Council of Rutherford County. The goal of this meeting was to review primary and secondary data, identify and prioritize community needs and discuss solutions utilizing the health equity framework.
  - The prioritization process or Community Meeting, held on September 3, 2024 in Murfreesboro, TN 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.
  - Inequities identified within the Community Meeting 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](#)).
- On October 1, 2024 – Health Council recommendations discussed during the Community Meeting were presented back to Community Wellness Council (Health Council) members.

### Input of those with special knowledge or expertise in public health

The CHNA process in Rutherford County is coordinated by the Rutherford County Health Department (with support from the Tennessee Department of Health), Ascension Saint Thomas Rutherford Hospital and Vanderbilt University Medical Center Community Health Team. Ascension Saint Thomas Rutherford and VUMC regularly met with and gained advice from the Rutherford County Health Department Director, and also interviewed the director as a part of the community input data (primary data) methodology.



Additionally, the Rutherford County Wellness Council contains other members who serve in community-facing clinics, including federally qualified health centers and clinics that serve low-income communities. These individuals were instrumental in providing guidance, assistance and knowledge to the community health improvement process.

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

34 community members were interviewed across 13 organizations. Those selected were chosen based on their knowledge of Rutherford County and its health needs. Ascension Saint Thomas Rutherford and Rutherford County Wellness Council, and Rutherford County Health Department recommended interviewees who represented the broad interests of the community.

The request to participate was done through email communication in partnership with the Rutherford County Wellness Council to community members; which represents a very broad swathe of the community representing many different agencies and organizations.

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

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

## **Rutherford County Health Council Self-Assessment**

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 CHNA process and focus on the CHNA's priority health needs. The Community Wellness Council of Rutherford County (Health Council) was asked about priority health needs, changes related to the needs, and recommendations for improvement. The Rutherford County Health Council Self-Assessment was held at Rutherford County Health Department in Murfreesboro, Tennessee on April 2, 2024. Rutherford County Health Department, Community Wellness Council of Rutherford County (Health Council) and Vanderbilt University Medical Center Community Health Team was integral in recruitment/coordination efforts for the self-assessment session.

- Participant Information: 25 people completed a participant survey for the self-assessment. The following demographics are based on the survey participants.
- Over 90% of participants lived and/or worked in Rutherford County.
- Most participants (81%) attended the self-assessment meeting as part of their professional role, while the rest were either students, retired, or attending as community members.

Organizations represented included colleges, senior and mental health support agencies, and the state of Tennessee.

1. Is this still a prioritized need?
2. Has the 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?)

Below is a full listing of Community Wellness Council of Rutherford County (Health Council) self-assessment interviewees

**Table 12: Community Wellness Council of Rutherford County (Health Council) Self-Assessment Interviewee List**

Organization	Represents
Rutherford County Health Department	Public Health
St Clair Senior Center	Seniors
Tennessee Health Care Campaign	Healthcare, Non-profit
Volunteer Behavioral Health Care Service area	Mental Health, Non-profit
Motlow State Community College	Education
Tennessee Department of Health	Government
Primary Care and Hope Clinic	Healthcare, uninsured, underserved
Interfaith Dental	Non-profit, Dental Care
Middle Tennessee State University	Education
UT TSU Extension	Education, Agriculture
City of Murfreesboro	Government, Local Government
Prevention Coalition for Success	Substance Use, Violence Prevention
Tennessee Suicide Prevention Network	Suicide Prevention

## **Rutherford County Health Department Listening Session**

The health department in each county provides various services to community members to keep them as healthy as possible. The health department director, select patient-facing staff, and department leaders were asked about county assets, priority health needs, changes related to the needs, and recommendations for improvement.

The Rutherford County Health Department Listening Session was held on April 4, 2024 at the Rutherford Health Department in Rutherford County, Tennessee. Rutherford County Health Department and Vanderbilt University Medical Center Community Health Team were integral in recruitment/coordination efforts for the Rutherford County Health Department Listening session.

### **Participant Information:**

- 9 Rutherford County Health Department staff participated in person. Participants roles included educators, clinicians and administrators.
- Participants' years of experience within the Rutherford County Health Department ranged from 1 year to 5 years.

### **Questions Asked:**

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 in your county? (e.g. resources, policies or supports)
6. Was there anything you wanted to discuss today that we didn't cover?

## Appendix D: Community Meeting- Recommendations and Prioritized Needs Summary

### Rutherford County

Community Meeting: Recommendations and Prioritized Needs Summary

Meeting Completed: 09/3/2024

The Community Wellness Council of Rutherford County (Health Council) and Rutherford County 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 13: Rutherford County Recommendations and Community Prioritized Needs Summary**

Need	Safe & Attainable Housing
<b>Voting Decision</b>	Yes, reprioritized the need
<b>Voting updates (if applicable)</b>	Amend- Safe & Attainable Housing
<b>Community Recommendation</b>	Educate and increase awareness about the importance of providing safe and attainable housing.
<b>Action Step(s)</b>	<ul style="list-style-type: none"> <li>• Grow partnerships with local banks/lenders</li> <li>• Broaden education on budgeting/homeownership (financial literacy)</li> <li>• Grow engagement among key stakeholders</li> <li>• Complete case studies/workshops to grow partnerships and share information.</li> <li>• Proactively disseminate information within schools.</li> <li>• Decrease the rate of persons/families experiencing homelessness through community engagement and strategic partnerships.</li> </ul>
<b>Measures for Success</b>	<ul style="list-style-type: none"> <li>• Attendance</li> <li>• Participation</li> </ul>
Need	Mental Health
<b>Voting Decision</b>	Yes, reprioritized the need
<b>Community Recommendation</b>	Ensure calm rooms are maintained in both Murfreesboro City Schools and Rutherford County Schools.
<b>Action Step(s)</b>	<ul style="list-style-type: none"> <li>• As funding increases, so does the number of kits distributed to Murfreesboro City Schools and Rutherford County Schools by October 2025.</li> <li>• Monitor opportunities to grow the project budget through grant funding.</li> </ul>
<b>Measures for Success</b>	<ul style="list-style-type: none"> <li>• Number of kits distributed (October 2025)</li> </ul>

Need		Healthcare Access	
<b>Voting Decision</b>		Yes, reprioritized the need	
<b>Community Recommendation</b>		Create three feature web pages: a Calendar, Community Resources, and Health Council Information and the Membership Process.	
<b>Action Step(s)</b>		<ul style="list-style-type: none"> <li>Initial Survey (by October 1, 2024): <ul style="list-style-type: none"> <li>The survey was sent to Health Council (HC) members during the meeting.</li> <li>Gather initial information about content preferences, user needs, and priorities.</li> </ul> </li> <li>Rough Pilot Version (by November 5, 2024): <ul style="list-style-type: none"> <li>Develop a basic version of the web pages.</li> <li>Focus on content without elaborate graphics.</li> <li>Ensure alignment with HC feedback and community requirements.</li> </ul> </li> <li>Finalized Version Presentation (by January 7, 2025): <ul style="list-style-type: none"> <li>Create a robust, polished version of the web pages.</li> <li>Incorporate user-friendly design elements.</li> <li>Present the finalized version to the Health Council for approval.</li> </ul> </li> <li>Promotion and Funding Ideas (by February 4, 2025): <ul style="list-style-type: none"> <li>Engage with the Health Council to solicit ideas for promoting the web pages.</li> <li>Explore funding options for promotional materials (e.g., brochures, social media ads).</li> </ul> </li> </ul>	
<b>Measures for Success</b>		<ul style="list-style-type: none"> <li>Website traffic increase</li> <li>Increase in resource connections</li> </ul>	
Need		Infant Mortality	
<b>Voting Decision</b>		Yes, reprioritized the need	
<b>Community Recommendation</b>		By July 2025, implement a comprehensive infant mortality reduction program based on Health Care Index (HCI) data focused on Black or African American non-Hispanic or Latino populations through enhanced education, resource accessibility, and community outreach.	

<b>Action Step(s)</b>	<ul style="list-style-type: none"> <li>• Resource Development (Spring 2025) <ul style="list-style-type: none"> <li>○ Create multilingual educational materials</li> <li>○ Arabic translations</li> <li>○ Spanish translations</li> <li>○ Develop QR code-based information system</li> <li>○ Design culturally appropriate educational content</li> </ul> </li> <li>• Community Outreach (Spring 2025) <ul style="list-style-type: none"> <li>○ Distribute materials through:</li> <li>○ Rutherford County Health Department</li> <li>○ Local churches</li> <li>○ Public Libraries</li> <li>○ Host annual Health Department baby shower</li> <li>○ Implement community engagement programs</li> </ul> </li> </ul>
<b>Measures for Success</b>	<ul style="list-style-type: none"> <li>• QR code distribution locations</li> <li>• QR code scan frequency</li> <li>• Digital resource access rates</li> <li>• Decrease in Infant mortality rate trends</li> <li>• Patient program participation rates</li> <li>• Number of food boxes distributed</li> <li>• Quantity of educational materials distributed</li> <li>• Multi-language material utilization rates</li> </ul>
<b>Need</b>	<b>Opioid Use (Substance Misuse)</b>
<b>Voting Decision</b>	Yes, reprioritized the need
<b>Community Recommendation</b>	Identify the number of organizations distributing naloxone within the first year and include this information in an asset map.
<b>Action Step(s)</b>	Not completed during meeting
<b>Measures for Success</b>	Not completed during meeting
Prepared by Ascension Saint Thomas Rutherford Hospital 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 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.

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.





## **Policy Options for Improving Health in Middle Tennessee**

May 2024

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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**

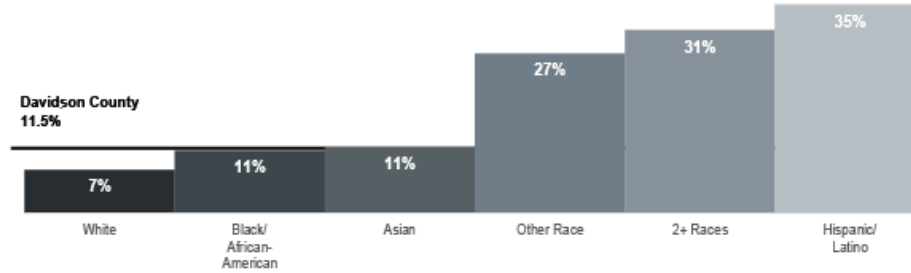
Better access to health care services is one of the most effective ways to improve population health. (1) Options policymakers might consider include expanding access to health insurance coverage, expanding alternative and primary care settings, and increasing capacity to navigate the health care system.

**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**

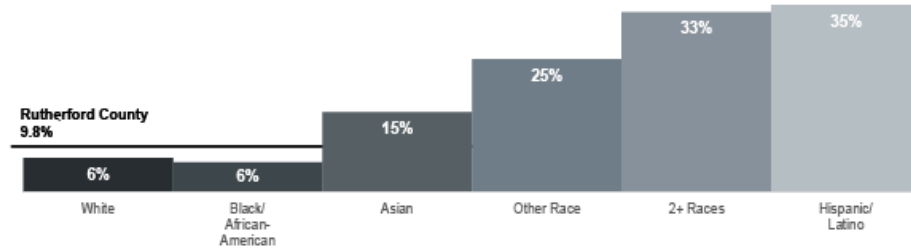
Percent of Individuals Who Were Uninsured in Davidson County (2022)



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)



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.

**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.

## 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)

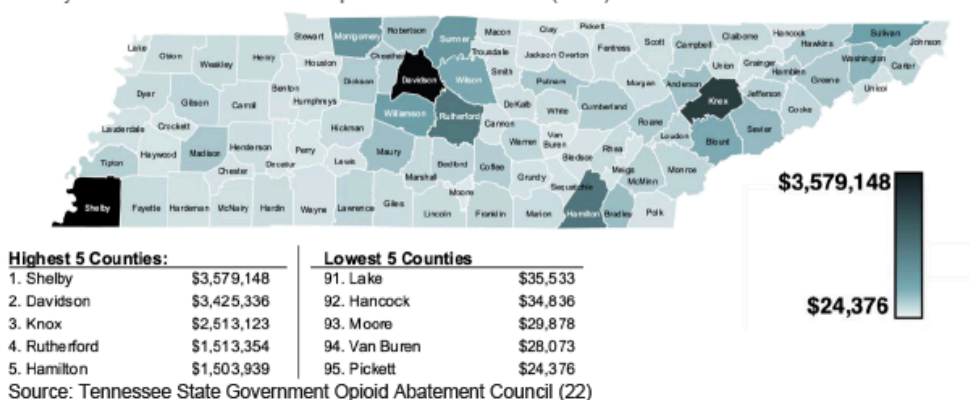
**Opioid Settlement Funds** — Promote transparency in decision-making and reporting for the use of opioid settlement funds. The opioid crisis led to thousands of national lawsuits against manufacturers, distributors, retailers, and affiliated parties in the last three years, resulting in settlement disbursements 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)

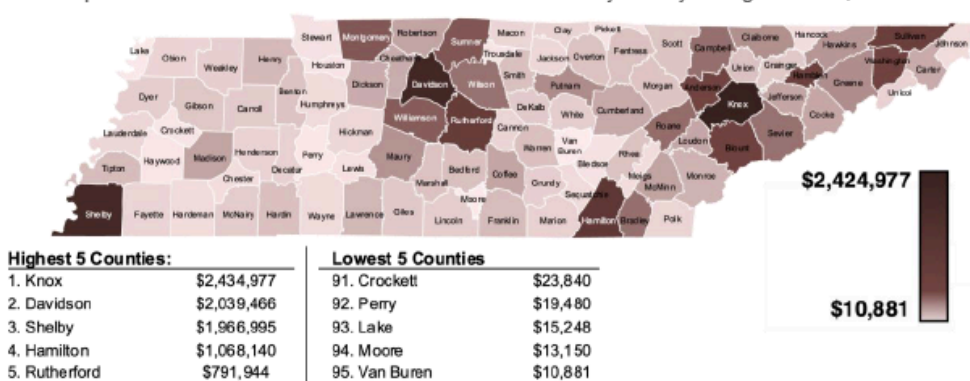
**Figure 3. Counties Across the State Have Received as Much as \$3.6 Million in State Opioid Abatement Funds**

County Allocations from the State Opioid Abatement Fund (2023)



**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



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 their respective county totals for this figure.  
Source: Kaiser Health News (23)

**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)



## References

1. **U.S. Department of Health and Human Services.** Access to Health Care Services. *Healthy People 2030*. [Online] [Cited: February 22, 2024.] <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services>.
2. **Glied, Sherry A and Weiss, Mark A.** Impact of the Medicaid Coverage Gap: Comparing States that Have and Have Not Expanded Eligibility. [Online] September 11, 2023. [Cited: January 10, 2024.] <https://www.commonwealthfund.org/publications/issue-briefs/2023/sep/impact-medicaid-coverage-gap-comparing-states-have-and-have-not#:~:text=Research%20has%20overwhelmingly%20established%20that,insurance%20coverage%20and%20health%20outcomes..>
3. **Kaiser Family Foundation.** Key Facts on Health Coverage of Immigrants. *Kaiser Family Foundation*. [Online] September 17, 2023. [Cited: December 10, 2023.] <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/>.
4. **U.S. Census Bureau.** 2010-2022 American Community Survey 1-Year Estimates. [Online] September 2023. Available via <http://data.census.gov>.
5. **Spears, Mandy.** Medicaid Expansion 101 & 6 Six Lessons for Tennessee. *The Sycamore Institute*. [Online] March 7, 2018. [Cited: February 22, 2024.] <https://www.sycamoreinstitute.org/medicaid-expansion-101/>.
6. **Guth, Madeline and Ammula, Meghana.** Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021. *Kaiser Family Foundation*. [Online] May 6, 2021. [Cited: February 22, 2024.] <https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/>.
7. **Slusky, David.** Impact of Medicaid Expansion on State Budgets and Mortality. *EconoFACT*. [Online] July 21, 2021. [Cited: February 25, 2024.] <https://econofact.org/impact-of-medicaid-expansion-on-state-budgets-and-mortality>.
8. **University of Wisconsin Population Health Institute.** What Works for Health. *County Health Rankings & Roadmaps*. [Online] [Cited: January 2, 2023.] <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>.
9. **Henderson, Sarah.** Child Mental Health Programs and Services in Tennessee . [Online] March 13, 2024. <https://www.sycamoreinstitute.org/child-mental-health-services/>.
10. **Centers for Medicare & Medicaid Services.** 2022 CMS Navigator Cooperative Agreements. *Centers for Medicare & Medicaid Services*. [Online] 2022. [Cited: December 20, 2023.] <https://www.cms.gov/files/document/2022-navigator-grant-recipients.pdf>.
11. **County Health Rankings & Roadmaps.** Community health workers. *County Health Rankings & Roadmaps*. [Online] [Cited: January 10, 2024.] <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-health-workers>.
12. **Mid-Cumberland Human Resource Agency.** Mid-Cumberland Public Transit. [Online] [Cited: May 7, 2024.] <https://www.mchra.com/public-transit>.
13. **Spears, Mandy.** What is Tennessee's State-Funded Primary Care Safety Net? *The Sycamore Institute*. [Online] May 21, 2018. [Cited: February 22, 2024.] <https://www.sycamoreinstitute.org/primary-care-safety-net/>.
14. **Tennessee Department of Health.** Uninsured Adult Healthcare Safety Net: 2023 Annual Report. *Tennessee Department of Health, Division of Health Disparities*. [Online] January 2024. [Cited: February

- 22, 2024.] [https://www.tn.gov/content/dam/tn/health/division-of-health-disparities/Safety%20Net%20Annual%20Report%202023\\_FINAL.pdf](https://www.tn.gov/content/dam/tn/health/division-of-health-disparities/Safety%20Net%20Annual%20Report%202023_FINAL.pdf).
15. **The Office of the National Coordinator for Health Information Technology.** Benefits of EHRs. *U.S. Department of Health and Human Services.* [Online] [Cited: May 7, 2024.] <https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/benefits-ehrs>.
16. **Federal Register: The Daily Journal of the United States Government.** Requirements Related to the Mental Health Parity and Addiction Equity ACT: A Proposed Rule by the Internal Revenue Service, the Employee Benefits Security Administration, and the Health and Human Services Department on 08/02/2023. *National Archives.* [Online] August 3, 2023. [Cited: December 2, 2023.] <https://www.federalregister.gov/documents/2023/08/03/2023-15945/requirements-related-to-the-mental-health-parity-and-addiction-equity-act>.
17. **Health Resources & Services Administration (HRSA).** FY 2022 Pediatric Mental Health Care Access (PMHCA) Awards. *HRSA Maternal and Child Health.* [Online] May 2023. [Cited: September 1, 2023.] <https://mchb.hrsa.gov/programs-impact/programs/pediatric-mental-health-care-access/fy-2022-pediatric-mental-health-care-access-awards>.
18. **Tennessee Department of Health.** About Tennessee Child and Adolescent Psychiatry Education and Support (TCAPES). *Tennessee Department of Health.* [Online] [Cited: August 15, 2023.] <https://www.tn.gov/health/health-program-areas/fhw/tcapes/about-tcapes.html>.
19. **Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council.** 2022 Needs Assessment Summary Multiple Needs by Region Department Update. *Tennessee Department of Mental Health and Substance Abuse Services.* [Online] [Cited: December 11, 2023.] <https://www.tn.gov/content/dam/tn/mentalhealth/planning/2022%20NA%20Summary%20Multiple%20Needs%20Department%20Update.pdf>.
20. **Tennessee Department of Mental Health & Substance Abuse Services.** Fiscal Year 2024-2025 Budget Hearing. *Tennessee Governor's Office.* [Online] November 15, 2023. [Cited: November 16, 2023.] Slide deck emailed to participants.
21. **National Academy for State Health Policy.** State Strategies to Increase Diversity in the Behavioral Health Workforce. *National Academy for State Health Policy.* [Online] December 13, 2021. [Cited: January 10, 2024.] <https://nashp.org/state-strategies-to-increase-diversity-in-the-behavioral-health-workforce/>.
22. **Tennessee Opioid Abatement Council.** Opioid Abatement Trust Funds Paid to Counties 2023. [Online] 2023. [Cited: July 6, 2023.] [https://www.tn.gov/content/dam/tn/mentalhealth/documents/OAC\\_2023\\_County\\_Funding.pdf](https://www.tn.gov/content/dam/tn/mentalhealth/documents/OAC_2023_County_Funding.pdf).
23. **Pattani, Aneri.** Find Out How Much Opioid Settlement Cash Your Locality Received. *KFF Health News.* [Online] June 16, 2023. <https://kffhealthnews.org/news/article/lookup-how-much-opioid-settlement-cash-by-locality/>.
24. **National Association of Counties and National League of Cities.** Opioids: How Settlement Dollars Advance City and County Opioid Abatement. [Online] [Cited: May 7, 2024.] <https://www.naco.org/resource/osc-nlc-settlement-dollars>.
25. **Johns Hopkins Bloomberg School of Public Health .** To Guide Jurisdictions in the Use of Opioid Litigation Funds, We Encourage the Adoption of Five Guiding Principles. [Online] [Cited: May 7, 2024.] <https://opioidprinciples.jhsph.edu/the-principles/>.
26. **Kaiser Family Foundation.** Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State. *Kaiser Family Foundation: Medicaid.* [Online] December 21, 2023. [Cited: May 7, 2024.]



<https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>.

27. **State of Tennessee.** FY 2025 Tennessee State Budget. [Online] February 2024.

<https://www.tn.gov/finance/fa/fa-budget-information/fa-budget-archive/fiscal-year-2024-2025-budget-publications.html>.

28. **Spears, Mandy.** The Budget in Brief: Summary of Gov. Lee's FY 2025 Recommended Budget . *The Sycamore Institute*. [Online] February 21, 2024. <https://www.sycamoreinstitute.org/2025-lee-budget/>.

29. **Volk, JoAnn, Goe, Christina and Giovannelli, Justin.** Ensuring Access to Behavioral Health Providers. *The Commonwealth Fund*. [Online] January 25, 2024.

<https://www.commonwealthfund.org/blog/2024/ensuring-access-behavioral-health-providers>.

## **Appendix F: Secondary Data and Source**

### **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

<b>Why they are important:</b>	Explains why we monitor and track these measures in a community and how they relate to health. The descriptions for “why they are important” are largely drawn from the VUMC-hosted <a href="#">Healthy Communities Data Platform</a> and <a href="#">County Health Rankings &amp; Roadmaps</a> websites.
<b>County vs. State:</b>	Describes how the county’s most recent health issue data compares to the state average.
<b>United States (U.S.)</b>	Describes how the county’s most recent health issue data compares to the U.S.
<b>Description:</b>	Explain what the indicator measures, how it is measured, and who is included.





**Table 13: 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 Community Wellness Council of Rutherford County highlighted mental health and infant mortality as priority health outcome needs for their community.

### Infant Mortality

The infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. It measures the deaths per 1,000 live births for infants within their first year of life. Nationally, the leading causes of infant death are congenital disorders, birth defects, preterm delivery, low birth weight, sudden infant death syndrome (SIDS), and maternal complications during pregnancy ([CDC, 2022](#)). In Rutherford County, the rate of infant mortality is 6.4 out of 1,000 live births and trending up. While lower than that of the Tennessee overall value (6.9 per 1,000 live births) and equivalent to the US overall value (6.3 per 1,000 live births), it is far from the Healthy People 2030 target (5.0 per 1,000) ([CHR, 2015-2021](#)). Devastatingly, Rutherford County mothers who identify as Black or African American experience infant mortality rates (11.4 per 1,000 live births) more than twice that of their white counterparts (5.0 per 1,000 live births) ([CHR, 2015-2021](#)).

Babies born too early have a higher risk of death and disability ([CDC, 2021](#)). Two factors that are correlated with infant death are preterm birth and low birth weight. In Rutherford County, the preterm birth rate is 11.8%, which is slightly higher than the average across Tennessee counties (11.3%) ([TDH, 2021](#)). The percentage of babies born with low birth weight, less than 2,500 grams, is 9.0% for Rutherford County, which is the same as the Tennessee average and slightly higher than the US average (8.6%) ([TDH, 2022](#)).




Indicators	Trend	Rutherford	TN	U.S.	Description
<b>Length of Life</b>					
Premature death <sup>2*</sup>	N/A	8,447.8	 11,043.4	 7,971.5	Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2019-2021)  <i>*Race/Ethnicity disparity present: Persons who identify as Black or African American non-Hispanic or Latino experience significantly higher premature death rates (10,674.2) than the overall value.</i>
Life expectancy <sup>2*</sup>	N/A	76.2	 74.1	 77.6	How long the average person is expected to live (2019-2021)  <i>*Race/Ethnicity disparity present: Persons who identify as Black or African American non-Hispanic have a significantly worse life expectancy (73.5) than the overall value.</i>








Cancer deaths <sup>2</sup>		163.1			Average annual cancer death rate per 100,000 (2016-2021)
			170.4	149.4	
Infant Mortality <sup>2*</sup>		6.4			Number of all infant deaths (within one year) per 1,000 live births (2015-2021)
			6.9	6.0	
<b>Communicable Disease</b>					
HIV prevalence <sup>1</sup>	N/A	242.4			Number of people ages 13 years and over with a diagnosis of HIV per 100,000 (2021)
			318.1	382.2	
Sexually transmitted infections <sup>2</sup>		572.3			Number of newly diagnosed chlamydia cases per 100,000 (2022)
			538.1	495.0	
Sources: <a href="#">Explore Health Rankings - County Health Rankings &amp; Roadmaps<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a> (These indicators used data from 2015-2022 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	Rutherford	TN	U.S.	Description
<b>Physical Health</b>					
Poor or fair health <sup>1</sup>	N/A	15.7%			Percentage of adults reporting fair or poor health (2021)
			18%	14%	
Frequent physical Distress <sup>1</sup>	N/A	13%	13%		Percentage of adults with 14 or more days of poor physical health per month (2010)
				10%	

Low birth weight <sup>2</sup>		9%	 9%	 8.6%	Percentage of babies born too small (less than 2,500 grams) (2021)
Falls 65+ <sup>3</sup>	N/A	N/A	31.2%	27.1%	Older adult falls reported (2020)
Fall fatalities. 65+ <sup>2</sup>		10	 10.6	 9.8	The age-adjusted death rate per 100,000 population due to falls. (2022)
<b>Morbidity</b>					
Diabetes prevalence <sup>1</sup>	N/A	10%	 12%	10%	Percentage of adults ages 20 and above with diagnosed diabetes (2022)
Sources: <a href="#">Explore Health Rankings - County Health Rankings &amp; Roadmaps<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a>   <a href="#">Older Adult Falls Data - Fall Prevention   Injury Center</a>   <a href="#">CDC<sup>3</sup></a> (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 depression disorder as the leading cause of disability for those aged 15-44 in the United States ([NIMH, 2021](#)). In Rutherford County, the rate of adults ever diagnosed with Depression is 29.8%, which is higher than the national value of 20.7% ([CDC-Places, 2022](#)).












Rutherford County adults self-reported an average of 5.9 poor mental health days within the previous 30 days. This average is on par with the statewide number of poor mental health days (5.8) but higher than the national average (4.8) ([CHR, 2024](#)). In Rutherford County, the age-adjusted death due to suicide rate (14.6 per 100,000 population) is slightly higher than the national average (13.9) and lower than the state average (17.0) but is trending up. Within Rutherford County, men experience significantly higher deaths due to suicide (25.5 per 100,00 population) compared to the overall rate ([CDC, 2018-2022](#)).

Indicators	Trend	Rutherford	TN	U.S.	Description
<b>Mental Health</b>					
Poor mental health days <sup>1</sup>	N/A	5.9	 5.8	 4.8	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) (2021)
Frequent mental distress <sup>1</sup>	N/A	18%	 19%	 15%	Percentage of adults reporting 14 or more days of poor mental health per month (2021)
Suicide <sup>2</sup>		14.6	 17	 13.9	Number of deaths due to suicide per 100,000 (2022)
Sources: <a href="#">Explore Health Rankings - County Health Rankings &amp; Roadmaps<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2-1</sup></a> (These indicators used data from 2021-2022 for these measures)					

**Table 14: 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	Rutherford	TN	U.S.	Description
<b>Economic Stability</b>					
Median household income <sup>2*</sup>		78,291	 \$64,035	 \$75,149	The income at which half of households in a county earn more and half earn less. (2018-2022)  <b>*Race/Ethnicity disparity present: Persons identifying as American Indian or Alaska Native (\$42,321) or Black or African American (\$62,381) have a significantly worse Median Household Income than the overall value</b>
Unemployment <sup>1</sup>	N/A	2.7%	 3.4%	 3.7%	Percentage of population ages 16 and older, unemployed but seeking work (2018-2022)






Poverty <sup>2*</sup>		9.8%	 14%	 12.5%	Percentage of population living below the federal poverty line (2018-2022)  <i>*Race/Ethnicity disparity present: Persons identifying as Hispanic or Latino (15.8%) or Other Races (19.7) have a significantly worse poverty rate than the overall value.</i>
Childhood poverty <sup>2*</sup>		11.1%	 19.2%	 16.7%	Percentage of people under the age of 18 who are living below the federal poverty level (2018-2022)  <i>*Race/Ethnicity disparity present: persons identifying as Hispanic or Latino (17%) or Other Races (23%) have higher percentages than the overall value.</i>
<b>Educational Attainment</b>					
High school completion <sup>2</sup>		96.2%	 90.6%	 86.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent (2018-2022)
Some college <sup>1</sup>	N/A	70%	 63%	 68%	Percentage of adults ages 25-44 with some post-secondary education (2018-2022)
Sources: <a href="#">Explore Health Rankings - County Health Rankings &amp; Roadmaps<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a>   (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	Rutherford	TN	U.S.	Description
<b>Social/Community</b>					
Children in single parent homes <sup>2</sup>		22.5%	27.9%	 24.9%	Percentage of children who live in a household headed by a single parent (2018-2022)
Social associations <sup>2</sup>		6.7	 11	 9.1	Number of membership associations per 10,000 population (2021)










Disconnected youth <sup>2</sup>		1.9%			Percentage of teens and young adults ages 16-19 who are neither working nor in school (2021)
Violent crimes <sup>2</sup>		405.8		N/A	Number of reported violent crime offenses per 100,000 population (2022)

Sources: [Explore Health Rankings - County Health Rankings & Roadmaps<sup>1</sup>](#) (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).

Access to Healthy Foods					
Indicator	Trend	Rutherford	TN	U.S.	Description
Food environment index <sup>2</sup>		8.4			Index of factors that contribute to a healthy food environment (0 = worst, 10 = best) (2024)
Food insecurity <sup>2</sup>		11.5%			Percentage of the population who lack adequate access to food (2022)
Limited access to healthy foods <sup>1</sup>	N/A	6%		6%	Percentage of the population who are low-income and do not live close to a grocery store (2019)

Sources: [Explore Health Rankings - County Health Rankings & Roadmaps<sup>1</sup>](#) | [Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup>](#) (These indicators used data from 2019 - 2024 for these measures)

## Table 15: 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.

### Safe and Attainable Housing

Housing affordability, stability, quality and safety impacts health as well as the surrounding neighborhoods and communities ([Healthy People 2030](#)). 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. The 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, the rent prices in Rutherford County have significantly increased, with the median household gross rent rising from \$1,184 to \$1,311 (ACS 5-Year, 2018-2022). For 48.9% of Rutherford County residents, rent consumes more than 30% of their monthly income. Because of this, these persons are more likely and susceptible to living in poor conditions, and this substantially impacts young (15-24) and older adults (65+) ([ACS 5-Year, 2018-2022](#)). Adverse health effects can result from substandard housing that lacks a kitchen, adequate plumbing facilities, and other environmental hazards. Though this metric is improving, 12.7% of Rutherford County residents live in the abovementioned conditions ([CHR, 2016-2022](#)).












Indicator	Trend	Rutherford	TN	U.S.	Description
<b>Physical Environment</b>					
Severe housing cost burden <sup>1</sup>	N/A	11%	 12%	 13%	Percentage of households that spend 50 percent or more of their household income on housing (2018-2022)
Severe housing problems <sup>2</sup>		12.7%	 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 <sup>1</sup>	N/A	8.4	 7.6	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2019)
Homeownership <sup>2</sup>		60.6%	 59.6%	 57.8%	Percentage of occupied housing units that are owned (2018-2022)
Sources: <a href="#">Explore Health Rankings - County Health Rankings &amp; Roadmaps<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a>   (These indicators used data from 2016 - 2022 for these measures)					







**Table 16: Clinical Care**

Why they are important: Access to affordable, quality care can help detect health concerns sooner and prevent disease, which can help individuals live longer and healthier lives. The Rutherford County Health Council highlighted healthcare access as a priority clinical care need for their community.

### Healthcare Access









Access to appropriate high-quality health care helps prevent diseases and improve quality of life ([Healthy People 2030](#)). The high cost of healthcare in the United States can make navigating a health diagnosis a significant challenge and create barriers where people without health insurance may be unable to afford necessary medical treatment or prescription medications. Furthermore, many healthcare providers and clinics do not accept patients without insurance, and those that do can have extended wait times. The percentage of adults without health insurance in Rutherford County (10.6%) is relatively equal to US value (10.8%) (CDC- Places, 2021). However, there are significant inequities in Rutherford County by ethnicity. Significantly fewer persons who identify as Hispanic or Latino have health insurance coverage (53.2%) than the overall percentage for the county (88.1%) ([ACS 1-Year, 2022](#)).



Indicator	Trend	Rutherford	TN	U.S.	Description
<b>Healthcare Access</b>					
Uninsured <sup>1</sup>	N/A	10%	 12%	10%	Percentage of population under age 65 without health insurance (2021)
Uninsured adults <sup>1</sup>	N/A	12%	 15%	12%	Percentage of adults under age 65 without health insurance (2021)
Uninsured children <sup>1</sup>	N/A	4%	 5%	 5%	Percentage of children under age 19 without health insurance (2021)
Primary care physicians <sup>1</sup>	N/A	2,290:1	 1,440:1	 1,330:1	Ratio of the population to primary care physicians (2023)
Mental healthcare providers <sup>1</sup>	N/A	870:1	 530:1	 320:1	Ratio of the population to mental healthcare providers (2023)
<b>Hospital Utilization</b>					
Preventable hospital stays <sup>2</sup>		3,170	 2,841	 2,677	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. (2022)

Preventive Healthcare					
Flu vaccinations <sup>2</sup>		52%			Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination (2022)
Mammography screenings <sup>2</sup>		46%			Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. (2022)
Sources: <a href="#">Explore Health Rankings - County Health Rankings &amp; Roadmaps<sup>1</sup></a> , <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a> (These indicators used data from 2021 - 2023 for these measures)					

**Table 17: 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.









Indicator	Trend	Rutherford	TN	U.S.	Description
Healthy Lifestyle					
Adult obesity <sup>1</sup>	N/A	35%	 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 <sup>1</sup>	N/A	27%	27%	 23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity (2021)
Access to exercise opportunities <sup>2</sup>	N/A	55%	 67.4%	 84.1%	Percentage of population with adequate access to locations for physical activity (2024)
Insufficient sleep <sup>1</sup>	N/A	34%	34.4%	 33%	Percentage of adults who report fewer than seven hours of sleep on average (2022)
Motor vehicle crash deaths <sup>1</sup>	N/A	11	 17	 12	Number of motor vehicle crash deaths per 100,000 population (2015-2021)

Teen births <sup>1</sup>	N/A	16	 24	 17	Number of births per 1,000 female population ages 15-19. (2016-2022)
Sources: <a href="#">Explore Health Rankings - County Health Rankings &amp; Roadmaps<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a>   (These indicators used data from 2015 - 2024 for these measures)					

## Opioid Use

Opioid use is a significant public health concern. 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. However, preventive actions, treatment, and proper response to overdoses can help reduce the impact ([CDC, 2024](#)).

In Rutherford County, 30.6 per 100,000 population deaths are due to drug and opioid use ([CDC, 2018-2022](#)). Overdoses from prescription opioid pain relievers have contributed to the overall increase in opioid overdose deaths ([TDH, 2022](#)). Additionally, 21.0 per 100,000 outpatient visits in Rutherford County are due to opioid overdose, which is above the median of across Tennessee counties and higher than the overall state value (20.0 per 100,000 outpatient visits) ([TDH, 2022](#)). According to the Tennessee Drug Overdose Dashboard ([TDH, 2022](#)), Rutherford County had 996 Outpatient Visits Involving All Opioid Overdoses (excluding heroin).

Indicator	Trend	Rutherford	TN	U.S.	Description
<b>Substance Use</b>					
Adult smoking <sup>1</sup>	N/A	18%	 20%	 15%	Percentage of adults who are current smokers (2021)
Excessive drinking <sup>1</sup>	N/A	17%	17%	 18%	Percentage of adults reporting binge or heavy alcohol drinking (2021)
Alcohol-impaired driving deaths <sup>2</sup>		24%	 23.8%	 26.3%	Alcohol-impaired driving deaths (2017-2021)
Overdose deaths: any drug and opioid <sup>2</sup>	N/A	30%	 34.8	 23.5	Age-adjusted rate of drug and opioid-related deaths per 100,000 persons (2018-2020)
Sources: <a href="#">Explore Health Rankings - County Health Rankings &amp; Roadmaps<sup>1</sup></a>   <a href="#">Conduent Healthy Community Institute - VUMC Community Health Dashboard<sup>2</sup></a>   (These indicators used data from 2017 - 2021 for these measures)					

## Appendix G: Health Care Facilities and Community Resources

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

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

### Healthcare Access Resources

Organization	Phone	Website
Ascension Saint Thomas Rutherford Hospital	615-396-4100	<a href="#">Ascension Saint Thomas Rutherford Hospital</a>
Primary Care and Hope Clinic	615-893-9390	<a href="#">Primary Care and Hope Clinic</a>
Matthew Walker Comprehensive Health Center	615-984-4290	<a href="#">Matthew Walker Comprehensive Health Center</a>
Rutherford County Health Department	615-898-7880	<a href="#">Rutherford County Health Department</a>
Interfaith Dental	615-225-4141	<a href="#">Interfaith Dental</a>

### Infant Mortality Resources

Organization	Phone	Website
Tennessee Department of Health	N/A	<a href="#">Infant Mortality</a>
March of Dimes Group Prenatal Care	1-888-663-4637	<a href="#">March of Dimes Group Prenatal Care</a>
Rutherford County Health Department	615-898-7880	<a href="#">Rutherford County Health Department</a>

## Mental Health Resources

Organization	Phone	Website
LifeCare Family Services - Murfreesboro	615-295-2176	<a href="#">LifeCare Family Services - Murfreesboro</a>
Volunteer Behavioral Health- Murfreesboro Campus	615-898-0771	<a href="#">Volunteer Behavioral Health- Murfreesboro Campus</a>
Domestic Violence and Sexual Assault Center	615-896-7377	<a href="#">Domestic Violence and Sexual Assault Center</a>
Mental Health Cooperative - Murfreesboro	615-904-6490	<a href="#">Mental Health Cooperative- Murfreesboro</a>

## Opioid Misuse (Substance Use Disorder) Resources

Organization	Phone	Website
Opioid Crisis Alliance - WeCARE	N/A	<a href="#">Opioid Crisis Alliance - WeCARE</a>
Tennessee RedLine (Call or Text for support and resources)	1-800-889-9789	<a href="#">Tennessee RedLine (Call or Text for support and resources)</a>
Behavioral Health Group - Murfreesboro	615-281-6844	<a href="#">Behavioral Health Group - Murfreesboro</a>
Doors of Hope (Women and children facing substance and housing issues)	615-203-5221	<a href="#">Doors of Hope (Women and children facing substance and housing issues)</a>

## Safe and Attainable Housing Resources

Organization	Phone	Website
The Journey Home	615-809-2644	<a href="#">The Journey Home</a>
Imperial Garden Apartments	615-459-0999	<a href="#">Imperial Garden Apartments</a>
Housing, Health and Human Services Alliance of Rutherford County	N/A	<a href="#">Housing, Health and Human Services Alliance of Rutherford County</a>
Greenhouse Ministries	615-494-0499	<a href="#">Greenhouse Ministries</a>

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

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

The tables below describe the actions taken during the 2021-2024 CHNA implementation strategy cycle to respond to each priority need.

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

### Access to Care

ACTION(S) TAKEN	RESULTS
Building And Refining Pipeline Programs To Support Healthcare Knowledge Base.	<p><b>FY23</b> Partnering with local high school students for the Saint Thomas scholars program, where 16 students successfully completed and passed comprehensive exam for their CCMA certification. Certified Clinical Medical Assistant cohort 2 of 2023 28 participants enrolled and 26 participants took exam 24 participants passed with a 92.31 percent pass rate. Continued work on development of medical assistant to licensed practical nurse which is a pathway program.</p> <p><b>FY24</b> Partnering with local high school students for the Saint Thomas scholars program, 25 students passed their exams to become certified clinical medical assistants. Strengthening partnerships with local high schools by inviting educators to tour our facilities during the summer to learn more about our hospitals.</p> <p><b>FY25YTD</b> 24 students signed up to participate in the certified clinical medical assistants program.</p>
Increase Access To Care Through Mobile Health	<p><b>FY23</b> Due to staffing issues and mechanical issues this mobile health unit is paused.</p> <p><b>FY24</b> Due to staffing issues and mechanical issues this mobile health unit remains paused. The mobile mammography bus provided 9 mammograms to uninsured women in Rutherford County.</p> <p><b>FY25YTD</b> The mobile mammography bus provided 112 mammograms to uninsured women in Rutherford County.</p>



Provide Free Or Low-Cost Prescriptions For Qualifying Underinsured And Uninsured Individuals	<p><b>FY23</b> 7,535 persons served, 30,058 prescriptions filled, for a \$453,884 investment.</p> <p><b>FY24</b> 6,446 persons served, 27,528 prescriptions filled, for a \$459,075 investment.</p> <p><b>FY25YTD</b> 4229 persons served, 18,016 prescriptions filled for a \$361,329 investment.</p>
Improve Maternal Health Outcomes Implement Promising Practices That Close Racial And Ethnic Disparity Gaps To Improve Maternal Health Outcomes	<p><b>FY23</b> Maternal health/community impact meetings happening regularly. continue to review severe maternal morbidity data. looking to expand the workgroup to include maternal health leads at Ascension Saint Thomas Rutherford. Exploring the opportunity of hiring a Maternal Health Navigator that is Ascension Saint Thomas system wide. Nurses for newborns \$8,334</p> <p><b>FY24</b> Remote monitoring is on pause waiting on AST National for guidelines. Maternal Health/Community Impact meeting happening regularly. Community Investment of \$6,250 to Nurses for Newborns, \$5,000 given to Family and Children Services.</p> <p><b>FY25 YTD</b> Continue to explore community investment partnerships and review of Maternal Health outcomes. Maternal Health Navigator continues to support patient's SDOH needs and makes connections to necessary resources. Community Investments totalling \$12,500 given to Family and Children Services and Nurses for Newborns</p>
Identify And Address Barriers To Care Within The Community, With Special Attentions To Persons Who Are Underserved And/Or Marginalized	<p><b>FY23</b> Family &amp; Children's Service \$4,000, Interfaith Dental \$10,000</p> <p><b>FY24</b> Social Determinants of Health screener used to identify needs. SDOH screenings data collection is on-going and nearly 60,000 individuals were screened across the Ascension Tennessee Market. Ascension Saint Thomas was awarded two Community Health Worker (CHW) grants to focus on creating an infrastructure for CHWs throughout the Ascension Saint Thomas ministry.</p> <p><b>FY25YTD</b> SDOH screenings data collection is on-going and over 69,000 individuals were screened across the Ascension Tennessee market.</p>

<p>Enhance Coordination And Navigation Of Resources</p>	<p><b>FY23</b> AMG received a Community Health Workers grant from the State of Tennessee and the Tennessee State will assist with Providing Resources to individuals. Enhancement to Neighborhood Resources platform have helped care management with referral of patients to community resources. Siloam Health \$4,500 Community Investment.</p> <p><b>FY24</b> SDOH screenings: social determinants of health screener used to identify needs. SDOH screenings data collection is on-going and nearly 60,000 individuals were screened across the Ascension Tennessee market. Community health workers- Ascension Saint Thomas was awarded two grant funded opportunities to create the infrastructures for community health workers across our healthcare system. Awarded Journey Home \$150,000 for their capital campaign to fund a wellness clinic for unhoused individuals. This investment, paid over three years, with the first payment in FY24 of \$50,000</p> <p><b>FY25YTD</b> Continued increase of Neighborhood Resources platform site utilization and increased resource based searches on the platform. Continue to build AST CHW infrastructure for awarded Community Health Worker Grants. Community Investments totalling \$83,916 given to Family and Children Services, Interfaith Dental, DBA Domestic Violence &amp; Sexual Assault Center (Rutherford Co.), Journey Home, and Nourish Food Bank.</p>
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## Mental Health

ACTION(S) TAKEN	RESULTS
<p>Integrate Mental Health Services, Support And/Or Education Into Primary Care Clinics And/Or Emergency Department</p>	<p><b>FY23</b> Anxiety and depression screening is being tracked. More than 10,000 individuals screened for anxiety. More than 100,000 individuals screened for depression. Provided community-based organization, Ankora with financial support of \$5000.</p> <p><b>FY24</b> More than 100,000 individuals screened for depression/anxiety in Ascension Saint Thomas emergency departments and primary care clinics.</p> <p><b>FY25YTD</b> Over 93,000 patients screened for depression at Ascension Saint Thomas system wide AST Mental Health Workgroup continues to discuss what next steps and resources available for patients after depression screeners have been completed on patients.</p>

## Substance Misuse

ACTION(S) TAKEN	RESULTS
<p>Increase Opportunities To Engage In Substance Use Disorder Prevention, Identification And Treatment</p>	<p><b>FY23</b>  32,976 patients were screened system wide for alcohol use and 8,437 patients were screened system wide for opioid risk.  Ascension Saint Thomas created a system wide workgroup to collaboratively work on implementation strategies to address substance misuse.</p> <p><b>FY24</b>  Nearly 75,000 individuals screened for Alcohol Misuse via Audit-c. More than 15,000 individuals screened with the opioid risk tool. Dispensed 100 take home Naloxone kits thanks to a grant from the Tennessee Hospital Association.</p> <p><b>FY25 YTD</b>  More than 65,000 individuals have been screened for alcohol misuse and over 10,000 individuals have been screened for opioid risk.  In alignment with the substance misuse workgroup, continue to explore and discuss peer recovery as an intervention for substance misuse.  Dispensed 19 take home Naloxone kits thanks to a grant from the Tennessee Hospital Association.</p>